



## Your Information. Your Rights. Our Responsibilities.

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.

### Your Rights

**When it comes to your health information, you have certain rights.** 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. 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.

#### Ask us to correct your medical record

- 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

#### Request confidential communications

- You can ask us to contact you in a specific way (for example, home/office phone or 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 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.

#### Get a list of those with whom we’ve shared information

- 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.

#### Get a copy of this privacy notice

- 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.

## Your Rights *continued*

### 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 contacting us using the information on page 4.
- 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 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.

## 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.*

### In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

### In the case of fundraising:

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

## Our Uses and Disclosure

**How do we typically use or share your health information?** We typically use or share your health information in the following ways.

### Help manage the health care treatment you receive:

- We can use your health information and share it with other professionals who are treating you.

**Example:** A doctor sends us information about your diagnosis and treatment plan

## Our Uses and Disclosure *(continued)*

<b>Run our organization:</b>	<ul style="list-style-type: none"><li>• We can use and disclose your information to run our organization and contact you when necessary.</li><li>• We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.</li></ul>	<b>Example:</b> <i>We use health information about you to develop better services for you.</i>
<b>Bill for your services</b>	<ul style="list-style-type: none"><li>• We can use and share your health information to bill and get payment from health plans or other entities.</li></ul>	<b>Example:</b> <i>We give information about you to your health insurance plan so it will pay for your services.</i>

## How else can we use or share your health information?

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)

<b>Help with public health and safety issues</b>	We can share health information about you for certain situations such as: <ul style="list-style-type: none"><li>• Preventing disease</li><li>• Helping with product recalls</li><li>• Reporting adverse reactions to medications</li><li>• Reporting suspected abuse, neglect, or domestic violence</li><li>• Preventing or reducing a serious threat to anyone’s health or safety</li></ul>
<b>Do research</b>	<ul style="list-style-type: none"><li>• We can use or share your information for health research.</li></ul>
<b>Comply with the law</b>	<ul style="list-style-type: none"><li>• 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.</li></ul>
<b>Respond to organ and tissue donation requests</b>	<ul style="list-style-type: none"><li>• We can share health information about you with organ procurement organizations.</li></ul>
<b>Work with a medical examiner or funeral director</b>	<ul style="list-style-type: none"><li>• We can share health information with a coroner, medical examiner, or funeral director when an individual dies.</li></ul>
<b>Address workers’ compensation, law enforcement, and other government requests</b>	We can use or share health information about you: <ul style="list-style-type: none"><li>• For workers’ compensation claims</li><li>• For law enforcement purposes or with a law enforcement official</li><li>• With health oversight agencies for activities authorized by law</li><li>• For special government functions such as military, national security, and presidential protective services</li></ul>

## How else can we use or share your health information? *(Continued)*

<b>Respond to lawsuits and legal actions</b>	We can share health information about you in response to a court or administrative order, or in response to a subpoena.
<b>Administer our programs</b>	<ul style="list-style-type: none"><li>• We can share your information with our contractors and agents who help us administer our programs.</li></ul>
<b>Comply with special laws</b>	<ul style="list-style-type: none"><li>• There are special laws that protect some types of health information such as mental health services, treatment for substance use disorders, and HIV/AIDS testing and treatment. We will obey these laws when they are stricter than this notice.</li></ul>

## 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 share your information, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## 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, in our office, and on our website.

- If you have any questions about this notice, please contact CCHC HIPAA Privacy Officer at (530)753-3498
- If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact CCHC HIPAA Privacy Officer PO Box 1260 Davis, CA 95617. All complaints must be made in writing. Please describe what happened and give us the dates and names of anyone involved. Please also let us know how to contact you, so we can respond to your complaint.

**YOU WILL NOT BE PENALIZED FOR FILING A COMPLAINT**

**Health Information Exchange:** We may share your health information electronically with other organization through a Health Information Exchange (HIE) network. These organizations may include hospitals, laboratories, health care providers, public health departments, health plans, and other participants. Sharing information electronically is a faster way to get your health information to the health care providers treating you. For example, if you go to a hospital emergency room that participates in the same HIE network as CommuniCare Health Centers (CCHC), the emergency room physicians would be able to access your CCHC health information to help make treatment decisions for you. HIE participants, like CommuniCare Health Centers, are required to meet rules that protect the privacy and security of your health and personal information. You can choose not to have your information shared through any of our HIE networks (that is "opt out") at any time. If you opt out, the health care providers treating you could call CCHC to ask that your health information be provided in another way, such as by fax, instead of accessing the information through the HIE network.

CommuniCare Health Centers cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

CommuniCare Health Centers соблюдает применимое федеральное законодательство в области гражданских прав и не допускает дискриминации по признакам расы, цвета кожи, национальной принадлежности, возраста, инвалидности или пола.