



Privacy Practices

Effective Date: 2/06/17

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

For More Information, Please Contact:

Elvia Sanchez
Chief Operations Officer
1448 E. Holt Ave
Pomona, CA 91767
(909) 630-7927

Who We Are:

This notice describes the privacy practices of Parktree Community Health Center and the privacy practices of:

- All of our providers, nurses, volunteers, and other health care professionals authorized to enter information about you into your medical chart.
- All of our departments, including our medical records and billing departments.
- All of our health center sites.
- All of our employees, staff, volunteers, and other personnel who work for us or on our behalf.

Our Pledge:

We understand that health information about you and the health care you receive is personal. We are committed to protecting your personal health information. When you receive treatment and other health care services from us, we create a record of the services that you received. We need this record to provide you with quality care and to comply with legal requirements. This notice applies to all of our records about your care, whether made by our health care professional or others working in this office. This notice tells you about the ways in which we may use and disclose your personal health information. It also describes your rights with respect to the health information that we keep about you and the

obligations that we have when we use and disclose your health information.

We are required by law to:

- Make sure that health information that identifies you is kept private in accordance with relevant law.
- Give you this notice of our legal duties and privacy practices with respect to your personal health information.
- Follow the terms of the notice that is currently in effect for all of your personal health information.

How We May Use and Disclose Your Health Information:

For Treatment: We may use health information about you to provide you with health care treatment or services. We may disclose health information about you to the providers, nurses, volunteers, residents, medical students, and others who are involved in your care. They may work at Parktree Community Health Center or at another doctor's office, lab, pharmacy, or other health care provider to whom we may refer you for treatment, consultations, x-rays, lab tests, prescriptions, or other health care services.

For Payment: We may use and disclose health information about you to bill and collect payment from your insurance company, including Medi-Cal and Medicare or any other party that may be available to reimburse us for some or all of your health care. We may also disclose health information about you to other health care providers or to your health plan so that they can arrange for payment relating to your care. We may also tell your health plan about treatment that you need in order to obtain your health plan's prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations: We may use and disclose health information about you for our day-to-day operations, and may disclose information about you to other health care providers involved in your care or to your health plan for use in their day-to-day operations. These uses and disclosures are necessary to run the Parktree Community Health Center and to make sure that all of our patients receive quality care, and to assist other providers and health plans in doing so as well. For example, we may use health information to review the services that we provide and to evaluate the performance of our staff in caring for

you. We may also combine health information about our patients with health information from other health care providers to decide what additional services the Parktree Community Health Center should offer, what services are not needed, and to see where we can make improvements. We may remove information that identifies you from this set of health information so others may use it to study health care delivery without learning who our patients are.

Appointment Reminders/Cancellations: We may use and disclose health information about you to contact you as a reminder that you have an appointment or to cancel an appointment at the Parktree Community Health Center.

Individuals Involved in Your Care: We may release health information about you to a friend or family member involved in your health care.

Research: Under certain circumstances, we may use and disclose health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition. All research projects, however, are subject to a special approval process.

Organ and Tissue Donation: If you are an organ donor, we may disclose health information about you to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

As Required By Law: We will disclose health information about you when required to by law.

To Avoid Harm: We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Military and Veterans: If you are a member of the armed forces or separated/discharged from military services, we may release health information about you as required by military command authorities of the Department of Veterans Affairs as may be applicable. We may also release health information about foreign military personnel to the appropriate foreign military authorities.

Workers' Compensation: We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Activities: We may disclose health information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury, or disability.
- To report births and deaths.
- To report child abuse or neglect.
- To report reactions to medications or problems with products.
- To notify people of recalls of products.
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure when required or authorized by law.

Health Oversight Activities: We may disclose health information about you to a health oversight agency for activities authorized by law. These oversight activities include for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes: We may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process that is not accompanied by a court or administrative order, but only if efforts have been made by the appropriate agency to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement: we may release health information about you if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons, or similar process.
- To identify or locate a suspect, fugitive, material witness, or missing person.
- Under certain limited circumstances about the victim of a crime.
- About a death we believe may be the result of criminal conduct.
- About criminal conduct at the Parktree Community Health Center.
- In emergency circumstances to report a crime, the location of the crime, victims, or the identity, description or location of the person who committed the crime.

Coroners and Health Examiners: We may release health information about our patients to a coroner or health examiner. This may be necessary for example, to identify a deceased person or determine the cause of death. We may also release health information to

funeral directors as may be necessary for them to carry out their duties.

National Security and Intelligence Activities: We may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Business Associates: We may disclose health information to third parties who assist us with some of our duties and functions. These third parties sign contracts promising to protect the privacy and security of your protected health information.

Your Rights:

You have certain rights with respect to your personal health information. This section of our notice describes your rights and how to exercise them.

Right to Inspect and Copy: You have the right to inspect and copy the personal health information in your medical and billing records, or in any other group of records that we maintain and use to make health care decisions about you. This right does not include the right to inspect and copy psychotherapy notes, although we may, at your request provide you with a summary of these notes.

To inspect and copy your personal health information, you must submit your request in writing to our privacy contact person identified on the first page of this notice.

We may deny your request to inspect and copy in certain very limited circumstances. If your request is denied, you may request that the denial be reviewed. We will designate a licensed health care professional to review our decision to deny your request. The person conducting the review will not be the same person who denied your request. We will comply with the outcome of this review. Certain denials, such as those relating to psychotherapy notes, however, will not be reviewed.

Right to Amend: If you feel that the health information we maintain about you is incorrect or incomplete, you may ask us to mend the information. You have the right to request an amendment for any information that we maintain about you. To request an amendment your request must be made in writing, submitted to our privacy contact person identified in the first page of this notice, and must be contained on one piece of paper legibly handwritten or typed. In

addition, you must provide a reason that supports your request for an amendment.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or organization that created the information is no longer available to make the amendment.
- Is not part of the health information kept by or for the Parktree Community Health Center.
- Is not part of the information which you would be permitted to inspect and copy.
- Is accurate and complete.

Any amendment we make to your health information will be disclosed to the health care professionals involved in your care and to others to carry out payment and health care operations as previously described in this notice.

Right to Receive an Accounting of Disclosures: you have the right to receive an accounting of certain disclosures of your health information that we have made. Any accounting will not include disclosures that we make for treatment, payment, healthcare operations, or if you have provided the authorization to release your information.

To request an accounting of disclosures, you must submit your request in writing to our privacy contact person identified on the first page of this notice. Your request must state a time period which may not be more than six (6) years and may not include dates prior to April 14, 2003. The first list you request with a 12 month period will be free. For additional lists, we may charge you for the costs of providing the lists. We will mail you a list of disclosures in paper form within 30 days of your request, or notify you if we are unable to supply the list within that time period and by what date we can supply the list; this date will not exceed 60 days from the date you made the request.

Right to Request Restrictions: You have the right to request a restriction or limitation on the health information we use or disclose about you. **We are not required to agree to your request for restrictions if it is not feasible for us to comply with your request or if we believe that it will negatively impact our ability to care for you.** If we do agree, however, we will comply with your request unless the information is needed to provide emergency treatment. To request a restriction, you must make your request in writing to

our privacy contact person identified on the first page of this notice. In your request, you must tell us what information you want to limit and to whom you want the limits to apply.

Right to Confidential Communications:

You have the right to request that we communicate with you about health matters in a certain way. For example, you can ask that we only contact you at work or by mail to a specified address. To request that we communicate with you in a certain way, you must make your request in writing to our privacy contact person identified on the first page of this notice. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

Right to a Paper Copy of this Notice: you have the right to receive a paper copy of this notice at any time. To receive a copy, please request it from our privacy contact person identified on the first page of this notice.

Changes to this Notice:

We reserve the right to change this notice and to make the changed notice effective for all of the health information that we maintain about you, whether it is information that we previously received about you or information we may receive about you in the future. We will post a copy of our current notice in our facility. Our notice will indicate the effective date on the first page, in the top right-hand corner. We will also give you a copy of our current notice upon request.

Complaints:

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. You may file a complaint by mailing us a written description of your complaint or by telling us about your complaint in person or over the telephone. Please contact:

Juliet Dominguez

Director of Risk and Compliance

1448 E. Holt Ave

Pomona, CA 91767

(909) 630-7927

Please describe what happened and give us the dates and names of anyone involved. Please also let us know how to contact you so that we can respond to your complaint. You will not be penalized for filing a complaint.

Other Uses and Disclosures of Your Protected Health Information:

Other uses and disclosures of personal health information not covered by this notice or applicable law will be made only with your written authorization. If you give us your written authorization to use or disclose your personal health information, you may revoke your authorization in writing, at any time. If you revoke your authorization, we will no longer use or disclose your personal health information for the reasons covered by your written authorization. You understand that we are unable to take back any uses and disclosures that we have already made with your authorization, and that we are required to retain our records of the care that we have provided to you.

About Our Notice of Privacy Practices:

We are committed to protecting your personal health information in compliance with the law. The attached Notice of Privacy Practices states:

- Our obligations under the law with respect to your personal health information.
- How we may use and disclose the health information that we keep about you.
- Your rights relating to your personal health information.
- Our rights to change our Notice of Privacy Practices.
- How to file a complaint if you believe your privacy rights have been violated.
- The conditions that apply to uses and disclosures not described in this Notice.
- The person to contact for further information about our privacy practices.
- The person to contact if you have complaints.

We are required by law to give you a copy of this notice and to obtain your written acknowledgement that you have received a copy of this notice.

Patient Acknowledgement of Receipt:

I, _____, hereby acknowledge that I have received a copy of the Notice of Privacy Practices.

Patient's Signature

Date

Signature of Parent / Representative

Date

Description of Legal Authority to Act on Behalf of Patient