



Central Coast Gastroenterology

Notice of Privacy Practice – NPP - Summary

Paul D. Wetzel, MD

PATIENT'S NAME:	DOB:
-----------------	------

Dr. Neal Moller
 1551 Bishop Street, Ste 250
 San Luis Obispo, CA 93401
 805/543-8822 FAX 543-6221

Paul D. Wetzel, M.D.
 1551 Bishop Street, Ste 510
 San Luis Obispo, CA 93401
 805/549-7843 FAX 549-9489

Jeffrey B. Mundorf, M.D., Inc.
 1551 Bishop Street, Ste 230
 San Luis Obispo, CA 93401
 805/549-0784 FAX 786-4220

Jonathan L. Riegler, M.D., Inc.
 1255 Las Tablas Rd, Ste 201
 Templeton, CA 93465
 805/226-4106 FAX 226-4108

Vance D. Rodgers, M.D., Inc.
 1551 Bishop Street, Ste 230
 San Luis Obispo, CA 93401
 805/786-4563 FAX 786-4220

Jeffrey Brown, M.D.
 1255 Las Tablas Rd, Ste 201
 Templeton, CA 93465
 805/434-5530 FAX 434-0023

North County Office
 1255 Las Tablas Rd, Ste 201
 Templeton, CA 93465
 805/434-0339 FAX 434-5249

South County Office
 921 Oak Park, Ste 201
 Pismo Beach, CA 93449

Board Certified:
 American Board of Internal Medicine
 American Board of Gastroenterology

Hippa-Wetzel 10/17/12

DO NOT LIST PHYSICIANS OR INSURANCE COMPANY. I authorize release of my information to the following individual(s): Friend or family members only.	Name	Phone	Relationship

My medical information will only be released as allowed by law.

This office has always kept your medical and financial records private. However, as mandated by federal law, we are required to advise you in writing of these regulations.

The full notice describes in detail how medical information about you may be used and disclosed and how you can get access to this information. You may read the full N.P.P. if you desire.

(A) Your medical record is the property of Paul D. Wetzel, MD. However, information in the record belongs to you. The law permits us to disclose this information for the following purposes:

1. Medical treatment such as with other physicians or laboratories.
2. Payment from your insurance plan.
3. Health care operators such as billing clearing houses who work with us.
4. Appointment reminders, by mail or messages left on an answering machine or with someone else at home, unless you object.
5. Notification and communication with family members or relief organizations in the event of emergency.
6. As required by law, such as domestic violence or abuse.
7. Public health, such as communicable diseases.
8. Judicial or Health Oversight activities or law enforcement.
9. To comply with workers compensation laws.
10. To transfer your information to new owners of this practice if necessary.

(B) Except as described above, this medical practice will not disclose your health information in any way that identifies you without your written permission.

(C) Your Health Information Rights:

1. Right to request certain privacy protections, in writing.
2. Right to request confidential communication.
3. Right to inspect and copy, for a fee, certain parts of your records.
4. Right to try to amend or supplement your record.
5. Right to accounting of certain disclosures of your health information.

(D) You have the right to file a complaint of how this practice handles your health information.

Patient Signature _____ Date _____

This form expires one year from date signed.