MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO
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 this notice, please
contact the HIPAA Privacy/Security Officer of
Global One Ventures, LLC.

OUR OBLIGATIONS:

We are required by law to:

- Maintain the privacy of protected health information
- Give you this notice of our legal duties and privacy practices
- Provide you with a paper copy of this notice
- Give you this notice in other forms as you request

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION:
The following describes the ways we may use and disclose health
information that identifies you ("Health Information"). Except for
the purposes described below, we will use and disclose Health
Information only with your written permission. You may revoke
such permission at any time by writing to our practice HIPAA
Privacy/Security Officer.

For Treatment. We may use and disclose Health Information for
your treatment and to provide you with treatment-related care.

For Payment. We may use and disclose Health Information so that
we or others may bill and receive payment from you, an insurance
company or a third party for the treatment and services you
receive. For example, we may disclose Health Information about
you so that they will pay for your treatment.

For Health Care Operations. We may use and disclose Health
Information for health care operations purposes. These uses and
disclosures are necessary to make sure that all of our patients
receive quality care and to operate and manage our office. For
example, we may use and disclose Health Information to doctors,
urses, technicians, pharmacists, or other personnel, including
people outside our office, who are involved in your medical
health care and need the information to provide you with medical
care.

Appointments. We may use and disclose Health Information to
remind you of your appointments.

Research. Under certain circumstances, we may use and disclose
Health Information for research.

For Avert a Serious Threat to Health or Safety. We may use and
disclose Health Information when necessary to prevent a serious
threat to your health and safety or the health and safety of the
public or another person.

Business Associates. We may disclose Health Information to
our business associates that perform functions on our behalf or provide
us with services with respect to which an agreement specifying the
confidentiality of the information has been obtained.

The following describes the ways we may use and disclose health
information about you so that they will pay for your treatment.

To Avert a Serious Threat to Health or Safety. We may use and
disclose Health Information when necessary to prevent a serious
threat to your health and safety or the health and safety of the
public or another person. Disclosures, however, will be made only
to someone who may be able to help prevent the threat.

For Treatment. We may use and disclose Health Information to
providers providing services at

For Payment. We may use and disclose Health Information so that
we or others may bill and receive payment from you, an insurance
company or a third party for the treatment and services you
receive. For example, we may disclose Health Information about
you so that they will pay for your treatment.

For Health Care Operations. We may use and disclose Health
Information for health care operations purposes. These uses and
disclosures are necessary to make sure that all of our patients
receive quality care and to operate and manage our office. For
example, we may use and disclose Health Information to

Appointment Reminders. We may use and disclose Health
Information to you to remind you of your appointments.

Research. We may use and disclose Health Information for
research.

For Treatment. We may use and disclose Health Information for
your treatment and to provide you with treatment-related care.

For Payment. We may use and disclose Health Information so that
we or others may bill and receive payment from you, an insurance
company or a third party for the treatment and services you
receive. For example, we may disclose Health Information about
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For Health Care Operations. We may use and disclose Health
Information for health care operations purposes. These uses and
disclosures are necessary to make sure that all of our patients
receive quality care and to operate and manage our office. For
example, we may use and disclose Health Information to
disclose Health Information to tell you about treatment alternatives
or health-related benefits and services that may be of interest to
you. We may use certain information (name, address, telephone
number or email information, age, date of birth, health insurance
status, dates of service, department of service information,
treating physician information or outcome information) to contact
you for the purpose of fundraising supported by our office. You will
have the right to opt out of receiving such communications for
fundraising and/or marketing solicitations. You can opt out by
contacting the HIPAA Privacy/Security Officer to request that these fundraising and/or
marketing materials not be sent to you.

Individuals Involved in Your Care or Payment for Your Care. When appropriate, we may share Health Information with a person
who is involved in your medical care or payment for your care, such
as your family or a close friend. We also may notify your family
about your location or general condition or disclose such
information to an entity assisting in a disaster relief efforts.

Research. Under certain circumstances, we may use and disclose
Health Information for research.

For Avert a Serious Threat to Health or Safety. We may use and
disclose Health Information when necessary to prevent a serious
threat to your health and safety or the health and safety of the
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disclosures are necessary to make sure that all of our patients
receive quality care and to operate and manage our office. For
example, we may use and disclose Health Information to
disclose Health Information to tell you about treatment alternatives
or health-related benefits and services that may be of interest to
you. We may use certain information (name, address, telephone
number or email information, age, date of birth, health insurance
status, dates of service, department of service information,
**Inmates or Individuals in Custody.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the correctional institution or law enforcement official. This release would be if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

**USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT OUT**

**Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person’s involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

**Disaster Relief.** We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

**YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES.**

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Uses and disclosures of Protected Health Information for marketing purposes; and
2. Disclosures that constitute a sale of your Protected Health Information

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our HIPAA Privacy/Security Officer and we will no longer disclose Protected Health Information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

**YOUR RIGHTS:**

You have the following rights regarding Health Information we have about you:

**Right to Inspect and Copy.** You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records. To inspect and copy this Health Information, you must make your request in writing. We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

Under federal law, however, you may not inspect or copy psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and laboratory results or other records that are subject to law that prohibits access to protected health information. Depending on the circumstances, a decision denying you access to such records may be reviewable. Please contact our HIPAA Privacy/Security Officer if you have questions about accessing your medical record.

**Right to an Electronic Copy of Electronic Medical Records.** If your Protected Health Information is maintained in an electronic format (known as electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

**Right to Get Notice of a Breach.** You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

**Right to Amend.** If you feel that Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, you must make your request in writing.

**Right to an Accounting of Disclosures.** You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request in writing.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing as soon as possible. We cannot be required to agree to your request if we determine that it would adversely affect your health care.

**Right to Request Confidential Communications.** If we agree, we will comply with your request unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us “out-of-pocket” in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

**Out-of-Pocket-Payments.** If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

**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 can ask that we only contact you by mail or at work. To request confidential communications, you must make your request in writing. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. If you have questions about this Notice or about your rights under federal law, please call our HIPAA Privacy/Security Officer.

**Changes to This Notice.**

We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date.

**Complaints:**

If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the Department of Health and Human Services. You may file a complaint with us by notifying our HIPAA Privacy/Security Officer:

Global One Ventures, LLC
6125 Paseo Del Norte
Suite 210
Carlsbad, CA 92011
Ph: 760-602-7872

You will not be penalized for filing a complaint. All complaints must be in writing.

This notice was updated and becomes effective on July 27, 2017.