



NOTICE OF PRIVACY PRACTICES

YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITY

This notice describes how dental and/or medical information about you may be used and disclosed and how you can get access to this information. **Please take the time to review it carefully.**

The privacy of your medical information is important to us. You may be aware the U.S. government regulators established a privacy rule, the Health Insurance Portability & Accountability Act (“HIPAA”) governing Protected Health Information (“PHI”). PHI includes individually identifiable health information including demographic information and relates to your past, present, or future physical and mental health or condition, and related health care services. This notice tells you about how your PHI may be used and about certain rights you have.

1. YOUR RIGHTS. When it comes to your health information, you have certain rights.

This section explains your rights and some were our responsibilities to help you.

- ❖ 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 how to do this.
 - We will provide you 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 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 will tell you why in writing within 60 days.
- ❖ You can ask us to contact you in a specific way (for example, by home or office phone) or to send mail to a different address.
 - We will say “yes” to all reasonable requests.
- ❖ 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.
- ❖ You can ask for a list (accounting) of the times we have shared your health information for six years before 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 will provide one accounting a year free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

- ❖ 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.
- ❖ 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.
- ❖ You can complain if you feel we have violated your rights by contacting us using the information on the back page.
- ❖ 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, DC, 20201, or calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints
 - We will not retaliate against you for filing a complaint.

2. 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 as best as we can.

- ❖ 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.
 - Include your information in a hospital directory.

If you are not able to tell us your preference, for example, if you are unconscious, we may go ahead and share your information when needed to lessen a serious and imminent threat to your health and 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.

3. OUR USES AND DISCLOSURES. How do we typically use or share your health information?

We typically use or share your information in the following ways. We are allowed or sometimes 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 any conditions in the law before we can share your information for these purposes. For more information, please visit www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

- ❖ We can use your health information and share it with other professionals who are treating you.
 - Example: A doctor treating you for an injury asks another doctor about your overall health condition.
- ❖ We can use and share your health information to run our practice, improve your care, and contact you when necessary.

- Example: We use health information about you to manage your treatment and services.
- ❖ We can use or share your health information to bill and get payment from your health plans or other entities.
 - Example: We give information about you to your health insurance plan so it will pay for your services.
- ❖ We can share your information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications and/or vaccines
 - Reporting suspected abuse, neglect or domestic violence
 - Preventing or reducing a serious threat to anyone's health or safety □ We can use or share your information for health research.
- ❖ We will share your information about you if state or federal law requires it, including with the Department of Health and Human Services if it want to see that we are complying with federal privacy law.
- ❖ We can share health information about you with the organ procurement organizations.
- ❖ We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
- ❖ We can use or share health information about you:
 - For worker's compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - 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 response to a subpoena.

4. 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.
- ❖ For more information, please visit:
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

5. CHANGES TO THE TERMS OF THIS NOTICE

- ❖ We can change the terms of this notice, and the changes will apply to all information have about you. The new notice will be available upon request, in our office, and on our website.

Privacy concerns can be directed to the following address and/or email address:
SYCUAN HEALTH CENTER 4921 DEHESA RD. EL CAJON, CA 92019
Email: compliance@sycuanmed.org