



NOTICE OF INFORMATION AND PRIVACY PRACTICES

Corporate Privacy Office
499 Loma Alta Avenue
Los Gatos, CA 95030
Phone: (408) 379-3790
Email: privacyofficer@pacificclinics.org
Website: www.pacificclinics.org

This notice describes how your health information may be used and disclosed, as well as how you may access this information.

PLEASE REVIEW THIS NOTICE CAREFULLY

Pacific Clinics ("Agency") is committed to protecting client's privacy. We recognize your right to receive an explanation of how we use and disclose your Protected Health Information ("PHI") for treatment, payment, and healthcare operations. With this Notice of Information and Privacy Practices ("notice"), we are informing you of your rights, and our legal duties related to your PHI.

YOUR RIGHTS

When it comes to your PHI, you have certain rights. This section explains these rights as well as some of our responsibilities to help you.

- Inspect and obtain copies of your PHI**
- With some exceptions (such as psychotherapy notes), you have the right to inspect and obtain copies of the PHI we have regarding your care.
 - For inspection or copies of your records, we must receive your request in writing.
 - Note: We will usually provide you with a copy or summary of your PHI within 30 days of your request, and may charge you a reasonable, cost-based fee.
 - We do not have to agree to your request. If we deny your request, we will notify you in writing to provide an explanation.
- Amend your PHI**
- You have the right to amend your PHI if you feel that the information contained in your records is incorrect. You must ask us for this amendment in writing and must state your reasons for the amendment.
 - We do not have to agree to your request. If we deny your request, we will notify you in writing to provide an explanation.
- Request restrictions on certain uses and disclosures of your PHI**
- You have the right to request restrictions on the use and disclosure of your PHI:
 - For treatment, payment, or healthcare operations
 - Given to someone who is involved in your care or the payment of your health care
 - To friends and family, related to your location or condition, and in the case of a disaster, to the entity assisting in a disaster
 - We do not have to agree to your request. If we deny your request, we will notify you in writing to provide an explanation.

**Request restrictions when you fully pay out-of-pocket
Revoke your authorization**

- You have the right to request, in writing, a restriction on the disclosure of your PHI to a health plan for purposes of payment or healthcare operations if you or someone else paid out-of-pocket, in full, for a health care item or service.
- You have the right to revoke your authorization for the use or disclosure of your PHI.
 - Note: Your request to revoke your authorization must be in writing.
- However, such revocation will not have any effect on uses or disclosures prior to the receipt of the revocation.

Receive an accounting of disclosures of your PHI

- You have the right to request an accounting of the times we've shared your PHI for a period of up to six (6) years prior to the date of your request.
 - Note: This accounting will not include disclosures related to treatment, payment, or healthcare operations; disclosures to you or to the persons involved in your care based on your consent or authorization; or, by means permitted by the Privacy Rule.
- We will provide one copy, at no cost to you, on an annual basis. For additional requests within a 12-month period, we may charge a reasonable, cost-based fee.

Right to confidential / alternative communications

- You have the right to request that we communicate with you confidentially, by alternative means of communication or at alternative locations.
 - Note: This request must be in writing and must specify how or where we are to contact you.
- We will consider all reasonable requests, but will say "yes" if you tell us you will be in danger if we do not.

Right to a paper copy of this notice

- You have the right to a paper copy of this notice, even if you previously agreed to receive this notice electronically.
- You may obtain copies of this notice on our website, or you may reach Pacific Clinics at the address and phone numbers listed on page 1 of this notice.

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 this person has the proper authority before we take any action.

Make a complaint

- Contact Pacific Clinics at the address and phone number listed above if you desire further information about your privacy rights, are concerned that we have violated your privacy rights, or disagree with a decision that we made about access to your PHI.
- You may also file a complaint with the U.S. Department of Health and Human Services' Office for Civil Rights by sending a letter to:
 - Office of Civil Rights, Region IX
90 7th St., Ste. 4-100, San Francisco, CA 94103
Telephone: (800) 368-1019
TDD: (800) 537-7697
 - Or online at: www.hhs.gov/ocr/privacy/hipaa/complaints/

Pacific Clinics is permitted to use or disclose your PHI, or may be required by law to disclose your PHI, without your authorization for the following purposes:

- Treatment**
 - Within Pacific Clinics, and with our business associates, for treatment and other services.
 - When we and another provider share you as a client to:
 - Treat you during an emergency
 - Coordinate services
 - Provide immediate transitional care after you end Agency services

- Business associates**
 - With our business associates who perform treatment, payment, healthcare operations or other services on our behalf. The business associates are contractually obligated to safeguard your PHI.
 - Sharing excludes text messaging originator opt-in data and consent; this information will not be shared with any third parties.

- Appointment reminders**
 - To provide you with appointment reminders through the mail, telephone, email or by text message.

- Conduct outreach, care coordination and case management**
 - To conduct outreach, care coordination or case management, or with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

- Payment**
 - To obtain payment for services provided to you, including billing and data processing activities that allow us to receive reimbursement for services.

- Healthcare operations**
 - For our healthcare operations, including internal administration and related activities to improve the quality and cost effectiveness of our services.

- Report abuse / neglect**
 - If we reasonably believe you are a victim of abuse or neglect, to a governmental authority (for example, the Department of Social Services or other protective services agencies) authorized by law to receive such report.
 - To the appropriate authorities concerning suspected child or dependent adult/elder abuse and neglect as required under California law.

- Lawsuits and disputes**
 - If you are involved in a lawsuit or a dispute, in response to a court or administrative order.
 - In response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request; or, to obtain an order protecting the information requested.

- Law enforcement**
 - If asked to do so by a law enforcement official:
 - To identify or locate a suspect, fugitive, material witness or missing person
 - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person’s agreement
 - About a death we believe may be the result of criminal conduct

- About criminal conduct at any of our locations, or against any of personnel or property
 - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime

- National security and intelligence activities**
 - To authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

- Protective services for the President, others**
 - To authorized federal officials so they may provide protection to the President, or for other national security activities authorized by law.

- Inmates – Information released to correctional institutions**
 - If you are an inmate at a correctional institution, or are under the custody of a law enforcement official, to the correctional institution or law enforcement official;
 - For the institution to provide you with health care
 - To protect your health and safety or the health and safety of others
 - For the safety and security of the correctional institution

- Public health activities**
 - For public health activities that may include;
 - The reporting of health information to public health authorities for the prevention or control of disease, injury, or disability
 - To alert a person who may have been exposed to a communicable disease or may otherwise be at serious risk of contracting or spreading a disease or condition

- Health oversight activities**
 - To a health oversight agency that oversees the healthcare system and is charged with the responsibility for ensuring compliance with rules of government health programs such as Medicare or Medi-Cal.

- To avert a serious threat to health or safety**
 - When necessary, to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, will only be to someone able to help prevent the threat.

- Coroner, Medical Examiner, Funeral Directors**
 - To determine cause of death and, as necessary, to carry out duties as authorized by law.

- To a Health Information Exchange**
 - As participants in Health Information Exchanges ("HIE"):
 - We may share information that we obtain or create about you with other health care providers or other health care entities, such as your health plan or health insurer, as permitted by law, through health information exchanges (HIEs) in which we participate. We may share information about you through HIEs for treatment, payment, health care operations, or research purposes. For example, information about your past medical care and current medical conditions and medications can be available to us or to your other primary care physicians or hospitals, if they participate in the HIE as well. Exchange of health information can provide

faster access, better coordination of care and assist providers and public health officials in making more informed decisions.

- The electronic PHI disclosed to the HIE may include sensitive diagnoses such as HIV/AIDS, sexually transmitted diseases, genetic information, and mental health substance abuse, etc. You may opt out of your information being accessible in or through the HIE(s) and disable access to your health information available by completing the Agency Health Information Exchange Participation Change Form and return the completed form to your local Agency office or mail to the Corporate Privacy Office mailing address listed above. Even if you opt-out of your information being generally accessible through the HIE(s), your health information relating to public health reporting and controlled dangerous substances information will still be available to providers through the HIE(s) as permitted by law. Your hospital or health care provider may also participate in other HIEs, including HIEs that allow your provider to share your information directly through our electronic medical record system.

- Research**
 - If our Institutional Review Board, or other board for the protection of human subjects, approves a waiver of authorization, and certain safeguards are in place to ensure the privacy of your PHI.
- Emergency situations**
 - To medical personnel to treat an emergency condition that poses an immediate threat and requires immediate medical intervention.
- Disaster relief purposes**
 - To an organization assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.
 - Note: We will give you the opportunity to agree or object to this disclosure, unless we decide that we need to disclose your health information to respond to the emergency circumstances.
- Military personnel**
 - As mandated by military authorities or the Department of Veterans Affairs if you are a member of the armed forces.
- Breach notification**
 - To tell you in the event there has been an unlawful or unauthorized access to your health information.
 - Note: We will also report these occurrences to federal and state authorities and may need to use your PHI to do so. If this happens, we will provide you with written notice.
- Fundraising activities**
 - To a foundation related to us, to contact you to raise money for us and our operations.
 - Note: You have the right to opt out of receiving fundraising communications.
- Workers' Compensation**
 - For Workers' Compensation or similar programs that provide benefits for work-related injuries or illness.
- As required by law**
 - When required to do so by any federal, state, or local law not already referred to in this notice.

SPECIAL RULES FOR DISCLOSURE OF PSYCHIATRIC, SUBSTANCE USE DISORDER, AND HIV RELATED INFORMATION

Special rules apply to the disclosure of health information about psychiatric conditions, substance use disorders or HIV-related testing and treatment. Your authorization may be required for some disclosures.

OTHER USES AND DISCLOSURES

Except as described in this notice, or as allowed by federal or state law, we will not use or share your PHI without your written authorization. We will not use or disclose your PHI for marketing purposes, nor will we sell your health information without your authorization. If you sign an authorization, and later change your mind, let us know in writing. This will stop any future uses and disclosures of your PHI but will not require us to take back any information we already disclosed.

OUR RESPONSIBILITIES TO YOU

- We are required by law to maintain the privacy and security of your PHI.
- We must follow both federal and state law when using and disclosing your PHI. Some laws provide increased protection for mental health, alcohol and drug abuse, HIV/AIDS, and sexually transmitted disease information. In cases where both federal and state law give similar protection, we will generally follow the law that gives greater protection of your rights, privacy or your PHI.
- We must follow the duties and privacy practices described in this notice, and to give you a copy of the notice.
- We will not use or share your information other than as described in this notice 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.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

CHANGES TO THE TERMS OF THIS NOTICE

We reserve the right to change the terms of this notice at any time, and the changes will apply to all information we have about you. The new notice will be available on our website. You may also request a copy of the notice at our locations, or you may contact Pacific Clinics at the address and phone number listed on page 1.

NOTICE OF NON-DISCRIMINATION

Pacific Clinics complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call (626) 228-5000.