

Haya R. Rubin, M.D., Ph.D.
555 Bryant St., #267
Palo Alto , CA 94301-1704
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<http://www.myadvisedr.com>

Notice of Privacy Practices

This notice described how medical information about you may be used and disclosed and how you can get access to this information.

Please review it carefully.

Haya R. Rubin, M.D., Ph.D.

Haya R. Rubin, M.D., Ph.D. is an internal medicine and personal medical consulting practice, hereafter referred to as Dr. Rubin's Practice. Dr. Rubin sees patients in office space at 2500 Hospital Drive, Building #2, Dr. Rubin's Practice is completely independent of the other practices at the same location.

Dr. Rubin is solely responsible for all the patient care she delivers. The practice contracts some administrative and office work such as electronic medical records with Practice Fusion™, and interacts with personal health record companies such as Peoplechart™ to collect and receive medical history information from practice patients. Dr. Rubin is also a contractor with MDLiveCare™ to deliver telemedicine services. If you are an MDLiveCare patient, the medical records Dr. Rubin establishes are the property of MDLiveCare and are provided to your Google Health personal health record, and you should consult Google Health's and MDLiveCare's Notice of Privacy Practices.

This Notice applies to information and records regarding your health care maintained by Dr. Rubin's Practice. For Peoplechart's Notice of Privacy Practices, please consult www.peoplechart.com. For Practice Fusion's Notice of Privacy Practices, please consult www.practiseFusion.com.

Our Pledge Regarding Your Medical Information

Dr. Rubin is committed to protecting medical information about you. We create a record of the care and services you receive in Dr. Rubin's Practice for use in your care and treatment.

This Notice tells you about the ways in which we may use and disclose medical information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of your medical information.

We are required by law to:

- make sure that your medical information is protected;
- give you this Notice describing our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the Notice that is currently in effect.

How We May Use and Disclose Medical Information About You

Dr. Rubin's Practice uses and discloses your medical information in a more limited way than is permitted by federal law. We are committed to your privacy and your ownership of your medical information.

The following sections describe different ways that we may use and disclose your medical information. For each category of uses or disclosures we will describe them and give some examples. Some information such as certain drug and alcohol information, HIV information and mental health information is entitled to special restrictions related to its use and disclosure. Dr. Rubin practice abides by all applicable state and federal laws related to the protection of this information, and in most cases, far exceeds the level of privacy required by state and federal law. The only conditions under which we will disclose medical information about you without your explicit consent is if you are incapacitated, and have not specified an attorney for medical care, and next of kin are not available to instruct us, and we deem it necessary for your welfare, such as in case of medical emergency involving you. Otherwise, we will always request your authorization to disclose your medical information to anyone outside the practice, even for the purposes below. Not every use or disclosure will be listed. All of the ways we are permitted to use and disclose information will fall into one of the following categories:

1. For treatment
2. For health care operations
3. For appointment reminders
4. For treatment alternatives
5. For health-related benefits and services
6. Fundraising for charities
7. For news-gathering
8. Individuals involved in your care
9. Individuals involved in paying for your care
10. Individuals or entities involved in keeping your medical records at your request
11. Disaster relief efforts
12. Research
13. As required by law
14. To avert a serious threat to health or safety
15. Organ and tissue donation
16. Military and veterans

17. Workman's compensation
18. Public health disclosures
20. Health oversight activities Legal proceedings
21. Lawsuits and other legal actions
22. Law enforcement
23. Coroners, medical examiners and funeral directors
24. National security and intelligence activities
25. Protective services when applicable
26. Inmates
27. At your request

For Treatment: We will use medical information about you to provide you with medical treatment or services which you have requested, or which are necessary in case of emergency. With your permission, we will also disclose medical information about you to health system personnel (such as doctors, nurses, technicians, students) at other entities who are involved in taking care of you in the health system. For example, a doctor treating you for a broken leg at Stanford may need to know if you have diabetes because diabetes may slow the healing process, or to arrange for appropriate meals there. We may also share medical information about you with other personnel in Dr. Rubin's Practice or other providers, agencies or facilities in order to provide or coordinate the different things you need, such as prescriptions, lab work and X-rays. Such agencies often require a diagnosis or diagnostic code in order to bill your insurance for medications or laboratory tests if you wish these to be covered by insurance. If you are paying for such tests yourself, you may request that we not disclose any diagnostic information. With your permission, we also may disclose medical information about you to people outside Dr. Rubin's Practice who may be involved in your continuing medical care after you leave Dr. Rubin, such as other health care providers, transport companies, community agencies and family members. When possible, we will check with you directly to confirm your desire to involve these providers and agencies in your care.

*****For Payment.** If you are using insurance for payment, or partial payment, Dr. Rubin's Practice will disclose diagnostic information and other requested medical information to your insurance company or health plan. At your request Dr. Rubin's Practice may bill a third party whom you have designated to pay your bill, such as your spouse. Such third parties may inquire as to treatments administered, hours spent, dates of service, etc. Generally, we will refer such third parties to you to answer these questions unless you authorize us in writing to release information. However, if the party does not pay your bill because of lack of information provided, you will be fully responsible to pay your bill.

For Health Care Operations. We may use and disclose medical information about you for Dr. Rubin's Practice operations. These may include our practice's quality of care monitoring activities, continuing education activities, credentialing activities, and educational activities. For example, Dr. Rubin is an Adjunct Professor of Medicine at Johns Hopkins and an associate of the Stanford Center for Primary Care and Outcomes Research. Dr. Rubin may disclose patient medical information to trainees from these institutions who are engaged in a course of study with the practice. Such students or trainees or other personnel are also bound by federal and state privacy laws. Your medical information may also be used or disclosed to comply with law and regulation, for contractual obligations, any legal claims, grievances or lawsuits that anyone else files about your care, health care contracting, legal services, business planning and development, business management and administration, the sale of all or part of Dr. Rubin's Practice to another entity, malpractice insurance underwriting and other insurance activities and to operate the practice. For example, we may review medical information to find ways to improve treatment and services to our patients. We may also disclose information to personnel working for us such as doctors, nurses, technicians, students, or contractors for performance improvement and educational purposes.

Appointment and Care Reminders. We may contact you to remind you that you have an appointment at Dr. Rubin's Practice, or that you are due to have a lab test or imaging procedure, an immunization such as a flu shot.

Treatment Alternatives. We may review records when new treatments become available, and based on information in your record, contact you to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Fundraising Activities. We may contact you to provide information about charitable or pro bono activities which we believe represent important public health initiatives or may be of interest to you. For example, if you have diabetes, we may use your contact information to alert you to a fundraising activity of the American Diabetes Association, or to solicit a donation to assist in providing care or equipment for uninsured diabetic patients. For these purposes, our practice would only use contact information, such as your name, address and phone number and the dates you received treatment or services at Dr. Rubin's Practice.

Health-Related Benefits and Services. We may contact you to tell you about benefits or services that we provide.

News Gathering Activities. Dr. Rubin or an employee or a contractor of Haya R. Rubin, M.D., Ph.D. may contact you or one of your family members to discuss whether or not you want to participate in a media or news story. News reporters may seek interviews with patients injured in accidents or experiencing particular medical conditions or procedures. For example, a reporter working on a story about a new cancer therapy may ask whether any of the patients undergoing that therapy might be willing to be interviewed. Your information would not be given to any reporter or media or news organization without your authorization or permission, but we may contact you to discuss if you would allow this.

Confirming your Presence at our Practice Premises. When you are present on our premises, your family or friends may call and ask for you, or ask if you are present at our location or if you have recently been present. This information is limited to your being present or having been present recently, and will be released only to people who call the practice and ask for you by name. You may restrict or prohibit the use or disclosure of this information by notifying us that you do not wish anyone to know if you are present in our practice.

Individuals Involved in Your Care. We may release medical information to anyone involved in your medical care, e.g., a friend, family member, personal representative, or any individual you identify whom you wish to receive medical information or as having durable power of attorney for medical care. It would be helpful for you to specify this in writing for us so that there is no misunderstanding, and if not informed, we will assume you do not want any information disclosed. In case of an emergency, we may also tell your family or friends who inquire about your general condition such as “stable”, or “critically ill”, and your whereabouts if we are aware of them.

Disaster Relief Efforts. If you are present on our premises at the time of a disaster or if we otherwise have knowledge of your whereabouts during a disaster, such as hospital, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Research. Dr. Rubin has several faculty research affiliations and associations. She is Adjunct Professor of Medicine at Johns Hopkins University, and an affiliate of the Center for Primary Care and Outcomes Research at Stanford University. Dr. Rubin strongly believes in the importance of research to further our knowledge and evidence about what works and doesn't work. Dr. Rubin is occasionally involved in research projects with other universities or nonprofit organizations. If you are eligible for a research study in which Dr. Rubin is involved, she may contact you to determine if you are interested in participating in such a study or give your name and contact information to a contractor to confirm that you are eligible for a study and whether or not you are interested in participating. Your medical information may be important to further research efforts and the development of new knowledge. Dr. Rubin's Practice may disclose your contact information and medical information for this purpose subject to the confidentiality provisions of state and federal law.

Enrollment in most research studies can only occur after you have been informed about the study, had an opportunity to ask questions, and indicated your willingness to participate by signing a consent form. When approved through a special review process, other studies may be performed using your medical information without requiring your consent. These studies will not affect your treatment or welfare, and your medical information will continue to be protected. For example, a research study may involve a chart review to compare the outcomes of patients who received different types of treatment.

As Required By Law. We will disclose medical information about you when required to do so by federal or state law.

To Avert a Serious Threat to Health or Safety. We may use and disclose medical information about you when necessary to prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the public or another person. Any disclosure would be to someone able to help stop or reduce the threat.

Organ and Tissue Donation. If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans. If you are or were a member of the armed forces, we may release medical information about you to military command authorities as authorized or required by law. We may also release medical information about foreign military personnel to the appropriate foreign military authority as authorized or required by law.

Workers' Compensation. We may use or disclose medical information about you for Workers' Compensation or similar programs as authorized or required by law. These programs provide benefits for work-related injuries or illnesses.

Public Health Disclosures. We may disclose medical information about you for public health purposes. These purposes generally include the following:

- preventing or controlling disease (such as cancer and tuberculosis), injury or disability;
- reporting vital events such as births and deaths;
- reporting child abuse or neglect;
- reporting adverse events or surveillance related to food, medications or defects or problems with products;
- notifying persons of recalls, repairs or replacements of products they may be using;

- notifying a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition; reporting to the employer findings concerning a work-related illness or injury or workplace-related medical surveillance;
- notifying the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence and make this disclosure as authorized or required by law.

Health Oversight Activities. We may disclose medical information to governmental, licensing, auditing, and accrediting agencies as authorized or required by law.

Legal Proceedings. We may disclose medical information to courts, attorneys and court employees in the course of conservatorship and certain other judicial or administrative proceedings.

Lawsuits and Other Legal Actions. In connection with lawsuits or other legal proceedings, we may disclose medical information about you in response to a court or administrative order, or in response to a subpoena, discovery request, warrant, summons or other lawful process.

Law Enforcement. If asked to do so by law enforcement, and as authorized or required by law, we may release medical or other information:

- to identify or locate a suspect, fugitive, material witness, or missing person;
- about a suspected victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- about a death suspected to be the result of criminal conduct;
- about criminal conduct at Dr. Rubin's Practice, and
- in case of a medical emergency, to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors. In most circumstances, we may disclose medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine cause of death. We may also disclose medical information about patients of Dr. Rubin to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities. As required by law, we may disclose medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities.

Protective Services for the President and Others. As authorized or required by law, we may disclose medical information about you to authorized federal officials so they may conduct special investigations or provide protection to the President, other authorized persons or foreign heads of state.

Inmates. If you are an inmate of a correctional institution or under the custody of law enforcement officials, we may release medical information about you to the correctional institution as authorized or required by law.

Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this Notice will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written permission. You understand that we are unable to take back any disclosures we have already made with your permission, and that we will retain our records of the care provided to you as required by law.

Your Rights Regarding Medical Information About You

The medical information in our records about you, including that which we have collected with your permission, and that which you have provided to us, is the property of Dr. We are committed to your ownership of your own medical information and therefore suggest that you maintain or subscribe to a personal health record and that you collect and maintain copies of all your medical records, including from us. You have the following rights regarding medical information we maintain about you:

- Right to Inspect and Copy**
- Right to Request an Amendment or Addendum**
- Right to an Accounting of Disclosure**
- Right to Request Restrictions**
- Right to Request Confidential Communications**
- Right to a Paper Copy of This Notice**

Right to Inspect and Copy. With certain exceptions, you have the right to inspect and/or receive a copy of your medical information. To inspect and/or to receive a copy of your medical information, you must submit your request in writing to:

Haya R. Rubin, M.D., Ph.D.
555 Bryant St., #267
Palo Alto, CA 94301-1704

If you are a subscriber of Peoplechart, (www.peoplechart.com), and have defined Dr. Rubin as part of your Care Community, we will provide a copy of our records directly to your personal health record as a matter of course. Otherwise we may charge a fee to give you copies of your medical records.

We may deny your request to inspect and/or to receive a copy in certain limited circumstances. If you are denied access to medical information, in most cases, you may have the denial reviewed. Another licensed health care professional chosen by Dr. Rubin will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Request an Amendment or Addendum. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information or add an addendum (addition to the record). You have the right to request an amendment or addendum for as long as the information is kept by or for Dr. Rubin.

Amendment. To request an amendment, your request must be made in writing and submitted to:

Haya R. Rubin, M.D., Ph.D.
555 Bryant St., #267
Palo Alto, CA 94301-1704

In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- was not created by Dr. Rubin;
- is not part of the medical information kept by or for Dr. Rubin;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete in the record.

Addendum. To submit an addendum, the addendum must be made in writing and submitted to :

Haya R. Rubin, M.D., Ph.D.
555 Bryant St., #267
Palo Alto, CA 94301-1704

An addendum must not be longer than 250 words per alleged incomplete or incorrect item in your record.

Right to an Accounting of Disclosures. You have the right to receive a list of the disclosures we have made of your medical information. To request this accounting of disclosures, you must submit your request in writing to :

Haya R. Rubin, M.D., Ph.D.
555 Bryant St., #267
Palo Alto, CA 94301-1704

Your request must state a time period that may not be longer than the six previous years and may not include dates before April 1, 2011 when Dr. Rubin's Practice in Mountain View began.

You are entitled to one accounting within any 12-month period at no cost. If you request a second accounting within that 12-month period, there will be a charge for the cost of compiling the accounting. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information to a family member about treatment you received.

To request a restriction, you must make your request in writing to:

Haya R. Rubin, M.D., Ph.D.
555 Bryant St., #267
Palo Alto, CA 94301-1704

In your request, you must tell us:

1. what information you want to limit,
2. whether you want to limit our use, disclosure or both,
3. to whom you want the limits to apply, for example, only to you and your spouse.

We are not required to agree to your request. If we do agree, our agreement must be in writing, and we will comply with your request unless the information is needed to provide you emergency treatment.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we contact you only at work or only by mail.

To request confidential communications, you must make your request in writing to:

Haya R. Rubin, M.D., Ph.D.
555 Bryant St., #267
Palo Alto, CA 94301-1704

We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

Changes to this Notice, Questions and Complaints

Changes to Dr. Rubin's Privacy Practices and This Notice

We reserve the right to change Dr. Rubin's privacy practices and this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice at Dr. Rubin's Practice.

The Notice will contain the effective date on the first page in the top right-hand corner. In addition, at any time you may request a copy of the current Notice in effect.

Questions or Complaints

If you have any questions about this Notice, please contact:

Haya R. Rubin, M.D., Ph.D.
555 Bryant St., #267
Palo Alto, CA 94301-1704
Phone: (650) 934-3689
Fax: (888) 619-9675

If you believe your privacy rights have been violated, you may file a complaint with Dr. Rubin or with the Secretary of the Department of Health and Human Services. To file a written complaint with Dr. Rubin's Practice, contact:

Haya R. Rubin, M.D., Ph.D.
555 Bryant St., #267
Palo Alto, CA 94301-1704

Copies of this Notice are available at any Dr. Rubin's Practice and also posted at <http://www.myadvisedr.com> on the menu select "Privacy".

You will not be penalized for filing a complaint.