

**Naveen Mishra, D.O.**  
www.mishrapsychiatry.com  
2281 Lava Ridge Court, Suite 140  
Roseville, CA 95661  
Phone: (916) 771-3717 Fax: (916) 771-3727

---

**NOTICE OF PRIVACY PRACTICES**

**This notice describes how medical information about you may be Used, Disclosed and Safeguarded, and how you can get access to this information. Please review it carefully.**

**I. My Responsibility:**

Protected health information (PHI) is any information regarding your health care that can identify you as the recipient of the health care services. I respect the privacy of this information and will maintain its confidentiality in a responsible and professional manner

The law requires me to provide you with this notice and abide by its terms. It maybe necessary to change the terms of this notice in the future. If this Notice is revised, the amended terms shall apply to all the health information that I maintain, including information about you collected or obtained before the effective date of the revised Notice. If the revisions reflect a material change to the use and disclosure of your information, your rights regarding such information, my legal duties or other privacy practices described in the Notice, I will provide copies to my patients and others.

Effective Date of this Notice: June 20, 2006.

**II. Uses and Disclosures of Your Protected Health Information**

**I will not use or disclose your protected health information without your specific written authorization unless allowed or required by law to do so.** Any specific written authorization may be revoked, at any time, in writing, except to the extent I have taken action in reliance on that written authorization before you have revoked it. Under federal law, I am permitted to use and disclose personal health information without authorization for your treatment, for payment and for health care operations. I may also use and disclose your personal information without authorization for the following purposes as required or permitted by law. If feasible, I will inform you promptly that I have made such a disclosure.

- To state or federal agency to report suspected abuse, neglect or domestic violence. If such a report is optional, I will use my professional judgment in deciding whether or not to make such a report.
- In the course of a judicial or administrative proceeding, in accordance with my legal obligations.
- To a law enforcement official for certain law enforcement to locate someone such as a material witness or make a report concerning suspected criminal conduct.
- To public safety authorities consistent with my legal and ethical obligations based on a good faith determination that such disclosure is necessary to prevent a serious and imminent threat to the public or to identify or apprehend an individual sought by law enforcement.
  
- To family members, close personal friends, your personal representative or other person responsible for your care to the extent necessary to help with your health care or with payment for your health care when you are unable to provide authorization due to, for example, being incapacitated or some other emergency circumstance. Any such disclosure will be limited to information directly related to the person's involvement in your care and may include notification of your location, general condition, or death. I will use my professional judgment to determine what is in your best interest. I will also use professional judgment to make decisions in your best interest about allowing someone to pick up medicine or medical information for you.
  
- For certain specialized government functions, as authorized by law. Such as military authorities; determination of veterans benefits; national security and intelligence activities; protection of the President and other officials; and the health, safety and security of correctional institutions.
- To health oversight agencies authorized by law to facilitate auditing, inspection, or investigation related to my provision of health care, or to the health care system.

**Naveen Mishra, D.O.**  
www.mishrapsychiatry.com  
2281 Lava Ridge Court, Suite 140  
Roseville, CA 95661  
Phone: (916) 771-3717 Fax: (916) 771-3727

---

- To business associates who are performing services on my behalf. For example, I may contract with another psychiatrist to cover in my absence; contract with a company to maintain my computer systems, or to do my typing or billing. Business associates are obligated to safeguard your health information. I will share with my business associates only the minimum amount of health information necessary to assist me.
- To coroners, medical examiners, funeral directors and organ procurement entities to assist in their duties.
- To private and public entities to assist in disaster relief efforts. If you are unavailable because, for example, you are incapacitated, I will use my professional judgment to determine what is in your best interest and whether a disclosure may be necessary to ensure an adequate response to the emergency circumstances.
- To public health authority, for example, to report disease, injury, or vital events such as death. To the Food and Drug Administration (FDA) in order to report an adverse event or a defect related to a medication.

### III. Your Protected Health Information Rights

Under the law, you have certain rights regarding the health information that I collect and maintain about you. In order to exercise any of your rights described, you must submit your request in writing. You have the right to:

- Request that I restrict certain uses and disclosures of your health information; I am not, however, required to agree to a requested restriction
- Request that I communicate with you by alternative means, such as calling only at home, using a cell phone, P.O. Box or work address. I will accommodate reasonable requests for such confidential communications.
- Request to review, or to receive a copy of, the protected health information about you that is maintained in my files, including medical records and billing records but not psychotherapy notes. Requests must be in writing and if I am unable to satisfy your request, I will provide you a written explanation. If you request copies, I will charge you \$0.50 for each page, and postage if you want the copies mailed to you.
- Request that I amend the health information about you that is maintained in my files. Your request must explain why you believe my records about you are incorrect, or otherwise require amendment. I may deny your request if I did not create the information you want changed or for certain other reasons. If I deny your request, I will provide you a written explanation. You may respond with a statement of disagreement that will be added to the information you wanted changed and placed in your record.
- Request a list of my disclosures of your health information. This list will not include certain disclosures, such as those made for treatment or payment.

### IV. To Request Information or File a Complaint:

If you desire additional information or have any question about this notice, please contact me. If you believe your privacy rights have been violated, you may file a written complaint with me and /or with the Secretary of Health and Human Services (HHS). I cannot, and will not, make you waive your right to file a complaint with HHS as a condition of receiving care from me, or penalize you for filing a complaint with HHS.