



## NOTICE OF PRIVACY PRACTICES (rev 1/18)

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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.**

### How do we typically use or share your health information?

- **TREATMENT:** We can use your health information and share it with other health professionals who are treating you, such as doctors, physician assistants, nurses, medical and nursing students, technicians, therapists, emergency service and medical transportation providers and others involved in your care.
- **FAMILY:** We may disclose your medical information to a family member or friend who is involved in your medical care, or to someone who helps to pay for your care. During visits with these persons, let your provider and clinic staff know if you do not want us to disclose your medical information during the visit. We also may disclose your medical information to disaster relief organizations to help locate you in the event of a disaster.
- **CLINIC OPERATIONS:** We may use and disclose your medical information if it is necessary to improve quality of care we provide to patients or to run the operations of the clinic. We may use your information to conduct quality improvement activities, audits, and accounting or legal services.
- **PAYMENT:** We can use and share your health information to bill and get payment from health plans or other entities.
- **PUBLIC HEALTH & SAFETY.** We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html). 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, or preventing or reducing a serious threat to anyone’s health or safety.
- **REQUIRED BY 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’re complying with federal privacy law. 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, or for special government functions such as military, national security, and presidential protective services. We can share health information about you in response to a court or administrative order, or in response to a subpoena.
- **REQUIRED AUTHORIZATIONS:** With limited exceptions, we must obtain your written authorization before we may disclose your medical information, disclose psychotherapy notes, conduct marketing activities, or for disclosures not stated in this document. Your authorization may be revoked by notifying us immediately.

### What are your patient rights?

- **REQUEST YOUR MEDICAL INFORMATION:** You have the right to look at your own medical information and to receive a copy of that information. We will keep the original records including your medical record, billing record and other records used to make decisions about your care. 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. You may review your record at no cost.
- **REQUEST AMENDMENT OR CORRECTION:** You may ask us to correct your health information if you think it is incorrect or incomplete. We may say “no” to your request, but we will tell you why in writing within 60 days of your request.



- **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.
- **REQUEST RESTRICTIONS ON DISCLOSURE OF YOUR MEDICAL INFORMATION:** 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. You must notify us at the time you register. We will say “yes” unless a law requires us to share that information.
- **REQUEST A NOTICE OF DISCLOSURES:** You may ask for a list (accounting) of the times we’ve shared your health information and 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.
- **REQUEST A COPY OF THIS PRIVACY NOTICE** at any time and we will provide you with a paper copy promptly.
- **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 may complain contact the Quality Director at 760-365-9305. You can also 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 visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). We will not retaliate against you for filing a complaint.

## 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. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

## Changes to the Terms of this Notice

From time to time, we may change our practices concerning how we use or disclose patient medical information, or how we will implement patient rights concerning their information. We reserve the right to change this Notice and to make the provisions in our new Notice effective for all medical information we maintain. If we change these practices, we will publish a revised Notice of Privacy Practices.