

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.

We understand the importance of privacy and are committed to maintaining the confidentiality of your medical information. We make a record of the medical care we provide and may receive such records from others. This notice describes how we may use and disclose your medical information. It also describes your rights and our legal obligations with respect to your medical information. If you have any questions about this Notice, please contact our Privacy Officer.

How This Health Center May Use or Disclose Your Health Information

The medical record is the property of this Health Center, but the information in the medical record belongs to you. The law permits us to use or disclose your health information for the following purposes:

Treatment. We can use your medical and behavioral health information for providing medical or behavioral care, or WIC services. Information is disclosed to employees and others involved in providing your care. Examples: We may share your medical information with doctors or other health care providers giving you treatment that we do not offer, or provide information to a pharmacist or laboratory providing services to you. Information may also be disclosed to family members or others who can help you when you are sick or injured.

Payment. We can use and share your medical information to bill and get payment for the services we provide. Examples: We give required information to your health insurance plan to receive payment for services provided. We may also disclose information to other health providers to assist them in obtaining payment for services.

Health Care Operations. We can use and disclose your medical information to operate our health center. Examples: we may disclose information to review and improve quality of care and performance of staff; to obtain authorization from your health plan for services; to perform needed medical reviews, legal services and audits, including fraud and abuse detection and compliance programs; for business planning and management. We may disclose information to our business associates (companies we work with) that perform administrative services. In such instances, business associates sign contracts requiring the protection, confidentiality and security of your information.

Appointment Reminders. We may use and disclose medical information to contact and remind you about appointments. If you are not home, we may leave this information on your answering machine, in a message left with the person answering the phone, or in a text message.

Sign-in Sheet. We may use and disclose medical information about you by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.

Notification and Communication with Family. We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, general condition or, unless previously instructed otherwise, in the event of your death. During a disaster, we may disclose information to a relief organization to assist in its notification efforts. We may disclose information to someone involved with your care or helping to pay for your care. If you are able and available, you will have the opportunity to object prior to our making such disclosures. We may disclose information in a disaster over your objection if necessary for responding to emergency circumstances.

Marketing. We may encourage you to purchase or use products or services related to your treatment. We do not receive any payment for making these communications. We will not otherwise use your information for marketing purposes or accept any payment for marketing communications without your prior written authorization.

Sale of Health Information. We will not sell your health information without your prior written authorization.

Required by Law. As required by law, we will disclose your health information, but such disclosures are limited to relevant requirements of the law. Examples: The law requires us to report abuse, neglect and in some cases domestic violence, or respond to judicial or administrative proceedings, or law enforcement officials.

Public Health. We may, and are sometimes required by law, to disclose your health information to public health authorities in order to: prevent or control disease, injury or disability; report child, elder or dependent adult abuse or neglect; report domestic violence; report problems to the FDA with products and medications; and report disease or infection exposure. When we report suspected elder or dependent adult abuse or domestic violence, we will inform you or your personal representative promptly unless in our best professional judgment, we believe the notification would place you at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.

Health Oversight Activities. We may, and are sometimes required by law, to disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by federal and California law.

Judicial and Administrative Proceedings. We will make all efforts to uphold provider-client privilege, especially with regard to sensitive services, such as mental health counseling and drug and alcohol treatment and where necessary per HIPPA and 42 CFR Part 2. However, in certain situations, we may be required by law to disclose your health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.

Law Enforcement. We uphold standards of withholding release of patient information per 42 CFR Part 2 standards when possible. We are required by law to disclose your health information to a law enforcement officials for some law enforcement purposes. Examples: locating a suspect, fugitive, material witness or missing person; complying with a court order, warrant, or grand jury subpoena; and other law enforcement purposes.

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

Organ or Tissue Donation. We can share health information about you with organ procurement organizations.

Public Safety. We may, and sometimes are required by law, to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of another person.

Proof of Immunization. We will disclose proof of immunization to a school where the law requires the school to have such information prior to admitting a student if you have agreed to the disclosure.

Specialized Government Functions. We may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official.

Worker's Compensation. We may disclose your health information as necessary to comply with worker's compensation laws. We are required to report cases of occupational injury or illness to the employer or workers' compensation insurer.

Change of Ownership. In the event that this Health Center is sold or merged with another organization, your health information/record will become the property of the new owner.

Breach Notification. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

De-Identified Information. We may remove information that identifies you from your health information, so others may use it without learning who you are.

Research. We can use or share your de-identified information for health research.

Limitations. In some circumstances, your health information may be subject to restrictions that may limit or preclude some uses or disclosures described above. We comply with these restrictions in our use of your health information.

Psychotherapy Notes. We will not use or disclose your behavioral health session notes without your prior written authorization except for the following: (1) your treatment, (2) for training our staff, students and other trainees, (3) to defend ourselves if you sue us or bring some other legal proceeding, (4) if the law requires us to disclose the information to you or the Secretary of HHS or for some other reason, (5) in response to health oversight activities concerning your psychotherapist, (6) to avert a serious threat to health or safety, or (7) to the coroner or medical examiner after you die. To the extent you revoke an authorization to use or disclose your psychotherapy notes, we will stop using or disclosing these notes.

Fundraising. We may contact you for fundraising efforts, but you can tell us not to contact you again.

Organized Health Care Arrangement. We are part of an organized health care arrangement including participants in OCHIN. Our participation in this arrangement improves the quality of care you receive by ensuring that your records are readily accessible to all of your treating providers, even those outside of Axis, so long as they are participants in the same organized health care arrangement. A current list of OCHIN participants is available at www.ochin.org. As our business associate, OCHIN supplies information technology and related services to Axis Community Health and other OCHIN participants. OCHIN also engages in quality assessment and improvement activities on behalf of its participants. For example, OCHIN coordinates clinical review activities on behalf of participating organizations to establish best practice standards and access clinical benefits that may be derived from the use of electronic health record systems. OCHIN also helps participants work collaboratively to improve the management of internal and external patient referrals. Your health information may be shared by us with other OCHIN participants when necessary for health care operation purposes of the organized health care arrangement. Rest assured that strict controls are in place to ensure that your information is accessed by the appropriate individuals for the purpose of providing you with the best care possible.

When This Health Center May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, this Health Center will, consistent with its legal obligations, including 42 CFR Part 2, which applies to drug and alcohol treatment services, not use or disclose health information which identifies you without your written authorization. If you do authorize this Health Center to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. If you revoke your authorization, we will

no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided to you.

Your Health Information Rights

Right to Request Special Privacy Protections. You can ask us **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.

Right to 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 will say “yes” to all reasonable requests submitted in writing. We reserve the right to reject any unreasonable request.

Right to Inspect and Copy. You can ask to see or get an electronic or paper copy of your medical record, behavioral health records and other health information we have about you. 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.

We may deny your request under limited circumstances. If we deny your request to access your child's records or the records of an incapacitated adult you are representing because we believe allowing access would be reasonably likely to cause substantial harm to the patient, you will have a right to appeal our decision. If we deny your request to access your psychotherapy notes, you will have the right to have them transferred to another mental health professional.

Right to Amend or Supplement. You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Right to an Accounting of Disclosures. 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.

Right to Notice of Duties and Practices. 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. If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact our Privacy Officer listed at the top of this Notice of Privacy Practices.

Violations

Violations of the Federal law and regulations by a program is a crime and suspected violations may be reported to appropriate authorities in accordance with these regulations. Likewise, information related to a patient’s commission of a crime on the premises of the program or against personnel of the program is not protected by Federal law and regulations.

Changes to this Notice of Privacy Practices

We reserve the right to 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, in our office, and on our web site.

Complaints

Complaints about this Notice of Privacy Practices or how this Health Center handles your health information should be directed to our Privacy Officer at (925) 201-6211.

We will not retaliate against you for filing a complaint.

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to the Office of Civil Rights.

Effective Date: 01/01/2019