



Policy: Notice of Privacy Practices

HIPAA; Notice of Privacy Practices

Provider: MEND Medical Clinic

Effective Date: August 2017

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 the Medical Clinic Manager at medintake1@mendpoverty.org or to 818-686-7354.

WHO WILL FOLLOW THIS NOTICE

This notice describes MEND Medical Clinic Providers' practices and that of:

- Any health care professional authorized to enter information into your medical record.
- All departments and units of MEND clinic.
- Any medical volunteer in our organization.
- Administration staff and designated medical personnel.
- MEND Medical Clinic, MEND Vision Clinic, and MEND Dispensary are required to follow the terms of this notice. In addition, these Providers and specialty areas may share medical information with each other for treatment, healthcare operations, and grant submission purposes described in this notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at our facility. We need this record to provide you with quality care and to comply with certain legal requirements. Physicians (personal, consultants, specialists) involved in your care may have different policies or notices regarding the doctor's use and disclosure of your medical information created and/or maintained in the clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you, via any medium (written, oral, or electronic). We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.



Policy: Notice of Privacy Practices: Acknowledgement of Receipt

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 the ways we are permitted to use and disclose information will fall within one of the categories.

Disclosure at Your Request. We may disclose information when requested by you. This disclosure at your request may require a written authorization by you.

For Treatment. We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, health care students, or other provider personnel who are involved in taking care of you. 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. Different departments of the clinic also may share medical information about you to coordinate the different things you need, such as prescriptions, lab work, and x-rays. When you leave the clinic, we also may disclose medical information about you to people outside the Provider who may be involved in your medical care, such as skilled nursing facilities, home health agencies, caregivers, clergy, physicians or other practitioners. For example, we may give your physician access to your health information to assist your physician in treating you.

For Health Care Operations. We may use and disclose medical information about you for healthcare operations. These uses and disclosures are necessary to manage the MEND Clinic and make sure that all our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many of our patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other Provider personnel for review and learning purposes. We may also combine the medical information we have with medical information from other Providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

Fundraising Activities. We may use information about you to contact you in an effort to raise money for operations. You have the right to opt out of receiving fundraising communications. If you receive a fundraising communication, it will tell you how to opt out.

Marketing and Sale. We will not use or disclose your medical information for marketing purposes, and we will not sale medical information.

Individuals Involved in Your Care. With your permission, we may release medical information about you to a friend or family member who is involved in your medical care. Unless there is a specific written request from you to the contrary, we may also tell your family or friends your condition and that you are a patient at the clinic.

In addition, we may disclose medical information about you to an organization assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. If you arrive at the emergency



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department either unconscious or otherwise unable to communicate, we are required to attempt to contact someone we believe can make health care decisions for you (e.g., a family member or agent under a health care power of attorney.)

As Required by Law. We will disclose medical information about you when required to do so by federal, state, or local law.

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. For example, if you were involved in a violent crime, disclosure may be made to law enforcement.

SPECIAL SITUATIONS

Organ and Tissue Donation. If you are an organ or tissue donor, we may release medical information to organizations that handle organ procurement, organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces or a veteran, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. We may release medical information about you to workers' compensation insurers, State administrators, employers, and other persons or entities involved in workers' compensation systems, without your authorization:

- As authorized by and to the extent necessary to comply with laws relating to workers' compensation or similar programs established by law that provide benefits for work-related injuries or illness without regard to fault.
- To the extent the disclosure is required by State or other law.
- For purposes of obtaining payment for any health care provided to the injured or ill worker.

Public Health Risks. We may disclose medical information about you for public health activities.

These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report the abuse or neglect of children, elders, and dependent adults;
- 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 or authorized by law; and
- to notify emergency response employees regarding possible exposure to HIV/AIDS, to the extent necessary to comply with state and federal laws.



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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.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful processes by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested.

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;
- About criminal conduct at the Provider; and
- 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.

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. We may also release medical information about patients of the Provider to funeral directors as necessary to carry out their duties.

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 under the custody of a law enforcement official, we may release medical information about you to the law enforcement official.

Multidisciplinary Personnel Teams. We may disclose health information to a multidisciplinary personnel team relevant to the prevention, identification, management or treatment of an abused child and the child's parents, or elder abuse and neglect.

U.S. Immigration and Customs Enforcement (ICE). We will not disclose your medical information to immigration law enforcement unless the request for information is pursuant to a warrant or other court order for a specifically identified individual.

Special Categories of Information. In some circumstances, your health information may be subject to restrictions that may limit or preclude some uses or disclosures described in this notice. For example, there



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are special restrictions on the use or disclosure of certain categories of information – e.g., tests for HIV or treatment for mental health conditions or alcohol and drug abuse. Government health benefit programs, such as Medi-Cal, may also limit the disclosure of beneficiary information for purposes unrelated to the program.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

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

Right to Inspect and Copy. You have the right to inspect and receive a copy of your medical information that may be used to make decisions about your care.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Medical Clinic Manager at medintake1@mendpoverty.org. 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 receive a copy in certain very limited circumstances. If you are denied access to medical information, you may request for the denial to be reviewed. Another licensed health care professional chosen by the Provider 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 the clinic.

To request an amendment, your request must be made in writing and submitted to the Medical Clinic Manager at medintake1@mendpoverty.org. 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 the hospital;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete.

Even if we deny your request for amendment, you have the right to submit a written addendum, not to exceed 250 words, with respect to any item or statement in your record you believe is incomplete or incorrect. If you clearly indicate in writing that you want the addendum to be made part of your medical record, we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect.

Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you other than our own uses for treatment and health care operations (as those functions are described above) and with other exceptions pursuant to the law.



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To request this list or accounting of disclosures, you must submit your request in writing to the Medical Clinic Manager at medintake1@mendpoverty.org. Your request must state a time period which may not be longer than seven years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. In addition, we will notify you as required by law following a breach of your unsecured protected health information.

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 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, like a family member or friend.

We are not required to agree to your request; However, if we do agree to another special restriction, 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 Medical Clinic Manager at medintake1@mendpoverty.org. 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.

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 of Health Information Management. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our website: www.mendpoverty.org

To obtain a paper copy of this notice: MEND Medical Clinic at 818-686-7354.

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 Provider. The notice will contain the effective date on the first page, in the top right-hand corner.

COMPLAINTS



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If you believe your privacy rights have been violated, you may file a complaint with the Provider or with the Secretary of the Department of Health and Human Services. To file a complaint with the Provider, contact the Medical Clinic Manager at medintake1@mendpoverty.org. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

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 written 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, this will stop any further use or disclosure of your medical information for the purposes covered by your written authorization, except if we have already acted in reliance on your permission.* 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.



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ACKNOWLEDGEMENT OF RECEIPT

By signing this form, you acknowledge receipt of the “Notice of Privacy Practices” of MEND Poverty. Our “Notice of Privacy Practices” tells you how we may use and disclose your protected health information. We encourage you to read it in full.

We may change our “Notice of Privacy Practices.” If we change our notice, you may obtain a copy of the revised notice by accessing our website: www.mendpoverty.org or by contacting the Admitting Department at MEND Poverty Clinic at 818-686-7354

If you have any questions about our “Notice of Privacy Practices,” please contact *the Medical Clinic Manager* at medintake1@mendpoverty.org or to 818-686-7354.

I acknowledge receipt of the “Notice of Privacy Practices” of MEND Poverty.

Date: _____ Time: _____ AM / PM

Signature: _____
(patient/legal representative)

If signed by someone other than the patient, indicate relationship: _____

Print name: _____
(legal representative)

(over)



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INABILITY TO OBTAIN ACKNOWLEDGEMENT

Complete only if no signature is obtained. If it is not possible to obtain the individual's Acknowledgment, describe the good faith efforts made to obtain the individual's Acknowledgment and the reasons why the Acknowledgment was not obtained.

Patient Name: _____

Reasons why the acknowledgment was not obtained:

- Patient refused to sign this Acknowledgment even though the patient was asked to do so and the patient was given the Notice of Privacy Practices.
- Other: _____

Date: _____ Time: _____ AM / PM

Signature: _____
(*provider representative*)

Print name: _____
(*provider representative*)