

# NORTHERN CALIFORNIA ARTHRITIS CENTER

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120 La Casa Via, Suite 204  
Walnut Creek, CA 94598

Tel.: (925) 210-1050  
Fax: (925) 210-1082

Dear Patient:

Thank you for selecting us as a medical provider for your healthcare needs. It is our privilege to provide high quality rheumatology services to you. We would like to take this opportunity to welcome you to our medical office.

Enclosed please find registration forms to complete. You may also download these forms at [www.ncacmd.com](http://www.ncacmd.com). Please take the time to fill out the forms completely and accurately and bring them with you on your first appointment. This helps us to provide more time during your visit to discuss management plans. Please review the Notice of Privacy Practices enclosed in your package and sign acknowledgement section of your registration form.

In order to provide the best quality medical care, we would like to request you to bring any necessary referral letter from your referring physician and any pertinent laboratory or imaging reports performed within the last 3-6 months. You may ask your referring physician to mail or fax these reports to our office. This will insure our physician to have necessary information to proceed with your care.

Please bring your insurance card and a picture ID card with you so that we can make a copy. According to insurance industry regulations, we have to collect co-payments at the time of the office visit. Checks, cash, and credit cards are accepted at the time of service. Your cooperation in this matter prevents rescheduling your appointment. If you do not have insurance, total payment is expected at the time of service.

It is our mission to accommodate all patients. If you are unable to keep your appointment, please cancel your appointment at least 3 days prior to your appointment time so that we can accommodate other patients in need of healthcare. Your attention to this matter prevents charges for not showing for your visit. Your insurance company will not cover this charge. Charge for late office cancellation is up to \$100. We understand emergency situations are out of your control.

Federal and State law allows us to use and disclose our patients' protected health information in order to provide health care services to them, to bill and collect payments for those services, and in connection with our health care operations. We also use a shared Electronic Medical Record that allows our physicians and staff to access our patients' health information. Information in the Electronic Medical Record can be released only with the patient's express authorization or as otherwise specifically permitted or required by law.

Your health and concerns are important to us. We do our best to provide high quality healthcare for you. Please provide a list of questions prior to your visit to utilize your visit efficiently.

We appreciate you for choosing us and welcome you to our practice. If you have any questions or need directions, please do not hesitate to call us at (925) 210-1050. We are looking forward to your visit.

Thank you

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**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. IF YOU HAVE ANY QUESTIONS ABOUT THE NOTICE, PLEASE CONTACT OUR OFFICE.**

We understand the importance of privacy and are committed to maintaining the confidentiality of your medical information. We make a record of the medical care we provide and may receive such records from others. We use these records to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to you as allowed by your health plan and to enable us to meet our professional and legal obligations to operate this medical practice properly. We are required by law to maintain the privacy of protected health information and to provide individuals with notice of our legal duties and privacy practices with respect to protected health information. This notice describes how we may use and disclose your medical information. It also describes your rights and legal obligations with respect to your medical information. If you have any questions about this Notice, please contact our Privacy Officer.

## **A. How this Medical Practice May Use or Disclose Your Health Information**

This medical practice collects health information about you and stores it in a chart on a computer. This is your medical record. The medical record is the property of this medical practice, but the information in the medical record belongs to you. The law permits us to use or disclose your health information for the following purposes:

1. **Treatment.** We use medical information about you to provide your medical care. We disclose medical information to our employees and others who are involved in providing the care you need. For example, we may share your medical information with other physicians or other health care providers who will provide services which we do not provide. Or we may share this information with a pharmacist who needs it to dispense a prescription to you, or a laboratory that performs a test. We may also disclose medical information to members of your family or others who can help you when you are sick or injured.
2. **Payment.** We use and disclose medical information about you to obtain payment for the services we provide. For example, we give your health plan the information it requires before it will pay us. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to you.
3. **Health Care Operations.** We may use and disclose medical information about you to operate this medical practice. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. Or we may use and disclose this information to get your health plan to authorize services or referrals. We may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection information with our "business associates". We have a written contract with each of these business associates that contains terms requiring them to protect the confidentiality of your medical information. Although federal law does not protect health information which is disclosed to someone other than another healthcare provider, health plan or healthcare clearinghouse, under California law all recipients of health care information are prohibited from re-disclosing it except as specifically required or permitted by law. We may also share your information with other health care providers, health care clearinghouses or health plans that have a relationship with you, when they request this information to help them with their quality assessment and improvement activities, their efforts to improve health and reduce health care costs, their review of competence, qualifications and performance of health care professionals, their training programs, their accreditation, certification or licensing activities, or their health care fraud and abuse detection and compliance efforts.
4. **Sign in sheet.** We may use and disclose medical information about you by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.
5. We may use or disclose your health information in the following situations without your authorization as required by law: Public Health issues, Communicable Diseases, Health Oversight, Abuse or Neglect, Food and Drug Administration requirements, Legal proceedings, Law Enforcement, Coroners, Funeral Directors, Organ Donations, Research, Criminal Activity, Military Activity and National Security, Workers Compensation, Inmates Required uses and Disclosures. Under the law we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with requirements of Section 164.0500.