

South Bay Primary Medical Group

Notice of privacy practices

Effective date: _____

Notice Of Privacy Practices

As required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

This notice describes how health information about you (as a patient of this practice) may be used and disclosed and how you can get access to your individually identifiable health information.

Please review this notice carefully.

A. Our commitment to your privacy:

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (also called *protected* health information, or PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the Notice of Privacy Practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI,
- Your privacy rights in your PHI,
- Our obligations concerning the use and disclosure of your PHI.

The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

B. If you have questions about this Notice, please contact: South Bay Primary Medical Group at 619-591-9001.

C. We may use and disclose your PHI in the following ways:

The following categories describe the different ways in which we may use and disclose your PHI.

1. Treatment. Our practice may use your PHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. Many of the people who work for our practice – including, but not limited to, our doctors and nurses – may use or disclose your PHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children or parents. Finally, we may also disclose your PHI to other health care providers for purposes related to your treatment.

2. Payment. Our practice may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your PHI to bill you directly for services and items. We may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.

3. Health care operations. Our practice may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice. We may disclose your PHI to other health care providers and entities to assist in their health care operations.

4. Optional Appointment reminders. Our practice may use and disclose your PHI to contact you and remind you of an appointment.

5. Optional Treatment options. Our practice may use and disclose your PHI to inform you of potential treatment options or alternatives.

6. Optional Health-related benefits and services. Our practice may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.

7. Optional Release of information to family/friends. Our practice may release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a babysitter take their child to the pediatrician's office for treatment of a cold. In this example, the babysitter may have access to this child's medical information.

8. Disclosures required by law. Our practice will use and disclose your PHI when we are required to do so by federal, state or local law.

D. Use and disclosure of your PHI in certain special circumstances:

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

1. Public health risks. Our practice may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:

- Maintaining vital records, such as births and deaths,
- Reporting child abuse or neglect,
- Preventing or controlling disease, injury or disability,
- Notifying a person regarding potential exposure to a communicable disease,
- Notifying a person regarding a potential risk for spreading or contracting a disease or condition,
- Reporting reactions to drugs or problems with products or devices,
- Notifying individuals if a product or device they may be using has been recalled,
- Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information,
- Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

2. Health oversight activities. Our practice may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

3. Lawsuits and similar proceedings. Our practice may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

4. Law enforcement. We may release PHI if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement,

- Concerning a death we believe has resulted from criminal conduct,
- Regarding criminal conduct at our offices,
- In response to a warrant, summons, court order, subpoena or similar legal process,
- To identify/locate a suspect, material witness, fugitive or missing person,
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator).

5. Optional Deceased patients. Our practice may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.

6. Optional Organ and tissue donation. Our practice may release your PHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.

7. Optional Research. Our practice may use and disclose your PHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your PHI for research purposes **except** when an Internal Review Board or Privacy Board has determined that the waiver of your authorization satisfies all of the following conditions:

- (A) The use or disclosure involves no more than a minimal risk to your privacy based on the following:
(i) an adequate plan to protect the identifiers from improper use and disclosure; (ii) an adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law); and (iii) adequate written assurances that the PHI will not be re-used or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study, or for other research for which the use or disclosure would otherwise be permitted;
- (B) The research could not practicably be conducted without the waiver,
- (C) The research could not practicably be conducted without access to and use of the PHI.

8. Serious threats to health or safety. Our practice may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

9. Military. Our practice may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

10. National security. Our practice may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the president, other officials or foreign heads of state, or to conduct investigations.

11. Inmates. Our practice may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

12. Workers' compensation. Our practice may release your PHI for workers' compensation and similar programs.

E. Your rights regarding your PHI:

You have the following rights regarding the PHI that we maintain about you:

1. Confidential communications. You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to **South Bay Primary Medical Group at 619-591-9001** specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate **reasonable** requests. You do not need to give a reason for your request.

2. Requesting restrictions. You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. **We are not required to agree to your request;** however, if we do

agree, we are bound by our agreement except when otherwise required by law, in emergencies or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to **South Bay Primary Medical Group at 619-591-9001**. Your request must describe in a clear and concise fashion:

- The information you wish restricted,
- Whether you are requesting to limit our practice's use, disclosure or both,
- To whom you want the limits to apply.

3. Inspection and copies. You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to **South Bay Primary Medical Group at 619-591-9001** in order to inspect and/or obtain a copy of your PHI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

4. Amendment. You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to **South Bay Primary Medical Group at 619-591-9001**. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

5. Accounting of disclosures. All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your PHI for purposes not related to treatment, payment or operations. Use of your PHI as part of the routine patient care in our practice is not required to be documented – for example, the doctor sharing information with the nurse; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to **South Bay Primary Medical Group at 619-591-9001**. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

6. Right to a paper copy of this notice. You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact **South Bay Primary Medical Group at 619-591-9001**.

7. Right to file a complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact **South Bay Primary Medical Group at 619-591-9001**.

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

8. Right to provide an authorization for other uses and disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time *in writing*. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. *Please note:* we are required to retain records of your care.

SBPMG HIPAA

Again, if you have any questions regarding this notice or our health information privacy policies, please contact **South Bay Primary Medical Group at 619-591-9001.**

Patient *

Office Representative

Date *

Date

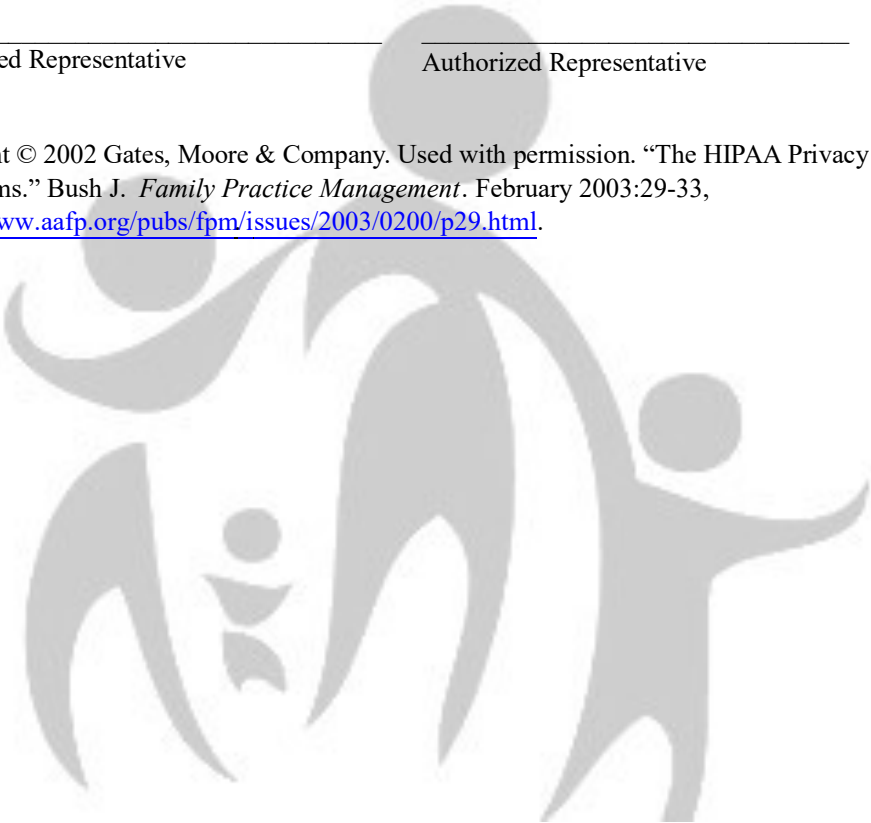
Authorized Representative

Authorized Representative

Authorized Representative

Authorized Representative

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**PERMISSION TO DISCUSS
PROTECTED HEALTH
INFORMATION WITH OTHERS**

I hereby grant permission to South Bay Primary Medical Group to speak to the following individual(s) about my health and disclose my health information including billing and insurance.

NAME	DATE OF BIRTH
Spouse: _____	_____
Children: _____	_____
_____	_____
_____	_____
_____	_____
Caregiver: _____	_____
Sibling(s): _____	_____
Sibling(s): _____	_____
Friend: _____	_____

May we identify ourselves over the phone?* Yes / No

May we leave voice messages?* Yes / No

May we send text message?* Yes / No

You may discuss my: (please check all the apply)

Visit notes Lab Results Radiology Results ALL services and treatments rendered

I understand that I may revoke this authorization at any time in writing.

*Patient Name (please print): _____ *Patient date of birth _____

*Patient/Guardian Signature: _____ *Today's date: _____

South Bay Primary Medical Group

PERSONAL INFORMATION FORM

Patient Name: _____
 First Middle Last

Social Security#: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Insurance Information

Insurance Carrier: _____ Medical Group: _____

Policy/Member Number: _____

Preferred Hospital: _____

Emergency Contact

Emergency Contact Name: _____

Relationship: _____

Cell Phone: _____ Home Phone: _____

Emergency Contact Name: _____

Relationship: _____

Cell Phone: _____ Home Phone: _____

Statement of Financial Responsibility

South Bay Primary Medical Group appreciates the confidence you have shown in choosing us to provide for your healthcare needs. The service you have elected to participate in implies a financial responsibility on your part. The responsibility requires you to ensure payment in full of our fees. As a courtesy, we will verify your coverage and bill your insurance carrier should we be contracted with them. However, you are ultimately responsible for payment of your bill.

You are responsible for payment of any deductible and co-payment/ co-insurance as determined by your contract with your insurance carrier. These payments are due and expected at time of service. Many insurance companies have additional stipulations that may affect your coverage. You are responsible for any amounts not covered by your insurer. If your insurance carrier denies any part of your claim, or if you or your physician elects to continue past your approved period, you will be responsible for your balance in full.

A holder of this medical debt contract is prohibited by Section 1785.27 of the Civil Code from furnishing any information related to this debt to a consumer credit reporting agency. In addition to any other penalties allowed by law, if a person knowingly violates that section by furnishing information regarding this debt to a consumer credit reporting agency, the debt shall be void and unenforceable.

I have read the above policy regarding my financial responsibility to South Bay Primary Medical Group, for providing medical services to me or the above-named patient. I certify that the information is, to the best of my knowledge, true and accurate. I authorize my insurer to pay any benefits directly to South Bay Primary Medical Group, the full and entire amount of bill incurred by me or the above-named patient; or, if applicable any amount due after payment has been made by my insurance carrier.

*Patient Signature: _____ Date: _____

Cancellation/No show policy

Appointments cancelled with less than 24-hours or patient's no show will be assessed a **\$50.00 fee**. This fee cannot be billed to the insurance company and must be paid on or before the next scheduled appointment.

After 3 consecutive unjustified no shows/ cancellations, the patient relationship with South Bay Primary Medical Group will be terminated.

With my signature I acknowledge that I have read and understand the cancellation/ no show policy of South Bay Primary Medical Group.

Patient Name: _____ *Patient Signature: _____

Patient Termination Policy

South Bay Primary Medical Group providers and staff strive to create a pleasant work environment. We understand that there are times when you may be frustrated due to your current symptom(s) or personal situation(s). We will make every attempt to help you. However, this practice, under no circumstances, will tolerate:

- Physical abuse
- Verbal abuse
- Repeated failed appointments
- Patient refusal to go to the Emergency Room as directed by a provider
- Failure to follow provider orders regarding prescriptions medications, labs, studies, or referral without notifying a provider.

With my signature I acknowledge that I have read and understand the patient termination policy of South Bay Primary Medical Group.

Patient Name: _____ *Patient Signature: _____

Physician-Patient Arbitration Agreement

Article 1: Agreement to Arbitrate: It is understood that any dispute as to medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently, or in incompetently rendered, will be determined by submission to arbitration as provided California law, and not by a lawsuit or resort to court process except as California law provides for judicial review or arbitration proceedings. Both parties to this contract, by entering into it, are given up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration.

Article 2: All Claims Must be Arbitrated: It is the intention of the parties that this agreement bind all parties whose claims may arise out of or relate to treatment or service provided by the physician including any spouse or heirs of the patient and any children whether born or unborn, at the time of the occurrence giving rise to any claim. In the case of any pregnant mother, the term "patient" herein shall mean both the mother and the mother's expected child or children.

All claims for monetary damages exceeding the jurisdictional limit of the small claims court against the physician, and the physician's partners, associates, association, corporation or partnership, and the employees, agents and estates of any of them, must be arbitrated including without limitation, claims for loss of consortium, wrongful death, emotional distress or punitive damages. Filing of any action in any court by the physician to collect any fee from the patient shall not waive the right to compel arbitration of any malpractice claim.

Article 3: Procedures and Applicable Law: A demand for arbitration must be communicated in writing to all parties. Each party shall select an arbitrator (party arbitrator) within thirty days and a third arbitrator (neutral arbitrator) shall be selected by the arbitrators appointed by the parties within thirty days of a demand for a neutral arbitrator by either party. Each party to the arbitration shall pay such party's pro rata share of the expenses and fees of the neutral arbitrator, together with other expenses of the arbitration incurred or approved by the neutral arbitrator, not including counsel fees or witness fees, or other expenses incurred by a party for such party's own benefit. The parties agree that the arbitrator have the immunity of a judicial officer from civil liability when acting in the capacity of arbitrator under this contract. This immunity shall supplement, not supplant, any other applicable statutory or common law.

Either party shall have the absolute right to arbitrate separately the issues of liability and damages upon written request to the neutral arbitrator.

The parties consent to the intervention and joinder in this arbitration of any person or entity which would otherwise be a prior additional party in a court action, and upon such intervention and joinder any existing court action against such additional person or entity shall be stayed pending arbitration.

The parties agree that provisions of California law applicable to health care providers shall apply to disputes within this arbitration agreement, including, but not limited to, code of Civil Procedure Sections 340.5 and 667.7 and Civil Code Sections 3333.1 and 3333.2. Any party may bring before that arbitrators a motion for summary judgment or summary adjudication in accordance with the Code of Civil Procedure. Discovery shall be conducted pursuant to Code of Civil Procedure Section 1283.05, however, depositions may be taken without prior approval of the neutral arbitrator.

Article 4: General Provisions: All claims based upon the same incident, transaction or related circumstances shall be arbitrated in one proceeding. A claim shall be waived and forever barred if (1) on the date notice thereof is received, the claim, if asserted in a civil action, would be barred by the applicable California statute of limitations, or (2) the claimant fails to pursue the arbitration claim in accordance with the procedures prescribe herein with reasonable diligence. With respect to any matter not herein expressly provided for, the arbitrators shall be governed by the California Code of Civil Procedures provisions relating to arbitration.

Article 5: Revocation: This agreement may be revoked by written notice delivered to the physician within 30 days of signature. It is the intent of this agreement to apply to all medical services rendered any time for any condition.

Article 6: Retroactive Effect: If patient intends this agreement to cover services rendered before the date it is signed (including, but not limited to, emergency treatment) patient should initial below:

Effective as of the date of first medical services

* Patient's/ Patient's Representative Initials

If any provision of this arbitration agreement is held invalid or unenforceable the remaining provisions shall remain in full force and shall not be affected by the invalidity of any other provision.

I understand that I have the right to receive a copy of this arbitration agreement. By my signature below, I acknowledge that I have been offered a copy.

NOTICE: BY SIGNING THIS CONTRACT YOU ARE AGREEING TO HAVE ANY ISSUE OF MEDICAL MALPRACTICE DECIDED BY NEUTRAL ARBITRATION AND YOU ARE GIVING UP YOUR RIGHT TO A JURY OR COURT TRIAL. See Article 1 of this contract.

By: _____ Date _____

Physician's/Authorized Representative Signature

Printed Name of Physician or Stamp

By: _____ Date _____

*Patient's/Patient Representative Signature

*Printed Name of Representative & Relationship to Patient



AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

* Patient Name _____ * Date of Birth _____

The above named person must indicate when this authorization is to expire:

- When information is received
- In six months
- On date _____
- In one year
- In three years

The person named above is or has been a patient of

Name of Person, Provider, or Facility _____ South Bay Primary Medical Group _____
 Address _____ 769 Medical Center Court, Suite 303, Chula Vista, CA 91911 _____
 Phone _____ (619) 591-9001 _____
 Fax _____ (844) 677-6697 _____
 Email _____ office@sbpmg.net _____

The person named above hereby authorizes South Bay Primary Medical Group to
Name of Person, Provider, or Facility

- Request health information from
- Discuss health information with
- Send health information to
- Discuss health information with

The person named above authorizes information to be requested or released by representatives of

Name Of Person, Provider, Or Facility _____
 Address _____
 Phone _____
 Fax _____

Scope

- All information regarding assessment, diagnosis, and treatment of patient's condition, concern, or disease (specify): _____
- All information regarding care received by patient between the dates of _____ Starting Date _____ and _____ Ending Date _____
- Other information (specify): _____

Authorization

 Printed name of Patient or Authorized Representative

 * Signature of Patient or Authorized Representative

 * Date

 Signature of witness

 Date

If not signed by the patient, indicate relationship of authorizing person to patient:

- Parent or guardian of minor child
- Guardian or conservator of conserved patient
- Beneficiary or personal Representative of a deceased individual



South Bay Primary Medical Group

Terms of Use

Introduction

Please read this agreement in its entirety before accessing www.sbpmg.com, portal.sbpmg.com or support.sbpmg.com. If you opt to use any of our websites, their features, tools and accounts, you agree to be bound by the terms and conditions specified below.

We update our Terms of Use periodically without notifying you of changes; please reference and review this document frequently to be aware of any updates. We also add, modify or remove features from all our websites at any time. Therefore, each time you access any of our websites, you are acknowledging that you accept the terms of use in their current form.

We are highly committed to protecting the privacy of our visitors and patients' information. Please read our Privacy Statement for more information.

Disclaimers

If you have a life- or limb-threatening emergency, dial 911 immediately. Our websites are used for online communications. We provide some material for educational and information purposes only, but it is not meant to be used in lieu of medical, nursing or specialist care or to be taken as a diagnosis.

By accessing www.sbpmg.com, portal.sbpmg.com or support.sbpmg.com you assume all responsibility and risk for use. The information displayed via our websites is provided without warranties of any kind, expressed or implied. South Bay Primary Medical Group will not be liable to you or anyone else for any decision made or action taken by you or anyone based upon the information provided.

The only products, services or information endorsed by South Bay Primary Medical Group are those clearly specified in our websites. We do not endorse in any way services, products, information or advice on the internet.

While our engineers use preventative measures to safeguard our websites and the content we provide, we cannot guarantee that any file downloaded from our websites is free of viruses or adware. It is your responsibility to have measures in place on your computer, mobile device or internet-capable device to protect them from files that may cause harm to software or hardware.

We provide hyperlinks to other websites, portals and articles of interest as a value-added to your browsing experience. However, we neither own nor operate sites other than the specified above. We do not take responsibility for the content of those websites or the validity of the information they provide.

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User Accounts and Security

In order to obtain certain services, you will be required to register for an account. You will be required to generate a password and provide your email address for proper authorization into the services and scheduling sections. Credentials are unique to each patient, staff member, physician or engineer. You are responsible for safeguarding your password including:

- Creating a password that is difficult to guess, avoiding names or words that easily identify you such as your pet's name, sports team or hobbies.
- Keeping your password secret and only using it for your account.

You must be at least 18 years old to register for an account. We do not knowingly allow children under 18 years of age to create an account.

You may cancel your account at any time by calling our office at (619) 591-9001 or emailing us at office@sbpmg.net.

Online Conduct

South Bay Primary Medical Group does not tolerate abusive, illegal, fraudulent or inappropriate use of its websites. We reserve the right to remove the account of any person found to be engaging in behavior that violates any part of this agreement.

You agree not to use any of the features of our websites for any purpose that is unlawful or prohibited by this agreement. You are personally responsible for the material that you send and for adhering to rules of conduct on any section in any of our sites.

Copyrighted and Trademarked Material

All trademarked, logo or copyrighted material presented in any of our websites, including but not limited to textual content, images, photographs, documents, forms, illustrations and videos is the sole property of South Bay Primary Medical Group. Any reproduction or redistribution of this material beyond personal use is prohibited without the express written consent of South Bay Primary Medical Group.

Collection and use of personal information

Please refer to our Privacy Statement to learn more about our policies, rights, and responsibilities regarding the collection and use of personal information.

We do not send unsolicited email messages to any of our visitors, whether they have an account or are visiting the main websites and its articles.

*Patient Signature _____ *Date _____