

A message from AltaMed Health Services Corporation...

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.

OUR PLEDGE REGARDING HEALTH INFORMATION:

AltaMed Health Services Corporation is committed to protecting your health information. We create a record about the treatment and services you receive from us, whether made by a doctor, dentist, or others working at AltaMed. This notice will inform you about how AltaMed complies with the law to protect the privacy of your personal health information, what your rights are, and how to file a privacy-related complaint.

The State of California has protected categories of health care information that are kept and handled in special ways. Included in these categories are mental health treatment, developmental disabilities treatment, drug/alcohol abuse treatment, and HIV/AIDS treatment information. As well, information about the treatment of minors over the age of 12 consenting for reproductive health, mental health, substance abuse, pregnancy, reportable diseases, rape or sexual assault related services are also protected.

CHANGES TO NOTICE OF PRIVACY PRACTICES

AltaMed Health Services Corporation must obey the Notice that we are now using. We have the right to change these privacy practices, which will apply to all of your health information. If we make important changes in our privacy practices, we will provide you with an updated Notice during your next visit to AltaMed.

HOW WE MAY USE AND SHARE INFORMATION ABOUT YOU

AltaMed Health Services Corporation will only use or share your health information for reasons directly connected to the services we provide to you. Some of the information we use and share is:

- Your name, address, and telephone numbers;
- Personal facts and healthcare history;
- Health care provided to you; and
- The cost of your health care.

Following are examples of how AltaMed Health Services Corporation may use or share information about you without your written permission:

For treatment:

We will share information with doctors, hospitals and others to provide and

coordinate care and services you need. For example, we may need to use your information to get prior approval for certain services, to call you as a reminder about an upcoming appointment, or to monitor your progress.

For payment:

We will share your information and/or bills with other health plans, providers, or persons who are responsible to pay for your care, and to review decisions about payment of services.

For health care operations:

Your information may be used to check how well we are providing services, as part of audits, to participate in programs to stop fraud, for AltaMed's planning needs, and for other general administrative purposes.

Other uses of your health information:

Sometimes a court or subpoena will order us to share your health information, and we must do so as required by federal, state, or local law.

Sometimes, we may also need to share information with persons involved in your care or others to respond to an emergency. If so, we will use our best judgment to determine if it is in your best interest to share your information, and then, we will limit information to what is needed to respond to the emergency.

NOTE: If you receive Medi-Cal, the law may not allow sharing of some information listed above. Medi-Cal rules say which information can only be used or shared for some reasons directly connected with the operation of the medi-cal program.

WHEN WRITTEN PERMISSION IS NEEDED

If we need to use your information for any purpose not listed above, we must get your written permission (authorization). If you give us your permission, you may take it back in writing at any time.

WHAT ARE YOUR PRIVACY RIGHTS?

You have the right to ask us not to use or share your personal health care information. Depending on the reason, we may not always be able to agree to your request.

You have the right to ask us to contact you only in writing or at a different address, post office box, or by telephone. We will accept reasonable requests when necessary to protect your safety.

You and your personal representative have the right to get a copy of your health information. You may have to pay for the costs of copying and mailing records. We

may keep you from seeing certain parts of your records for reasons required by law.

You have the right to ask that information in your records be changed if it is not correct or complete. We may refuse your request if:

- The information is not created or kept by AltaMed Health Services Corporation,
- The information is not part of a standard set of information kept by us,
- The information has been gathered for a court case or other legal action, or
- We believe it is correct and complete.

We will let you know if we agree to make the changes you want. If we don't agree to make the changes, we will send you a letter telling you why. You may ask that we review our decision if you disagree with it. You may also send a statement saying why you disagree with our records. We will keep your statement with your records.

When we share your health information, you have the right to request a list of:

- Whom we shared the information with,
- When we shared the information,
- The reason the information was shared, and
- Description of the information shared.

This list will not include occasions when information was shared with you, or shared with your permission, or shared for treatment, payment, or health care operations.

You have a right to request a paper copy of this Notice of Privacy Practices. You can also find this Notice on our website at www.altamed.org.

HOW DO YOU CONTACT US TO USE YOUR RIGHTS?

If you want to use any of the privacy rights explained in this Notice, you may contact the AltaMed program or site from which you receive care or services. You may need to fill out a form to use your rights; if needed, we can help you fill out the form. Or, you can call or write to us for assistance at:

AltaMed Health Services Corporation
Attention: Privacy Officer
500 Citadel Drive, Suite 490
Los Angeles, CA 90040
(323) 725-8751

COMPLAINTS

If you believe that we have not protected your privacy, you have the right to complain. You may file a complaint (or grievance) by calling or writing to us at:

AltaMed Health Services Corporation
Attention: Privacy Officer
500 Citadel Drive, Suite 490
Los Angeles, CA 90040
323-725-8751

Or, you may contact the
California Office of Health Information Integrity
(888) 549-8674 or e-mail at enforce@ohi.ca.gov.

For additional information

California Office of Health Information Integrity
1600 9th Street, Room 460, Sacramento, CA 95814
PH: (916) 654-3454

U.S. Office for Civil Rights
866-OCR-PRIV (866-627-7748) or 866-788-4989 TTY

USE YOUR RIGHTS WITHOUT FEAR

AltaMed Health Services Corporation cannot take away your health care benefits or do anything to hurt you in any way if you file a complaint or use any of the privacy rights in this Notice.

QUESTIONS

If you have any questions about this Notice and want further information, please contact AltaMed Health Services Corporation's Privacy Officer at:

AltaMed Health Services Corporation
Attention: Privacy Officer
500 Citadel Drive, Suite 490
Los Angeles, CA 90040
(323) 725-8751