



Reviewed February 2020

## **NOTICE OF PRIVACY RIGHTS**

Although your health record is the physical property of the provider of health care or facility that compiled it, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information.
- Obtain a copy of the notice of information practices (this notice) upon request.
- Inspect your health record.
- Receive a copy of your health record.
- Have your amendment(s)/ corrections filed into your health record.
- Obtain a listing of who has been given your health information.
- Request the communication of your health information by alternative means or at an alternative location.
- Revoke your authorization to use or disclose health information except to the extent that action had already been taken.

## **OUR RESPONSIBILITY**

At, To Help Everyone Health and Wellness Centers the protection of our members' privacy and the confidentiality of medical information has always been a priority. We recognize that you depend upon us to safeguard your personal information and uphold your privacy rights. This document-which is based on state and federal law, as well as our own company code of ethics-offers a declaration of our commitment to preserving member confidentiality and privacy.

To Help Everyone Health and Wellness Centers is required to:

- Maintain the privacy of your health information.
- Provide you with a notice (this notice) about our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this notice.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate health information by alternative means or alternative locations.

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This notice describes **To Help Everyone Health and Wellness Centers** privacy practices for both current and former members. It explains how we use health information about you and when we may share that health information with others.

**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.**

If you have any questions about this notice, please contact Director of Compliance, Pat Johnson ext. 3073 or Patient Services Manager, Tunya Wall, ext. 3044.

### **How We May Use and Disclose Medical Information About You**

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories. Health information may be transmitted or shared in any form or medium (oral, written, or electronic).

#### **We will use your health information for treatment.**

Each time you visit the health center, information obtained by a nurse, physician, or other member of your health team will be recorded in your record and used to determine the course of treatment or services that should work best for you. Usually, this record contains your symptoms, examination, test results, diagnoses (medical terms for a disease or reason you were seen). Your provider will document in your record his or her expectations of the members of your healthcare team.

We may disclose medical information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you in order to coordinate the different services you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside the clinic who may be involved in your medical care, such as family members, clergy or others you have authorized to provide services that are part of your care under the following circumstances: (1) if you provide a verbal agreement to allow such a disclosure; and/or (2) if you are given an opportunity to object to such a disclosure and you do not raise an objection.

***For example, a doctor treating you for a broken leg may need to know if you have diabetes, because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so you may manage your diet and help control the diabetes.***

#### **We will use your health information for payment.**

For example, a bill may be sent to you or a third-party payer (insurance company). The information on the bill or going with the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. Some funding sources are County of L.A., Federal, Bureau of Primary Care, and State of CA (CHDP), Medi-cal, Medicare, and others sources of Health Insurance.

#### **For Health Care Operations**

*We may use or share certain health information for necessary health care operations. Examples of health care operations include the following:*

- *Performing quality assessment and improvement activities*

- *Evaluating provider performance*
- *Performing auditing functions Resolving internal grievances, such as addressing problems or complaints about your access to care or satisfaction with services*

**Information Not Personally Identifiable**

We may use or share your health information when it has been “de-identified.” Health information is considered to be de-identified when it does not personally identify you.

We may also use a “limited data set” that does not contain any information that can directly identify you. This limited data set may only be used for the purposes of research, public matters or health care operations. For example, a limited data set may include your city, county, and zip code but not your name or address.

**We will use your health information as required by law.**

We will disclose medical information about you when required to do so by federal, state or local law enforcement. We may release medical information 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;
- 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;
- 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.

**We will use your health information to avert a serious threat to health or safety.**

We may use and disclose medical 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. Any disclosure, however, would only be to someone able to help prevent the threat. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report birth and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- 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 if you agree or when required by law.

**Health Oversight Activities:** We may disclose medical information 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.

**Research:** As a primary care provider, To Help Everyone Health and Wellness Centers participates in research projects approved by Institutional Research Boards. Your information is unidentified (names are not released as part of the project). Federal, State and regulatory

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agencies are a part of quality improvement and oversight activities. You have the right to not participate in research projects.

**Organ and Tissue Donation:** If you are a donor, we may release information 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.

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

**Coroners, Medical Examiners and Funeral Directors:** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

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

**Protective Services for the President and Others:** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

**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. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

**Fund-Raising:** We may contact you as a part of fund-raising effort. You have the right to request not to receive subsequent fund-raising materials

**We reserve the right to change our practices and make new provisions effective for all individually identifiable health information we maintain. Should we change our information practices, we will mail a revised notice (revision of the notice) to the address you have given us.**

We will not use or disclose your health information without your authorization, except as described in this notice.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

You have the following rights regarding information we maintain about you:

**Right to Inspect and Copy:** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records. This right does not obligate us to grant you access to certain types of health information. Please note that under most circumstances we will not provide you with copies of the following information:

- Psychotherapy notes
- Information compiled in reasonable anticipation of, or for use in, a civil or criminal administrative action or proceeding

- Information subject to certain federal laws governing biological products and clinical laboratories
- Medical information compiled and used for quality assurance or peer review purposes

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the director. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by To Help Everyone Health and Wellness Centers will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Right to Amend:** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for To Help Everyone Health and Wellness Centers.

To request an amendment, your request must be made in writing and submitted to the director. In addition, you must provide a reason that supports your request.

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 entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for To Help Everyone Health and Wellness Centers service;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

**Right to an Accounting of Disclosures:** You have a right to an accounting of the disclosures of your protected health information by a covered entity or the covered entity's business associates. The maximum disclosure accounting period is the six years immediately preceding the accounting request, except a covered entity is not obligated to account for any disclosure made before its Privacy Rule compliance date.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

**We are not required to agree to your request:** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the custodian of medical records. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example disclosures to your spouse.

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**Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example: you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the director. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must be specify how or where you wish to be contacted.

**Right to a Paper Copy of this Notice:** A copy will be given to you on your initial visit. You can ask for a copy at any time.

### **Changes to This Notice**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the center. The effective date will be found on the first page, in the top right-hand corner.

### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with To Help Everyone Health and Wellness Centers, Office of Compliance at; 323-730-1920 ext. 3073, or with the State of California at:

*Privacy Officer  
CA Department of Health and Human Services  
P.O. Box 942732  
Sacramento, CA 94234-7320  
(916) 255-5259 OR (877) 735-2929*

All complaints must be submitted in writing.

### **Other Uses of Medical Information**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, 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 permission, and that we are required to retain our records of the care that we provided to you.

Reviewed February 2020