

1. You have the right to make reasonable requests regarding patient notification, particularly when it relates to your safety. You have the right to obtain and see a copy of your patient record. The policies of the health center must be complied with in making this request. You may be charged a fee for the cost of copying and mailing your records.
2. Viewing certain portions of your record may be prohibited by law. You are entitled to an appeal of this decision. You may request amendments or changes to your medical record if the record is not correct and/or complete. We may deny your request. You may send a letter disagreeing with the health center's decision.
3. You have the right to request the occasions when your patient data has been shared with other organizations since April 14, 2003.
4. You have the right to a written copy of this Notice of Privacy Practices.

### **Filing a Complaint**

If you believe your privacy has not been protected and you wish to complain, complaints may be directed to the following sources:

Privacy Officer  
Anti-Aging Medical Center  
275 W. Madison Ave. Ste. B  
El Cajon, CA 92020

Or with the federal government at the following address:

Office for Civil Rights  
US Department of Health and Human Services  
50 United Nations Plaza, Room 322  
San Francisco, CA 94102

Or complaints may be filed directly with the:

Secretary of the Department of Health and Human Services  
200 Independence Ave., S.W., Room 615 F  
Washington, D.C. 20201

The health center cannot take away health care benefits or penalize you in any way for filing complaint.

### **Changes to Notice of Privacy Practices**

Dr. Robert F. Sterner reserves the right to change our privacy practices at any time. Should he make changes, this notice will be re-written and patients will obtain a revised copy distributed in the same manner as the original Notice of Privacy Practices.