



# Ravenswood Family Health Network

South County Community Health Center, Inc.



## Notice of Privacy Practices to Our Patients

*Effective Date: April 14, 2003*

*Revised July, 1 2020*

**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.**

*Ravenswood Family Health Network and its employees are dedicated to maintaining the privacy of your personal health information, as required by applicable federal and state laws. We collect health information about you and store it in a chart and on a computer. This is your medical record. The medical record is the property of Ravenswood Family Health Network, but the information in the medical record belongs to you. We are required to follow the privacy practices described below while this Notice is in effect.*

### **A. PERMITTED DISCLOSURES OF HEALTH INFORMATION**

We may disclose your health information for the following reasons:

#### **1. For Treatment**

We disclose medical information to our employees and others who are involved in providing the care you need. For example, we may share your medical information with other physicians or other health care providers who will provide services which we do not provide. Or we may share this information with a pharmacist who needs it to dispense a prescription to you, or a laboratory that performs a test.

#### **2. For Payment**

We use and disclose medical information about you to obtain payment for the services we provide. For example, we give your health plan the information it requires before it will pay us. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to you.

#### **3. For Health Care Operations**

We may disclose your health information in connection with our health care operations. Health care operations include quality assessment activities, reviewing the competence or qualifications of health care professionals, evaluating provider performance, and other business operations. For example, we may use your health information to evaluate the performance of the health care services you received. We may also provide health information to accountants, attorneys, consultants and others to make sure we comply with the laws that govern us. Or we may use and disclose this information to get your health plan to authorize services or referrals. We may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management. We may also share your medical information with our "business associates," that perform administrative services for us. We have a written contract with each of these business associates that contains terms requiring them to protect the confidentiality and security of your medical information.

Although federal law does not protect health information which is disclosed to someone other than another healthcare provider, health plan or healthcare clearinghouse, under California law all recipients of health care information are prohibited from re-disclosing it except as specifically required or permitted by law. We may also share your information with other health care providers, health care clearinghouses or health plans that have a relationship with you, when they request this information to help them with their quality assessment and improvement activities, their efforts to improve health or reduce health care costs, their review of competence, qualifications and performance of health care professionals, their training programs, their accreditation, certification or licensing activities, or their health care fraud and abuse detection and compliance efforts.

#### **4. Emergency Treatment**

We may disclose your health information if you require emergency treatment or are unable to communicate with us.

#### **5. Family and Friends**

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, your general condition or in the event of your death. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. We may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

#### **6. Required by Law**

As required by law, we will use and disclose your health information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning those activities.

#### **7. Public Health**

We may, and are sometimes required by law to disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting 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.

#### **8. Public Safety**

We may, and are sometimes 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 a particular person or the general public.

#### **9. 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.

#### **10. Judicial and Administrative Proceedings**

We may, and are sometimes 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.

#### **11. Law Enforcement**

We may, and are sometimes required by law, to disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.

#### **12. Health Information Exchange/ Organized Health Care Arrangement**

Ravenswood Family Health Network (RFHN) is part of an organized health care arrangement including participants in OCHIN. A current list of OCHIN participants is available at [www.ochin.org](http://www.ochin.org). As a business associate of RFHN, OCHIN supplies information technology and related services to RFHN 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 assess 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 personal health information may be shared by RFHN with other OCHIN participants or a health information exchange only when necessary for medical treatment or for health care operations purposes of the organized health care arrangement. Health care operation can include, among other things, geocoding your residence location to improve the clinical benefits you receive.

The personal health information may include past, present, and future medical information as well as information outlined in the Privacy Rules. The information, to the extent disclosed, will be disclosed consistent with the Privacy Rules or any other applicable law as amended from time to time. You have the right to change your mind and withdraw this consent, however, the information may have already been provided as allowed by you. This consent will remain in effect until revoked by you in writing. If requested, you will be provided a list of entities to which your information has been disclosed.

### **13. Research**

We may disclose your health information to researchers conducting research with respect to which your written authorization is not required as approved by an Institutional Review Board or privacy board, in compliance with governing law.

### **14. Workers' Compensation**

We may disclose your health information as necessary to comply with worker's compensation laws. For example, to the extent your care is covered by workers' compensation, we will make periodic reports to your employer about your condition. We are also required by law to report cases of occupational injury or occupational illness to the employer or workers' compensation insurer.

### **15. Specialized Government Activities**

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.

### **16. Organ Donation**

If you are an organ donor, or have not indicated that you do not wish to be a donor, we may disclose your health information to organ procurement organizations to facilitate organ, eye or tissue donation and transplantation.

### **17. Coroners, Medical Examiners, Funeral Directors**

We may disclose your health information to coroners or medical examiners for the purposes of identifying a deceased person or determining the cause of death, and to funeral directors as necessary to carry out their duties.

### **18. Disaster Relief**

Unless you object, we may disclose your health information to a governmental agency or private entity (such as FEMA or Red Cross) assisting with disaster relief efforts.

### **19. Appointment Reminders; Sign-In Sheet**

We may use and disclose health information to contact you as a reminder that you have an appointment for treatment or medical care at the health center. 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.

### **20. Treatment Alternatives**

We may use and disclose health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

### **21. Health Related Benefits and Services**

We may use and disclose health information to tell you about health-related benefits or services that we provide and that may be of interest to you.

### **22. Fundraising Activities and Your Right to Opt Out of Receiving Fundraising Communications**

From time to time, we may use health information about you to contact you in an effort to

raise money for the health center and its operation. If you do not want the health center to contact you for fundraising efforts, you must notify the privacy officer in writing at the address listed at the end of this notice.

### **23. De-Identified Information**

We may remove information that identifies you from your health information, so others may use it without learning your identity, and once your health information has been de-identified, we may use or disclose it without further restriction.

### **24. Change of Ownership**

In the event that this Health Network is sold or merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another Health Network or other provider.

### **25. Breach Notification**

In the case of a breach of unsecured protected health information, we will notify you as required by law. If you have provided us with a current email address, we may use email to communicate information related to the breach. In some circumstances our business associate may provide the notification. We may also provide notification by other methods as appropriate.

## **B. DISCLOSURES REQUIRING WRITTEN AUTHORIZATION**

### **1. Not Otherwise Permitted**

In any other situation not described in Section A above, we may not disclose your health information 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.

### **2. Psychotherapy Notes**

We must receive your written authorization to disclose psychotherapy notes, except for certain treatment, payment or health care operations activities.

### **3. Marketing and Sale of health information**

We must receive your written authorization for any disclosure of health information for marketing purposes or for any disclosure which is a sale of health information.

## **C. YOUR RIGHTS**

### **1. Right to Request Special Privacy Protections**

You have the right to request restrictions on certain uses and disclosures of your health information by a written request specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have imposed. If you tell us not to disclose information to your commercial health plan concerning health care items

or services for which you paid for in full out-of-pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons. We reserve the right to accept or reject any other request, and will notify you of our decision.

## **2. Right to Request Confidential Communications**

You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask that we send information to a particular e-mail account or to your work address. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.

## **3. Right to Inspect and Copy**

You have the right to inspect and copy your health information, with limited exceptions. To access your medical information, you must submit a written request detailing what information you want access to and whether you want to inspect it or get a copy of it. We will charge a reasonable fee, as allowed by California and federal law. 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. If your written request clearly, conspicuously and specifically asks us to send you or some other person or entity an electronic copy of your medical record, and we do not deny the request as discussed above, we will send a copy of the electronic health record as you requested, and will charge you no more than what it cost us to respond to your request.

## **4. Right to Amend or Supplement**

You have a right to request that we amend your health information that you believe is incorrect or incomplete. You must make a request to amend in writing, and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your health information, and will provide you with information about this health center's denial and how you can disagree with the denial. We may deny your request if we do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. You also have the right to request that we add to your record a statement of up to 250 words concerning any statement or item you believe to be incomplete or incorrect.

## **5. Right to an Accounting of Disclosures**

You have a right to receive an accounting of disclosures of your health information made by this health center, except that this health center does not have to account for the disclosures provided to you or pursuant to your written authorization, or as described in paragraphs 1 (treatment), 2 (payment), 3 (health care operations), 6 (required by law) , 14 (specialized government functions) and 16 (coroners, medical examiners, funeral directors) of Section A of this Notice of Privacy Practices or disclosures for purposes of research or public health which exclude direct patient identifiers, or which are incident to a use or disclosure otherwise permitted or authorized by law, or the disclosures to a health oversight agency or law enforcement official to the extent this medical practice has received notice from that agency

or official that providing this accounting would be reasonably likely to impede their activities.

**6. Paper Copy**

You have a right to a paper copy of this Notice of Privacy Practices, even if you have previously requested its receipt by e-mail.

**D. Questions and Complaints**

If you would like more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made regarding the use, disclosure, or access to your health information, you may complain to us by contacting the Privacy Officer at the address and phone number at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services at e-mail address [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov) or call the OCR Regional Office at: 800-368-1019 (voice).

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services. Please direct any of your questions or complaints to: Privacy Officer, Tel: 650-617-7892.

This notice is effective September 23, 2013.