



QUALITY CARE WITHOUT EXCEPTION™

Notice of Privacy Practices

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. This Notice of Privacy Practices covers all treatment and services provided to you by AltaMed and the members of its medical team, 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 protected health information, what your rights are, and how to file a privacy-related complaint. We are required to notify you of any breach (unauthorized use) of unsecured protected health information that affects you.

The State of California has protected categories of health 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. Also included is information about the treatment of minors over the age of 12 consenting for reproductive health and pregnancy and minors over the age of 14 consenting for mental health, substance abuse, sexually transmitted diseases, rape or sexual assault related services.

CHANGES TO NOTICE OF PRIVACY PRACTICES

AltaMed Health Services Corporation is required to abide by the terms of this Notice. We have the right to change these privacy practices, which will apply to all of your protected 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. You can request additional copies from AltaMed's Privacy Officer or the AltaMed facility where you receive services.

HOW DOES ALTAMED USE AND DISCLOSE PROTECTED HEALTH INFORMATION?

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 AltaMed uses and discloses is: Your name, address, email, telephone numbers, personal facts, healthcare history, healthcare provided to you, and the cost of your healthcare. The following are other examples of how AltaMed Health Services Corporation may use or disclose your protected health information.

Treatment: AltaMed will use and disclose your protected health information with doctors, hospitals, and others to provide, coordinate, or manage your health care and any related services. 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.



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Payment: AltaMed will use and disclose your protected health information, as needed, to obtain or provide payment for your health care services. This may include certain activities such as disclosing information with your health plan, provider, or personal representative who is responsible for making decisions about payment of services.

Healthcare 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:

Marketing and Fundraising: AltaMed may contact you to provide information about treatment alternatives, health-related benefits or products and others services that may be of interest to you. AltaMed may also use or disclose information to other agencies for fundraising purposes about your age, zip code, income, profession, and/or other information, excluding your name and other information that can reasonably identify you.

If you do not want to receive these materials and would like to opt out of receiving any further fundraising communications, please contact AltaMed's Privacy Officer or the AltaMed facility where you receive services and request that these fundraising materials not be sent to you. Your request to opt out will be treated as a revocation of authorization under HIPAA's privacy rule and your rights regarding treatment and payment will not be conditioned on your choice with respect to receipt of fundraising materials.

To Individuals Involved in Your Care or Payment for Your Care: Unless you object to such disclosure, AltaMed may disclose relevant protected health information to family members or friends involved in decisions about your care and payment of your care. This includes sharing information to family members involved in your care in order to respond to an emergency. If so, AltaMed will determine if it is in your best interest to share your information, and then, we will limit the information shared to what is needed in order to respond to the emergency. You do have a right to request a restriction on certain disclosures of your protected health information. Please contact our AltaMed's Privacy Officer or the AltaMed facility where you receive services to make a request in writing.

Required By Law: AltaMed may use or disclose your protected health information to the extent such use or disclosure is required by federal, state, or local law or by court order or subpoena .

Public Health Activities: AltaMed may disclose your protected health information to a public health authority for the purposes of preventing or controlling disease, injury, or disability. For example, AltaMed may disclose proof of your immunizations to the school.

Research: AltaMed may use or disclose your protected health information for research. All research will be approved by an internal review process that reviews the research project and established protocols to ensure the privacy of your health information.



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To Avert a Serious Threat to Health or Safety: AltaMed may disclose your protected health information to others in order to respond to an emergency, such as suspected or threatened abuse, neglect, or imminent harm. If so, we will use our best judgment to determine if it is in your best interest to share your protected health information. We would limit the information that is shared to only what is needed to respond to the emergency.

Decedents: AltaMed may use or disclose the protected health information of a deceased individual after the individual has been deceased for 50 years.

WHEN WRITTEN PERMISSION IS NEEDED

Other uses and disclosures of your protected health information not contained in this Notice will be made only with your written authorization, unless otherwise required by law. You may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your protected health information for the purposes covered by your written authorization. The revocation of your authorization will not apply to disclosures already made in reliance on your authorization.

WHAT ARE YOUR PRIVACY RIGHTS?

The following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and obtain a copy of your protected health information. You and your personal representative have the right to get a copy of your health information. You may inspect and obtain a copy of protected health information about you that is contained in a designated record set, including protected health information that is maintained electronically. A “designated record set” contains medical and billing records and any other records that we use for making medical decisions about you. You are entitled to access your protected health information in the format requested by you unless it is not readily producible in such format, in which case it will be provided to you in another readable form. Please submit your requests to inspect or obtain a copy of your protected health information to AltaMed’s Privacy Officer or the AltaMed facility where you receive services. To the extent you request a copy of your protected health information, you may be charged a fee for the costs of copying, extracting electronic PHI, mailing, or other labor costs associated with your request. Under some circumstances your request to inspect or obtain a copy of your protected health information may be denied. If your request is denied, you may request that the decision be reviewed.

You have the right to request a restriction on disclosures of your protected health information. You have the right to ask AltaMed not to use or share your protected health care information for the purposes of treatment, payment or healthcare operations. AltaMed is not required to agree to a restriction that you may request, except to the extent that you request us to restrict disclosure to a health plan or insurer if the disclosure is for the purposes of carrying out payment or health care operations that you or someone else on your behalf has fully paid for out of pocket. To request a restriction or to revoke your authorization, you must make your request in writing to the AltaMed’s Privacy Officer. Your request must include what information you want restricted, whether you want to limit the use, disclosure or both, whether you paid for services in-full, and/or to whom you want the limits to apply.



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You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to ask AltaMed to contact you only in writing or at a different address, post office box, email, text message, or by telephone. To request changes in, or opt-out of, how you receive confidential communications, send a written request to AltaMed's Privacy Officer. Your request must specify how you wish to receive confidential communications. AltaMed will accommodate all reasonable requests when necessary to protect your safety.

You have the right to request an amendment to your protected health information. If you feel that medical information we have about you is incorrect or incomplete, you have the right to request an amendment for information maintained in a designated record set for as long as we maintain the information. To request an amendment, you must submit your request in writing to AltaMed Privacy Office, at 2040 Camfield Avenue, Los Angeles, California 90040, (323) 622-2444. With your request, you must provide a reason supporting your requested amendment.

We may deny your request for an amendment if: The information is not created or kept by AltaMed Health Services Corporation, the information is not part of the designated record set of information kept by AltaMed, the information is not part of the information which you would be permitted to inspect or copy, the information has been gathered for a court case or other legal action, or if AltaMed determines that the information sought to be amended is accurate and complete.

AltaMed will notify you in writing if we agree or deny your request to amend your health information. If AltaMed denies your requested amendment, you may ask that we review our decision. You may also submit a written statement of disagreement disagreeing with the denial and stating the basis for such disagreement. Your written statement of disagreement will be included with your designated record set that is subject to the requested amendment.

You have the right to receive an accounting of certain disclosures AltaMed has made, if any, of your protected health information. You have the right to request a list of disclosures we made of your protected health information. The accounting of disclosures will include a list of whom we shared the information with, when we shared the information, the reason the information was shared, and a description of the information shared. This list will not include occasions when information was shared with you, shared with your permission, shared for treatment, payment, or health care operations, and other exceptions authorized by law.

To request an accounting of disclosures, you must submit your request in writing to AltaMed's Privacy Officer. Your request must state a time period which may not go back more than six years from the date of the request. You are entitled to one accounting of disclosures in any 12-month period without charge. If you request additional accountings within the 12-month period, you will be charged the cost of compiling the accounting. AltaMed will notify you of the cost involved and you may modify or withdraw your request at that time before any costs are incurred.

You have the 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. To obtain a paper copy of this Notice, you may contact AltaMed Privacy Office, at 2040 Camfield Avenue, Los Angeles, California 90040, (323) 622-2444, or the clinic where you received outpatient care.



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HOW DO YOU CONTACT ALTAMED 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
2040 Camfield Avenue Los Angeles, CA 90040
(323) 622-2444

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.

COMPLAINTS/QUESTIONS

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 the AltaMed address below. 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
2040 Camfield Avenue Los Angeles, CA 90040
(323)-622-2444

Or, you may contact the
Department of Health and Human Services
Office of Civil Rights
(800) 537-7697 Or e-mail at OCRComplaint@hhs.gov

For Additional Information:
90 7th Street, Suite 4-100
San Francisco, CA 94103
Phone: (415) 437-8310
Website: www.hhs.gov/ocr/privacy/hipaa/complaints/index.html