

A Message From AltaMed Health Services Corporation:

This Notice of Privacy Practices (“Notice”) explains how we may use your medical information, who we may share it with, and how to get a copy of your medical records.

OUR PROMISE REGARDING HEALTH INFORMATION

AltaMed Health Services Corporation (“AltaMed”) is committed to protecting your protected health information (“PHI”). This Notice explains how we safeguard your protected health information for all of the health services you receive at AltaMed:

- Laws to protect your PHI
- Your rights about your private health information
- How to file a privacy-related complaint

We will always notify you of any breach (unauthorized use) of unsecured PHI that affects you.

The State of California has protected categories of health information that are kept and handled in special ways. This includes: mental health treatment, developmental disabilities treatment, drug/alcohol abuse treatment, and HIV/AIDS treatment information. It also includes information about the treatment of minors consenting for reproductive health and pregnancy, mental health, substance abuse, sexually transmitted diseases, rape, or sexual assault-related services.

CHANGES TO NOTICE OF PRIVACY PRACTICES

AltaMed follows all the privacy practices in this Notice. We also have the right to change these practices. If we make important changes, we will provide you with an updated Notice during your next visit to AltaMed. You can get a copy of this Notice from any AltaMed site or get it online at www.altamed.org.

HOW DOES ALTAMED USE AND DISCLOSE PROTECTED HEALTH INFORMATION?

AltaMed will only use or share your health information if it is needed to provide you with health services. Some of the information AltaMed uses and shares is: your name, address, email, telephone numbers, health care history, health care provided to you, and the cost of your health care. The following are other examples of how AltaMed may use or disclose your PHI.

Treatment: AltaMed will use and share your PHI 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 follow your health changes.



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Payment: AltaMed will use and share your PHI, as needed, to obtain or provide payment for your health care services. This may include sharing information with your insurance, provider, or personal representative who is responsible for making decisions about payment of services.

Health Care Operations: Your information may be used for general administrative purposes. For example, we may need to check how well we are providing services, as part of audits, to participate in programs to stop fraud, and for AltaMed planning needs.

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 other services that may be of interest to you. AltaMed may also share information such as your age, zip code, income or job in order to fundraise, apply for grants, or for marketing. This information does not include your name and other information that can reasonably identify you.

If you do not want to receive marketing and/or fundraising materials and would like to opt-out, please contact the AltaMed Patient Service Center or the AltaMed site where you receive services.

To Individuals Involved in Your Care or Payment for Your Care: AltaMed may share PHI to family members or friends involved in decisions about your care, payment for care, or in the case of an emergency. You have the right to request that AltaMed not share some or all of this information. Please contact the AltaMed Privacy Officer at altamedprivacyoffice@altamed.org or the AltaMed site where you receive services to make written request to not share information.

Required By Law: AltaMed may use or share your PHI if required by federal, state, or local law, or by court order or subpoena.

Public Health Activities: AltaMed may share your PHI with a public health authority in order to prevent or control disease, injury, or disability. For example, AltaMed may share proof of vaccines with a patient's school.

Research: AltaMed may share health information for research projects. All research projects follow state and federal laws that protect patient privacy. All research projects that require sharing information about information about patients must be approved through a special review process to protect patient safety, welfare, and confidentiality. If the special review process approves sharing health information for the research project, other studies may also use this same information.

Researchers may contact patients to participate in certain research studies. Patients will only be contacted if the special review process has given their approval. You do not need to participate in the research projects. If you agree to participate, you will need to sign an Authorization.

To Avert a Serious Threat to Health or Safety: AltaMed may use and share your PHI if we believe it is necessary to avoid abuse, neglect, or a serious threat to your health or safety or to someone else's. We would limit the information that is shared to only what is needed to respond to the emergency.

Deceased Individuals: AltaMed may use or share the PHI of a deceased individual after the individual has been deceased for 50 years.

WHEN WRITTEN PERMISSION IS NEEDED

If AltaMed needs to share your PHI for a reason not explained in this Notice, we will first need your written permission unless required by law. You may cancel your authorization in writing at any time. If you cancel your authorization, we will no longer use or disclose your PHI for the purposes covered by your written authorization.

If you cancel your authorization, it will only effect new disclosures. To cancel your authorization contact the site that collected your authorization. Alternatively, you may contact the Privacy Office at altamedprivacyoffice@altamed.org.

WHAT ARE YOUR PRIVACY RIGHTS?

The following is a statement of your rights about your PHI and a brief description of how you may exercise these rights.

You have the right to receive and review a copy of your PHI.

- You may receive and review a copy of your paper and electronic health records. Your health records include medical and billing records and any other records that we use for making medical decisions about your care.
- You have the right to receive your PHI in the format requested. If it is not available in that format, we will give it to you in another format.
- Please submit your requests to receive or review a copy of your PHI to AltaMed Health Information Management at recordrequest@altamed.org or the AltaMed site where you receive services.
- There may be a fee for providing you with your health records.
- Under some circumstances, your request to inspect or obtain a copy of your PHI 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 PHI.

- You may request that we limit our use of your PHI for treatment, payment, and health care operations purposes. We will review and consider your request.
- AltaMed does not have to agree to your request, unless it is to a health plan or insurer and you or someone on your behalf will be paying for all services out of pocket.
- To request a restriction or to revoke your authorization, you must make your request in writing to AltaMed Health Information Management at recordrequest@altamed.org. Your request must include what information you want to be 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.

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 at a different address or post office box, or by email, text message, or telephone.
- To request a change in how you receive confidential communications, send a written request to the AltaMed Privacy Officer at AltaMed Health Services Corporation, Attention: Privacy Officer, 2040 Camfield Avenue, Los Angeles, CA 90040. 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 PHI.

- If you believe there is a mistake in your PHI or that important information is missing, you may request that we correct or add to the record.
- To request a change, send a written request to AltaMed Health Information Management at recordrequest@altamed.org. You must tell us what corrections or additions you are requesting, and why the corrections or additions should be made. We will respond in writing after reviewing your request.
- If we approve your request we will make the correction or addition to your PHI. If we deny your request, we will tell you why and explain your right to file a written statement of disagreement.
- AltaMed cannot change records that were not created by AltaMed, are not part of your health record, or have been gathered for legal purposes.
- AltaMed cannot change information that is determined to be accurate and complete.

You have the right to receive a list of when your PHI was shared.

- You have the right to request a list of organizations and places we shared your PHI.
- This list will include 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 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 the AltaMed Health Information Management at recordrequest@altamed.org. Your request must include a time-frame that is less than six-years old.
- You may receive one list every 12-months for no charge. If you require additional lists, there may be a fee. AltaMed will inform you of this fee at the time you make your request.

You have the right to request a paper copy of this Notice of Privacy Practices.

- An electronic version of this Notice is on our website at www.altamed.org.
- For a paper copy of this Notice, you may contact AltaMed Privacy Office or the site 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. Alternatively, you can call or write to us for assistance at:

AltaMed Health Services Corporation
Attention: Privacy Officer
2040 Camfield Avenue Los Angeles, CA 90040
1-888-499-9303
altamedprivacyoffice@altamed.org

HOW DO YOU CONTACT ALTAMED ABOUT YOUR PROTECTED HEALTH INFORMATION

AltaMed Health Services Corporation
Attention: Privacy Officer
2040 Camfield Avenue Los Angeles, CA 90040
1-888-499-9303
altamedprivacyoffice@altamed.org

HOW DO YOU CONTACT THE ALTAMED PATIENT SERVICE CENTER

1-888-499-9303

USE YOUR RIGHTS WITHOUT FEAR

We will not take retaliatory action against you if you file a complaint about our privacy practices.

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
1-888-499-9303
altamedprivacyoffice@altamed.org

Or, you may contact

Department of Health and Human Services
Office of Civil Rights
Toll-Free Call Center: 1-800-368-1019
TTD Number: 1-800-537-7697
OCRComplaint@hhs.gov



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For Additional Information:

90 7th Street, Suite 4-100

San Francisco, CA 94103

Customer Response Center: 1-800-368-1019

Fax: 202-619-3818

TDD: 1-800-537-7697

Ocrmail@hhs.gov

www.hhs.gov/ocr/privacy/hipaa/complaints/index.html

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