

**EDWARD C. LEE, M.D., INC.**

EAR, NOSE & THROAT FACIAL PLASTIC SURGERY

4906 EL CAMINO REAL, SUITE A  
LOS ALTOS, CALIFORNIA 94022

June 11, 2008

Notice of Privacy Practices in this office

This notice describes how your medical information may be used and disclosed and how you can get access to this information. Please review and sign at the bottom of the notice.

We understand the importance of privacy of your medical information and are committed to maintaining its confidentiality. 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 may also disclose the information to members of your family or others who can help you when you are sick or injured. But if you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures.

We will disclose your health information in situations where the law requires such disclosures e.g. the law requires us to report abuse, neglect or domestic violence. We will also disclose medical information to public health authorities to prevent or control certain diseases, and you will be notified of the disclosure.

We are sometimes required by law to disclose your health information in order to assist the law enforcement.

You have the right to request restrictions on certain uses and disclosures of your health information, by a written request specifying what information you want to restrict. We reserve the right to accept or reject your request, and will notify you of our decision.

You have the right to inspect and copy your health information with a written request.

You have the right to request that we amend your health information that you believe is incorrect or incomplete with a written request. We reserve the right to accept or reject your request, and will notify you of our decision.

If you would like a more detailed explanation of these rights please contact the office manager or Dr. Edward C. Lee.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_