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## **NOTICE OF PRIVACY PRACTICES**

*This notice describes how medical information about you may be used and disclosed and how you can access to this information. Please review it carefully. The privacy of your personal and health information is important. This requires no action on your part unless you have a request or complaint.*

### **Protecting all Patients' Personal and Health Information (PHI)**

We understand the importance of keeping your personal and health information private. Personal health information includes both medical information and individually identifiable information, such as your name, address, telephone number, or social security number. We are required by applicable federal and state laws to maintain the privacy of your personal and health information.

Both by law and our policy, Akasha Center has a responsibility to protect the privacy of your **PERSONAL AND HEALTH INFORMATION (PHI)**.

We:

- protect your privacy by limiting who may see your PHI;
- limit how we may use or disclose your PHI;
- inform you of our legal duties with respect to your PHI;
- explain our privacy policies; and
- strictly adhere to the policies currently in effect.

This is a notice of our privacy practices, our legal duties, and your rights concerning your personal and health information. We follow the privacy practices that are described in this notice while it is in effect. This notice takes effect 06/01/09 and will remain in effect until we replace it and provide you notice of such changes.

We reserve the right to change our privacy practices and the terms of this notice at any time, as allowed by applicable law, rules and regulations. We reserve the right to make the changes in our practices and the new terms or our notice effective for all personal and health information that we maintain, including information we created or received before we made the changes. When make a significant change in our privacy practices, we will change this notice and end the notice to all our patients. For more information about our privacy practices, or for additional copies of this notice, please contact us at the number listed at the end of this notice.

### **Uses and Disclosure of Patients' Personal and Health Information**

As a patient of our office, we may use and disclose your personal and health information, without your consent/authorization, in the following ways:

**Treatment:** We may disclose your personal and health information to another doctor or a hospital in case you require emergency and prompt medical services.

**Health & Wellness Information:** We may use your personal and health information to contact you with information about health-related benefits and services, appointment reminders, or about treatment alternatives that may be of interest to you. Unless the information is provided to you by a general newsletter or in person or is for products or services of nominal value, you may opt-out of receiving further information by notifying us using the contact information listed at the end of this notice.

**Family and Friends:** If you are unavailable to communicate, such as in a medical emergency or disaster relief, we may disclose your personal and health information to a family member, friend or other person to the extent necessary to help with your health care.

**Death:** We may disclose the personal and health information of a deceased person to a coroner, medical examiner or funeral director.

**Public Health and Safety:** We may disclose your personal and health information to the extent necessary to avert a serious and imminent threat to your health or safety or the health or safety of others. We may disclose your personal and health information to appropriate authorities if we have reasonable belief that you are a possible victim of **abuse, neglect, domestic violence or other crimes.**

**Process and Proceedings:** We may disclose your personal and health information in response to a court or administrative order, subpoena, discovery request, or other lawful process.

**Law Enforcement:** We may disclose limited information to law enforcement officials concerning the personal and health information of a suspect, fugitive, material witness, crime victim or missing person.

### **Authorizing Use and Disclosure of Patients' Personal and Health Information**

Our office will request written authorization from you to use your personal and health information or to disclose it to anyone for any purpose or situation not included in this document.

If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. We will not use or disclose your personal and health information for any reason except those described in this notice without your written authorization.

### **Individual Rights for All Patients**

As a patient, the following are your rights concerning your personal and health information.

**Access:** You have the right to review or obtain copies of your personal and health information with certain exceptions. You may request that we provide copies in a format other than photocopies. You may submit this request in writing by obtaining a form from our office using the contact information listed at the end of this notice. If you request copies, we may charge you a fee for each page, and per hour for staff time to locate and copy your personal and health information, and postage.

**Disclosure Accounting:** You have the right to receive a list of instances in which we disclose your personal and health information for purposes other than treatment. Effective 06/01/09, This office will begin maintaining these types of disclosures for up to six (6) years. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. You may submit this request in writing by obtaining a form using the contact information listed at the end of this notice.

**Restriction Requests:** You have the right to request that we place additional restrictions on our use or disclosure of your personal and health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in a need for your emergency treatment). You also have the right to agree to or terminate a previously submitted restriction. You may submit this request in writing by obtaining a form from our office using the contact information listed at the end of this notice.

**Alternate Communication:** You have the right to request that we communicate with you in confidence about your personal and health information by alternative means or to an alternative location to avoid a life-threatening situation. You must make your request in writing, and you must state that the information could endanger you if it is not communicated in confidence. We will accommodate your request if it is reasonable and the request specifies the alternative means or location. We will attempt to accommodate your request for alternative communications received verbally with the understanding that your request be followed in writing within 2 weeks of your verbal request. Routine requests may be submitted in writing by obtaining a form from our office using the contact information listed at the end of this notice.

**Amendment:** You have the right to request that we amend your personal and health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request if we did not create the information you want amended, we do not maintain the information, or the information is accurate and complete. If we deny your request, we will provide you a written explanation of the denial. You may submit this request in writing by obtaining a form from our office using the contact information listed at the end of this notice.

**Electronic Notice:** You have the right to receive this notice in written form upon request. Please contact us using the information listed at the end of this notice to obtain this notice in written form.

**If You Have a Complaint**

If you are concerned that we may have violated your privacy rights or you disagree with a decision we made about access to your personal and health information, you may file a complaint with us using the contact information listed at the end of this notice.

You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request. We support your right to protect the privacy of your personal and health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

If you would like to place an urgent request for alternate communications, or file a complaint regarding your privacy rights, you may telephone us at (310) 395-4133 at any time. You will be asked to provide information including your full name, date of birth, social security number, and address in order to authenticate your identity. This information is necessary to process your request. If you want more information regarding our privacy practices, have questions, or concerns regarding your privacy rights, or would like to request a patient's rights form, you may contact us in the following ways:

Email: [frontdesk@healthtools.com](mailto:frontdesk@healthtools.com)

Access our website [www.nalinichilkov.com](http://www.nalinichilkov.com)

Mail: Attention Office Manager, Nalini Chilkov, O.M.D., 530 Wilshire Blvd. Suite 206 Santa Monica CA 90401

For general questions, you can telephone us at **(310) 395-4133** during normal business hours.

*It's always our goal to ensure the protection and integrity of patient's personal and health information. Therefore, we will notify you of any potential situations where your information would be used for reasons other than health care.*