

## Notice of Privacy Practices

### Your Information. Your Rights. Our Responsibilities.

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.

#### Your Rights

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

##### Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. You have to put your request in writing.
- California law requires access to and provision of your record to be provided within 5 business days of your request. We may charge a reasonable, cost-based fee.

##### Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. You have to put your request in writing.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

##### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We require you to ask us in writing, but we will honor any reasonable request.

##### Ask us to limit what we use or share

- You can ask us, in writing, not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

##### Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures, such as any you asked us to make. We'll provide one accounting a year for free, but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### **Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

### **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

### **For More Information or to file a complaint if you feel your privacy rights are violated**

- If you have questions and would like additional information, you may contact the Health Information Management Department at 510-437-4460.
- If you feel we have violated your privacy rights, you may complain by contacting us using the information on page one.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights.
- We will not retaliate against you for filing a complaint.

## **Your Choices**

**For certain health information, you can tell us your choices about what we share.** Let us know if you have a clear preference for how we share your information in the situations described below. We will follow your instructions where we can.

- In these cases, you have both the right and choice to tell us to:
  - Share (or not share) information with your family, close friends, or others involved in your care
  - Share information in a disaster relief situation
  - Include your information in a hospital directory

*If you are not able to tell us your preference, for example if you are unconscious, we may still be able to share minimal information if we believe it is in your best interest or when needed to lessen a serious and imminent threat to health or safety.*

### **Fundraising**

- We may contact you for fundraising efforts, but you can tell us not to contact you again. If you change your mind, you can always ask to start receiving fundraising information again.

## **Our Uses and Disclosures**

We use or share your health information in the following ways.

### **Treat you**

We can use your health information and share it with other professionals who are treating you. We may also share your health information with others who provide care to you such as hospitals, nursing homes, doctors, nurses or others involved in your care.

*Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

### **Run our organization**

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

*Example: We use health information about you to manage your treatment and services.*

We may use and share your health information to support necessary business, legal, auditing, financial and clinical functions. Examples of these functions may include: auditing our clinical procedures, analyzing our cost of care, arranging for patient satisfaction surveys, fundraising and determining the need for new health care services.

### **Bill for your services**

We can use and share your health information to bill and get payment from health plans or other entities.

*Example: We give information about you to your health insurance plan so it will pay for your services.*

### **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Reporting births and deaths
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### **Do research**

We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

### **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

### **Health Information Exchange (HIE)**

We may make your protected health information available electronically through one or more state, regional, or national information exchange services to other healthcare providers, health plans, and healthcare clearinghouses that request your information for treatment, payment or other permitted uses. Participation in health information exchange services also means that we may see information about you from other providers.

Your participation in a HIE is voluntary and subject to your right to opt-out. Where possible, you may be provided with educational information prior to the enrollment of the participating organization and/or HIE.

### **Respond to organ and tissue donation requests**

We can share health information about you with organ procurement organizations.

### **Appointment Reminders**

We may contact you to provide appointment reminders.

### **Work with a medical examiner or funeral director**

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official as required by law.
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

### **Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

### **Business Associates**

There are some services provided in our organization through contracts with business associates. Examples include transcribing your medical record, surveying for patient satisfaction, and a copy service we use when making copies of your health record. When services are provided by contracted business associates, we may disclose the appropriate portions of your health information to them so they can perform the job we have asked them to do. However, our business associates are also required by law to safeguard your information.

### **Other Uses of Health Information**

Uses and disclosures of health information that are not discussed by this notice or required by law will only be made with your written permission. Your written authorization will typically be required for most uses and disclosures of HIV test results, psychotherapy notes, if you receive treatment in a substance abuse program, and most uses and disclosures for marketing. We comply with state and federal laws that require extra protection for your health information. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time.

### **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html](http://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html).

### **Changes to the Terms of this Notice**

We may change our Notice of Privacy Practices from time to time. The changes will apply to all health information we have about you. The new notice will be available upon request in our facilities and on our website.

Effective Date of this Notice: August 31, 2018.