NOTICE OF PRIVACY PRACTICES

MD Healthcare Clinics Corporation
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Pleasant Hill, CA 94523

Privacy Officer: Jessica Wahlquist
Telephone: (925) 483-6174
Email: info@mdhealthcareclinic.com

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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

We understand the importance of privacy and are committed to maintaining the confidentiality of your health information. We make a record of the medical care we provide and may receive such records from others. We use these records to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to you as allowed by your health plan, and to enable us to meet our professional and legal obligations.

We are required by law to maintain the privacy of your protected health information (PHI) subject to certain legal restrictions and exceptions. We are required to provide you with this Notice and how we may use and disclose your PHI. Please read this Notice carefully and if you have any questions, please contact our Privacy Officer listed above.

A. How We May Use and Disclose Your Information

This medical practice collects medical and related identifiable patient information (such as billing information, claims information, referral and health plan information) and stores it in a chart, in administrative or billing files, and on a computer. The medical record is the property of this medical practice, but the information in the medical record is accessible to the patient. This information is considered PHI under the HIPAA Privacy Rule. The following sections explain how we use your PHI and share it with third parties. While we have not included every example, all uses and disclosures will fit into one of these categories. The law permits us to use or disclose health information for the following purposes without the patient's written authorization:

1. Treatment. We use medical information to provide medical care. We disclose PHI to our employees and others who are involved in providing the care our patients need. For example, we may share PHI with other physicians or other health care providers who will provide services that we do not provide, or we may share PHI with a pharmacist who needs it to dispense a prescription, or a laboratory that performs a test. We may also disclose PHI to members of patients' families or others who can help them when they are sick or injured, or following the patient's death.

2. Payment. We use and disclose PHI to obtain payment for the services we provide. For example, we give health plans the information they require for payment. We may also disclose PHI to other health care providers to assist them in obtaining payment for services they have provided to our patients.

3. Our Health Care Operations. We may use and disclose PHI to operate this medical practice. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. Or we may use and disclose this information to get health plans 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 PHI with our "business associates," such as our billing service, that perform administrative services for us. We have a written contract with each of these business associates that contains terms requiring them and their subcontractors to protect the confidentiality and security of this PHI. Although federal law does not protect PHI which is disclosed to someone other than another health care provider, health plan, health care clearinghouse, or one of their business associates, California law prohibits all recipients of health care information from further disclosing it except as specifically required or permitted by law.

4. Other Health Care Operations. We may also share PHI with other health care providers, health care clearinghouses, or health plans that have a relationship with our patients when they request this information to help them with their quality assessment and improvement activities, their patient-safety activities, their population-based efforts to improve health or reduce health care costs, protocol development, case management or care coordination activities, their review of competence, qualifications and performance of health care professionals, their training programs, their accreditation, certification or licensing activities, their activities related to contracts of health insurance or health benefits, or their health care fraud and abuse detection and compliance efforts.

5. Notification and Communication with Family. We may disclose PHI to notify or assist in notifying a family member, personal representative or another person responsible for their care about their location or general condition in the event of their death, unless a patient had instructed us otherwise. 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 PHI to someone who is involved with our patient's care or helps pay for care. If our patient is able and available to agree or object, we will give the patient the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over the patient's objection if we believe it is necessary to respond to the emergency circumstances. If our patient is unable or unavailable to agree or object, our health professionals will use their best judgment in communication with the patient's family and others.

6. Required by Law. As required by law, we will use and disclose our patients' PHI, but we will limit our use or disclosure to the relevant requirements of the law.

7. Public Health. We may, and are sometimes required by law, to disclose our patients' 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 our patients or their personal representative promptly unless in our best professional judgment, we believe the notification would place a patient at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.

8. Health Oversight Activities. We may, and are sometimes required by law, to disclose PHI 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.

9. Judicial and Administrative Proceedings. We may, and are sometimes required by law, to disclose PHI 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 our patients in response to a subpoena, discovery request, or other lawful process if reasonable efforts have been made to notify them of the request and they have not objected, or if their objections have been resolved by a court or administrative order.

10. Law Enforcement. We may, and are sometimes required by law, to disclose PHI 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.

11. Coroner, Medical Examiner, and Mortuary. We may, and are often required by law, to disclose PHI to coroners and medical examiners to help identify a deceased person or determine the cause of death. We may also provide PHI to funeral homes as needed to help them perform their duties.

12. Organ or Tissue Donation. We may disclose our patients' PHI to organizations involved in procuring, banking, or transplanting organs and tissues.

13. Public Safety. We may, and are sometimes required by law, to disclose PHI 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.

14. Specialized Government Functions. We may disclose PHI for military or national security purposes or to correctional institutions or law enforcement officers that have the patient in their lawful custody.

15. Workers' Compensation. We may disclose PHI as necessary to comply with workers' compensation laws. For example, to the extent our patients' care is covered by workers' compensation, we will make periodic reports to their employer about their conditions. We are also required by law to report cases of occupational injury or occupational illness to the employer or workers' compensation carrier.

16. Change of Ownership. In the event that this medical practice is sold or merged with another entity, our patients' PHI and records will become the property of the new owner, although our patients will maintain the right to request that copies of their PHI be transferred to another physician or medical practice.

17. Breach Notification. In the case of a breach of unsecured protected health information, we will notify our patients as required by law.

18. Appointment Reminders. We may contact and remind our patients about appointments. If the patient is not home, we may leave this information on the patient's voicemail or in a message left with the person answering the phone.

19. Sign-in Sheet. We may use and disclose PHI about our patients by having them sign in when they arrive at our office. We may also call out their names when we are ready to see them.

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

B. SITUATIONS REQUIRING YOUR WRITTEN AUTHORIZATION

If we need to use PHI in ways not described above, we will ask for your written permission. This written permission is called an "authorization." For any uses or disclosures not covered in this notice, we will get your authorization before sharing health information about you. If you give us permission to use or share health information about you, you can change your mind and revoke your authorization at any time by letting us know in writing. Once you revoke your authorization, we will stop using or sharing health information about you for the reasons covered by that authorization. However, we cannot undo any actions we have already taken based on your previous permission, and we are required to keep records of the care we provide to you. Below are examples of situations where your authorization is typically required.

1. **Substance Use Disorder Treatment Information.** If we receive or keep information about you from a substance use disorder treatment program covered by 42 CFR Part 2 (a Part 2 Program), and you give general consent to the program to use and share your records for treatment, payment, or healthcare operations, we may use and share your Part 2 Program records for those same purposes as described in this Notice. If we receive or keep your Part 2 Program records through specific consent you give to us or another third party, we will only use or share your records as allowed by that consent.

   We will not use or share your Part 2 Program records, or any testimony about the information in them, in any civil, criminal, administrative, or legislative proceedings by federal, state, or local government authorities unless you give your consent or a court issues an order after notifying you.

2. Special Categories of Treatment Information. In most cases, federal and/or state law requires your written permission to share information about drug and alcohol abuse treatment, HIV and AIDS test results, and mental health treatment.

3. Reproductive and Gender Affirming Health Privacy. California's Confidentiality of Medical Information Act (CMIA) offers additional privacy protections beyond HIPAA, including stricter rules for sharing reproductive and gender-affirming health records. Under these rules, we will not share information about reproductive or gender-affirming care with out-of-state agencies or law enforcement if requested for investigations and/or legal actions that violate California laws protecting your right to access this care. We will continue to share this information about you for treatment, payment and operations, and when you receive healthcare services in another state, unless you opt out.

4. Proof of Immunization. We will disclose proof of immunization where the law requires the school to have such information if the patient has agreed to the disclosure on behalf of themselves or their dependent.

5. Marketing. Most uses and disclosures of PHI for marketing purposes require your authorization. We do not need your authorization if the communication is in person or if we provide promotional gifts of nominal value.

6. Sale of Health Information. *We will not sell our patients' PHI without their prior written authorization. The authorization will disclose that we will receive compensation for PHI if the patient authorizes us to sell it and we will stop any future sales of information to the extent authorization is revoked.*

C. Your Rights Regarding Your Medical Information

1. Right to Request Special Privacy Protections. Our patients have the right to request restrictions on certain uses and disclosures of their PHI by a written request specifying what information they want to limit, and what limitations on our use or disclosure of that information they wish to have imposed. If our patients tell us not to disclose information to their commercial health plan concerning health care items or services for which they paid in full, we will abide by their 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 our patients of our decision.

2. Right to Request Confidential Communications. Our patients have the right to request that they receive their PHI in a specific way or at a specific location. For example, they may ask that we send information to a particular email account or to their work address. We will comply with all reasonable requests submitted in writing which specify how or where our patients wish to receive these communications.

3. Right to Inspect and Copy. Our patients have the right to inspect and copy their PHI, with limited exceptions. To access their PHI, our patients must submit a written request detailing what information they want access to, whether they want to inspect it or get a copy of it, and if they want a copy, their preferred form and format. We will provide copies in the requested form and format if it is readily producible, or we will provide our patients with an alternative format they find acceptable, or if we can't agree and we maintain the record in an electronic format, their choice of a readable electronic or hardcopy format. We will also send a copy to any other person our patients designate in writing. We will charge a reasonable fee which covers our costs for labor, supplies, postage, and if requested and agreed to in advance, the cost of preparing an explanation or summary, as allowed by federal and California law. We may deny our patients' request under limited circumstances. If we deny a request to access a child's records or the records of an incapacitated adult because we believe allowing access would be reasonably likely to cause substantial harm to the patient, the guardian or legal representative will have a right to appeal our decision. If we deny a patient's request to access their psychotherapy notes, our patients will have the right to have them transferred to another mental health professional.

4. Right to Amend or Supplement. Our patients have a right to request that we amend their PHI if they believe it is incorrect or incomplete. Our patients must make a request to amend in writing and include the reasons they believe the information is inaccurate or incomplete. We are not required to change our patients' PHI and will provide them with information about this medical practice's denial and how they can disagree with the denial. We may deny their request if we do not have the information, if we did not create the information, if they would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. If we deny a request, our patients may

submit a written statement of their disagreement with that decision, and we may, in turn, prepare a written rebuttal. Our patients also have the right to request that we add to their record a statement of up to 250 words concerning anything in the record they believe to be incomplete or incorrect. All information related to any request to amend or supplement will be maintained and disclosed in conjunction with any subsequent disclosure of the disputed information.

5. Right to an Accounting of Disclosures. Our patients have a right to receive an accounting of disclosures of their PHI made by this medical practice, except that this medical practice does not have to account for the disclosures provided to them or pursuant to their written authorization; or as described in Section A.1 (Treatment), A.2 (Payment), A.3 (Health Care Operations), A.5 (Notification and Communication with Family), and A.14 (Specialized Government Functions) of this Notice; for purposes of research or public health which exclude direct patient identifiers; which are incidental 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. Right to Paper Copy of Notice of Privacy Practices. Our patients have a right to notice of our legal duties and privacy practices with respect to their PHI, including a right to a paper copy of this Notice, even if they have previously requested its receipt by email. If we have a website, we must post our current Notice on our website.

D. Changes to this Notice of Privacy Practices

We reserve the right to amend our privacy practices and the terms of this Notice at any time in the future. Until such amendment is made, we are required by law to comply with this Notice. After an amendment is made, the revised Notice will apply to all PHI that we maintain, regardless of when it was created or received. We will keep a copy of the current Notice posted in our reception area and on our website at mdhealthcareclinic.com and a copy will be available at each appointment.

E. Complaints

Complaints about this Notice and/or how this medical practice handles our patients' PHI should be directed to our Privacy Officer listed at the top of this Notice of Privacy Practices. If you are not satisfied with the manner in which this medical practice handles a complaint, you may submit a formal complaint to:

Region IX
Office for Civil Rights
U.S. Department of Health & Human Services
90 7th Street, Suite 4-100
San Francisco, CA 94103
(800) 368-1019; (800) 537-7697 (TDD)
(202) 619-3818 (fax)
OCRMail@hhs.gov