

Natassia V Gaznick MD PhD Inc.
10573 W Pico Blvd #51
Los Angeles, CA 90064-2333
Phone: 424-322-9660
Fax: 424-296-2234

NOTICE OF PRIVACY PRACTICES

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

This Notice applies to Natassia V Gaznick MD PhD Inc.

We are required by federal (HIPAA) and California (CMIA) law to maintain the privacy of your Protected Health Information (PHI).

HOW WE MAY USE AND DISCLOSE YOUR PHI:

Treatment: We may use and disclose your PHI to provide, coordinate, or manage your care.

Payment: We may use and disclose your PHI to collect payment for services rendered.

Health Care Operations: We may use your PHI for administrative, quality improvement, and business management purposes.

Other Uses and Disclosures Without Authorization:

- Required by law
- Public health reporting
- Abuse or neglect reporting
- Court orders or subpoenas
- To prevent serious threat to health or safety (Tarasoff duty)
- Law enforcement when legally required

Business Associates:

We may share PHI with third-party vendors (such as billing services or AI documentation tools) who are contractually required under HIPAA to safeguard your information.

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YOUR RIGHTS

You have the right to:

- Access and obtain a copy of your medical record
- Request amendment of your record
- Request an accounting of certain disclosures
- Request restrictions on certain disclosures
- Request confidential communications
- File a complaint without retaliation

Right to Restrict Disclosure to Health Plan:

If you pay in full out-of-pocket for services, you may request that we not disclose information about that service to your health plan.

Breach Notification:

You will be notified if a breach of your unsecured PHI occurs.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with:

Privacy Officer
Natassia V Gaznick MD PhD
10573 W Pico Blvd #51
Los Angeles, CA 90064-2333
Phone: 424-273-5191

You may also file a complaint with the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint.

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CHANGES TO THIS NOTICE

We reserve the right to change this Notice and will provide updated copies upon request.

ACKNOWLEDGEMENT OF RECEIPT

I acknowledge that I have received a copy of the Notice of Privacy Practices of Natassia V Gaznick MD PhD Inc.

Patient Name: _____

Signature: _____

Date: _____