



## HIPAA Notice of Privacy Practices

As required by the Privacy Regulations Promulgated Pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA")

Effective Date: 1/24/2021

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

We are Herman Rus Medical Professional Corporation dba Soft Reboot Wellness, a California medical professional corporation ("SRW", "Company", "we", "our" and "us"). SRW provides ketamine treatments. We operate the website [www.softrebootwellness.com](http://www.softrebootwellness.com) ("Website").

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past present or future physical or mental health or condition and related health care services. It includes information that SRW creates or receives regarding your health or payment for healthcare services. It includes your medical records and personal information including your name, address, phone number, financial information, and social security number.

Under HIPAA, SRW is required to:

- ▶ Maintain the privacy of your PHI;
- ▶ Provide you with this Notice of Privacy Practices detailing our PHI practices and duties and give you a copy of the Notice;
- ▶ Notify you in the case of any breach of your PHI; and
- ▶ Follow the practices and procedures in this Notice.

- I. **Uses and Disclosures of Protected Health Information:** Your protected health information may be used and disclosed by our organization, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the organization, and any other use required by law.

- A. **When your authorization to use and disclose your PHI is not required**

- + **Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, your protected health information may be provided



to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

- + *Payment:* Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for equipment or supplies coverage may require that your relevant protected health information be disclosed to the health plan to obtain approval for coverage.
- + *Healthcare Operations:* We may use or disclose, as needed, your protected health information in order to support the business activities of our organization. These activities include, but are not limited to, quality assessment activities, employee review activities, accreditation activities, and conducting or arranging for other business activities. For example, we may disclose your protected health information to accrediting agencies as part of an accreditation survey. We may also call you by name while you are at our facility. We may use or disclose your protected health information, as necessary, to contact you to check the status of your equipment. We may disclose your PHI to other individuals (including attorneys) and organizations that help us with our business activities. Any individual or organization that we share PHI with must agree to protect your privacy.

**B. We may use or disclose your protected health information in the following situations without your authorization:**

- + *As required by law:* When we are required by applicable law, including workers' compensation laws.
- + *Public health and safety:* To an authorized public health authority or individual to:
  - Protect public health and safety.
  - Prevent or control disease, injury, or disability.
  - Report vital statistics such as births or deaths.
  - Investigate or track problems with prescription drugs and medical devices.
- + *Abuse or neglect* – To government entities authorized to receive reports regarding abuse, neglect, or domestic violence.
- + *Minors* – In general, parents and legal guardians are legal representatives of minor patients. However, in certain circumstances, as dictated by state law, minors can act on their own behalf and consent to their own treatment. In general, we will share the PHI of a patient who is a minor with the minor's parents or guardians, unless the minor could have consented to the care



themselves (except where parental disclosure may be required per applicable law).

- + *Oversight agencies* – To health oversight agencies for certain activities such as audits, vital records, workers compensation, organ/tissue donation requests/responses, examinations, investigations, inspections, and licensures.
- + *Legal proceedings* – In the course of any legal proceeding or in response to an order of a court or administrative agency and in response to a subpoena, discovery request, or other lawful process.
- + *Law enforcement* – To law enforcement officials in certain circumstances for law enforcement purposes. By way of example and without limitation, disclosures may be made to identify or locate a suspect, witness, or missing person; to report a crime; or to provide information concerning victims of crimes.
- + *Research* – We may disclose health information about you for research purposes, subject to the confidentiality provisions of state and federal law. In most cases, we will ask for your written authorization before using your PHI or sharing it with others in order to conduct research. However, under some circumstances, we may use and disclose your PHI without your written authorization if an Institutional Review Board (IRB), applying specific criteria, determines that the particular research protocol poses minimal risk to your privacy. Under no circumstances, however, would we allow researchers to use your name or identity publicly without your authorization. We may release your PHI without your written authorization to people who are preparing a future research project as long as any information identifying you does not leave SRW. Enrollment in a research study is completely voluntary, will not affect your treatment or welfare, and your PHI will continue to be protected.
- + National Security
- + If related to Food and Drug Administration Requirements

C. We may also use or disclose your PHI without your authorization in the following miscellaneous circumstances:

- + *Contacting you directly*: SRW may use your PHI to contact you by email, phone or text message for appointment reminders, information relating to treatment, or other health related information that may be of interest to you.



- + *Osmind account*: Certain PHI (including information about your treatment, appointments and medication records) will be accessible to you through your Osmind account or by email.
- + *Family and friends*: To a member of your family, a relative, a close friend—or any other person you identify or designate who is directly involved in your healthcare—when you are either not present or unable to make a healthcare decision for yourself and we determine that disclosure is in your best interest. We will also assume that we may disclose PHI to any person you permit to be physically present with you as we discuss your PHI with you. For example, we may disclose PHI with a person you bring with you to your appointments. If you can object to having your PHI shared with such person(s), please let us know.
- + *In the waiting area of our office*: When you join us in our office, we may call your name aloud in the waiting area. If you do not wish to have your name called aloud, please tell the front desk admin and we will make adjustments to meet your request.
- + *Treatment alternatives*: To communicate with you about treatment services, options, or alternatives.
- + *De-identified information*: If information is removed from your PHI so that you cannot be identified, except as prohibited by law.
- + *Disaster relief* – To an authorized public or private entity for disaster relief purposes. For example, we might disclose your PHI to help notify family members of your location or general condition.
- + *Threat to health or safety* – To avoid a serious threat to the health or safety of yourself and others.

**D. Other Permitted and Required Uses and Disclosures Will Be Made Only with Your Consent, Authorization or Opportunity to Object, unless required by law.**

You may revoke this authorization, at any time, in writing, except to the extent that your physician or this organization has taken an action in reliance on the use or disclosure indicated in the authorization.

**II. Your Rights**: Following is a statement of your rights with respect to your protected health information.

- A. You have the right to inspect and copy your protected health information.** Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or



administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.

- B. [You have the right to request a restriction of your protected health information.](#) This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.
  - C. [Our organization is not required to agree to a restriction that you may request.](#) If our organization believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another Healthcare Professional.
  - D. [You have the right to request to receive confidential communications from us by alternative means or at an alternative location.](#) You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively, e.g., electronically.
  - E. [You may have the right to have our organization amend your protected health information.](#) If we deny your request for amendment, you have right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.
  - F. [You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.](#)
  - G. You have the right to choose someone to act for you. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will confirm the person has the authority and can act for you before we take any action.
  - H. You have the right to receive written notification of any breach of your unsecured PHI.
  - I. You have the right to request a paper copy of this Notice.
- III. [Complaints:](#) You may complain to use or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. [We will not retaliate against you for filing a complaint.](#)

[We are required by law](#) to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information, if you have



any questions concerning or objections to this form, please ask to speak with the owner/CEO. Please contact us at 650-419-3330.

Associated companies with whom we may do business, such as an answering service or delivery service, are given only enough information to provide the necessary service to you. No medical information is provided.

We welcome your comments: Please feel free to call us if you have any questions about how we protect your privacy. Our goal is always to provide you with the highest quality services.

We reserve the right to change the terms of this Notice and will inform you by mail of any changes. It will also be posted on our website and posted in a prominent location at SRW. A copy will be available to you on request. We reserve the right to apply any changes to this Notice PHI that has previously been acquired. You then have the right to object or withdraw as provided in this notice.

**I/We understand and agree to all of the above information.**

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Signature of Patient/Guardian (relationship to patient)

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Date



*Alternatively, you may print it and then fax it to us at (650) 419-9877.*