



## NOTICE OF PRIVACY PRACTICES

### YOUR RIGHTS

The following is a statement of your rights regarding your protected health information.

**You have the right to inspect and receive a copy of your protected health information.** You can ask to see or get a copy of health and claims records and other health information we have about you. Ask us how to do this. We will provide a copy or summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.

**You have the right to request a restriction on your protected health information.** This means you may ask us not to use or disclose any part of your protected information for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to your request. If your physician believes it is in your best interest to allow use and disclosure of your PHI, it will not be restricted. You then have the right to choose another healthcare provider.

**You have the right to request to receive confidential communications from us by alternative means or at an alternative location.** You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively (i.e. electronically). You can ask us to contact you in a specific way (for example, home or phone) or to send mail to a different address. We will consider all reasonable requests and must say "yes" if you tell us you will be in danger if we do not.

**You have the right to have your physician amend your protected health information.** If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.** This includes records from the Health Information Exchange (HIE): We, along with other health care providers in the Los Angeles area, may participate in one or more Health Information Exchanges (HIE). An HIE is a community-wide information system used by participating health care providers to share health information about you for treatment purposes. Health care providers that participate in the HIE can share your health information electronically. The purpose of the HIE is to allow all health care providers at different facilities participating in your treatment to have all the information necessary to treat you effectively, such as laboratory results, prior diagnosis and current medication.

**You have the right to 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.

**You have the right to 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.

**Complaints:** You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. We will not retaliate against you for filing a complaint.



## YOUR CHOICES

The following is a statement of your choices with respect to your protected health information.

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

**In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in payment for your care.
- Share information in a disaster relief situation.
- Contact you for fundraising efforts.

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

**In these cases, we never share your information unless you give us written permission:**

- Marketing purposes
- Sale of your information

## OUR USES AND DISCLOSURES

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: <https://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html>

We typically use or share your health information in the following ways:

**Help manage the health care treatment you receive.**

- We can use your health information and share it with professionals who are treating you.
- *Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

**Run our organization.**

- We can use and disclose your information to run our organization and contact you when necessary.
- *Example: We use health information about you to develop better services for you*

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

- We can share health information about you for certain situations such as: preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse/neglect/domestic violence, preventing or reducing a serious threat to anyone's health or safety

**Do research.**

- We can share your information for health research.

**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.



**Respond to organ and tissue donation requests and work with a medical examiner or funeral director**

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

**Conduct outreach, enrollment, care coordination and case management**

- We can share your information with other government benefits programs like Covered California for reasons such as outreach, enrollment, care coordination, and case management.

**Comply with special laws**

- There are special laws that protect some types of health information such as mental health services, treatment for substance use disorders, and HIV/AIDS testing and treatment. We will obey these laws when they are stricter than this notice.

## **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/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

Please contact us to request a copy of this notice in other languages or to get a copy in another format, such as large print or Braille.

**Changes to the Terms of This Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

**Effective Date: January 1, 2024**



## Notice of Privacy Practices

*This notice is effective as of January 1, 2024.*

Please sign and date below to indicate that you have received a copy of this notice. Your signature simply acknowledges that you received a copy of this notice.

---

**Print Name (Last, First, Middle Initial)**

---

**Signature**

---

**Date**