

# **Notice of Privacy Practices**

# Your Information. Your Rights. Our Responsibilities.

This notice describes how information about your health may be used and/or disclosed and how you can get access to your information. Please review it carefully.

# Your Rights

When it comes to your health information, you have certain rights. Unless otherwise required by law, your health record is the physical property of the healthcare practitioner or facility that compiled it. However, you have certain rights with respect to the information. 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. If you need access to your health record, please ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee for printing.

# Ask Us to Correct Your Medical Record

- You can ask us to correct health information about you that you think is incorrect or incomplete. If you require assistance, please ask us how to do this.
- We may say "no" to your request, but we will 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 cell phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

# Ask Us to Limit What We Use or Share

- You can ask us not to use or share certain health information for treatment, payment, or Village Health Center (VHC) operations. We are not required to agree to your request, and we may say "no" if it would affect your care or health care operations.
- If you pay for a service or health care item out-of-pocket and 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 of the times we have 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 will provide one list a year for free but will charge a reasonable, cost-based fee if you request another within 12 months.

#### Get a Copy of This Privacy Notice

• You can ask for a paper copy of this notice at any time.

# 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.



## File a Complaint If You Feel Your Rights Are Violated

- You can complain if you feel we have violated your rights by filing a "Report to Staff" at the Guest Services Desk in the Joan Kroc Center (JKC, 1501 Imperial Avenue) during business hours.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to: 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or online through the Complaint Portal Assistant found at www.ocrportal.hhs.gov
- 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**. 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 your care
- Share information in a disaster relief situation

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. This protected health information may include information regarding alcohol use and substance use disorders (following all state and federal laws related to sharing of health information).

We never share your information unless you give us written permission for:

- Most sharing of psychotherapy notes
- Most sharing of substance abuse notes (specifically, notes by the Addiction Treatment and Education Center program)

Substance Use Disorder and Alcohol Use Disorder notes are protected by a Federal law, 42 CFR Part 2, which has precise rules agencies must follow when releasing information.

# 42 CFR Part 2

 Patients getting services through our ATEC program (our outpatient substance use disorder program) have more privacy protection through 42 CFR Part 2. This federal regulation protects patients utilizing substance use disorder services by prohibiting unauthorized disclosures of patient record information except in limited circumstances. Release rules for 42 CFR Part 2 are much stricter than HIPAA privacy rules. The primary goal of 42 CFR Part 2 is to ensure patients receive substance use disorder services without the fear of negative consequences, which can be caused by unapproved release(s) of sensitive PHI (Protective Health Information). Medication-assisted treatment (MAT) visits with a prescriber are not considered part of ATEC or covered by 42 CFR Part 2.

#### **Our Uses and Disclosures**

How we may use or share your health information.

#### Treat You

- We can use your health information and share it with other professionals who are treating you.
- Your alcohol use disorder and/or substance use disorder may be disclosed on a "need to know" basis with other staff and providers in the Health Center. This includes information from your Alcohol and Other Drug (AOD) counselor. Example: A doctor treating you for an injury asks another doctor about your overall health condition or may ask your AOD counselor about your participation with Addiction Treatment and Education Center (ATEC) groups.



• 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.

#### **Bill for 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.

#### **Quality Improvement and Public Health**

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

VHC is a member of Integrated Health Partners (IHP) of Southern California, a clinically-integrated network that functions as an Organized Health Care Arrangement (OHCA). As part of this membership, VHC jointly participates in quality assessment and improvement activities and utilization review activities with the other members of IHP. As part of this arrangement, your medical information may be shared for these purposes.

## 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, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

#### **Care Coordination**

We can share your information with your other healthcare providers to coordinate your care (for example, with hospitals, emergency departments, and/or other clinics). *Example*: Platforms like Manifest MedEx and San Diego Health Connect share information regarding ER visits and hospitalizations so your provider can follow up.

#### Research

• We can use or share your information for health research. *Example*: We share data with Population Health Analytics platforms, like Arcadia, to track health trends and improvement needs for our patients.

#### 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 are complying with federal privacy law.

#### **Respond to Organ and Tissue Donation Requests**

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

#### 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



- 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.

# **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.
- You may change your mind about sharing information at any time by writing a new release of information for our records.

# 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 at the registration window in VHC.