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**Notice of Privacy Practices**  
Effective April 14, 2003

This notice describes how medical information about you may be used and shared and how you can obtain access to this information. Please review it carefully.

Robert F. Sterner Jr. M.D., and the Anti-Aging Medical Center is required by law to protect the privacy of your medical record. We are required by the Department of Health and Human Services to post this notice on how the law permits the use and sharing of your health information. The sharing of patient information is permitted for the following reasons:

1. To obtain payment from third party payers.
2. For treatment purposes.
3. For health care operations

The law permits the use of information from the patient record for the following reasons:

1. For legal reasons such as lawsuits or worker's compensation.
2. For administrative reasons such as audits or investigations.
3. To the federal government to monitor privacy compliance.
4. To gather information that cannot be traced directly to you.

State laws may limit the sharing of information for protective classes such as HIV/AIDS status; mental health treatment; disability; and drug and alcohol abuse. We will obey these laws.

**Written Permission**

Written permission will be obtained to use your protected health information for any reason other than those reasons enumerated above. Once given, you may revoke your permission at any time.

**Patient Rights**

1. You have the right to request your health care information not be shared as stated above. However, we may not be able to agree to your request.