

Notice of Privacy Practices

**Your Information.
Your Rights.
Our Responsibilities.**

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.**

As a part of our responsibilities, all employees and patients of Shasta Community Health, Dental, and Maternity Centers will follow this notice.



Shasta Community Health Center
a California *health+* center

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Ask for details to be fixed on your paper or electronic medical record
- Ask for confidential, or private, communication
- Ask us to limit the details we share
- Get a list of who we have shared your information with
- Get a copy of this privacy notice
- Choose someone to act for you (such as a Healthcare Proxy, or someone with Power of Attorney)
- File a complaint if you believe we have failed to protect your privacy rights

*See page 2 and 3 for details on these rights and how you can use them.

Your Choices

You have some choices in the way that we use and share information if we:

- Talk to your family and friends about your health
- Give disaster relief
- Place you in our clinic directory, unless you let us know that you object
- Give mental health care
- Market our services and sell your information

*See page 4 for details on these choices and how to choose them.

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our health care center
- Bill for services we give you
- Help with public health and safety issues
- Do research
- Follow with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

*See page 5 and 6 for details on these uses and disclosures.

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

This section explains your rights and some of our duties to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. SCHC requires this request to be in written form.
[Authorization to Release Information Form](#)
- We will give you a copy or a summary of your health information, usually within 15 days of your request. We may charge a fair fee for labor plus \$0.25 per page. This fee cannot exceed \$6.50, with postage, labor, and supplies. (Health and Safety Code Section 123110)
- You can ask SCHC to send your electronic e-health record to a third party. SCHC may only charge for labor costs.
- We can deny access to all or part of your medical record. We must give a written reason within 5 working days.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is wrong or incomplete. Ask us how to do this.
[Medical Record Amendment Form](#)
- We may say “no” to your request, but we will tell you why in writing within 60 days.

Request confidential communications

- You can let us know how you would like to be contacted, for example: by home or office phone, or to send mail to a different address.
[Request for Confidential Communications Form](#)
- We will say “yes” to all fair requests.

Ask us to limit what we use or share

- 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. Only SCHC’s Privacy Officer may agree to a special restriction.
[Request for Restriction of Health Record Form](#)
- If you pay out of your own pocket for a health care service or item, you can ask us not to bill your health insurance plan.
- We will say “yes” unless a law requires us to share that information.

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Get a list of who we have shared your information with

- You can ask for a list of times we have shared your health information for up to six years before the date you ask. We will tell you who we shared it with, and why. We will also tell you if we were legally required to without your express consent. Examples of why we would do this are for the California Department of Public Health, or other licensing body, and for the purpose of reviewing patient files to review quality of care and compliance with the law.

[Request for Accounting of Protected Health Information Disclosures Form](#)

- We will give you a list of all of the times we have shared your information, except for those about treatment, payment, and health care operations, and certain other times (such as any you asked us to make). The first request in a year is free, but we may charge a fair fee based on our cost if you make another request within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to get the notice electronically. We will give you a paper copy as soon as possible.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, or healthcare proxy, that person can exercise your rights and make choices about your health information.
- We will make sure that person has this authority and can act for you before we take any action.

File a complaint if you feel we have failed to protect your rights

- You can complain if you feel we have failed to protect your rights. You must make your complaint in writing within 180 days (6 months) of when you suspect it happened. Give as much detail as you can.

[Patient Grievance \(Complaint\) Resolution Form](#)

Send your complaint one of two ways:

1. Mail: Privacy Officer, 1035 Placer Street, Redding, CA 96001
 2. Email: privacy@shastahealth.org
- You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights one of three ways:
 1. Mail: 200 Independence Ave., S.W., Washington, D.C. 20201
 2. Phone: 1-877-696-6775
 3. Online: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/>
 - We will not take action against you for filing a complaint.

Your Choices

For certain health information, you can tell us what you want to share. You can tell us how you want us to share your information in the situations listed below. Let us know what you want us to do and we will follow your instructions.

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.
- Take away this consent at any time. This can be done by telling us verbally or in writing.
- Share information in a disaster relief situation
- **Health Information Exchange** - We can share your data with a Health Information Organization (HIO). Your data will be made available by the HIO to others involved in your health care, unless you choose not to allow them access. You can do this by filling out the Opt-out form found on the SACVALLEY MEDSHARE website: <http://sacvalleymhs.org/>.
- **Appointment Reminders** - If we call you to remind you of an appointment at one of our health centers, we will only leave the name of the center and the time of appointment. Please let us know if you do NOT wish to be called or contacted by mail.

[Request for Confidential Communications Form](#)

You may ask to be contacted in other ways like text message or email.

[Consent to Text Messaging Form](#)

If you are not able to tell us what you would like, for example if you are unconscious, we may share your information if we believe it is in your best interest. We may also share your information when needed to help with a serious and impending threat to health or safety.

We never share your information unless you give us written consent when you are seen for these reasons only:

- Most psychotherapy notes
- HIV status
- Substance use

How do we typically use or share your health information?

Most of the time we use or share your health information in these ways:

Treat you (Treatment)

- 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.

Bill for your services (Payment)

- We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

Run our health centers (Operations)

- We can use and share your health information to run our health centers, improve your care, and contact you when needed.

Example: We use health information about you to manage your treatment and services.

What other ways we can use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that help to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these reasons. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- We can share health information about you for certain reasons such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting bad or severe reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone's health or safety

Business associates

- A business associate is a person or group of people that do jobs or tasks that involve the use or sharing of protected health information (PHI) for a covered entity. SCHC is a covered entity. These business associates are held to the following standards:
 - All HIPAA (Health Information Portability and Accountability Act) security administrative safeguards
 - Physical and technical safeguards
 - Security policies, procedures, and documentation requirements

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Do research	<ul style="list-style-type: none">• We can use or share your information for health research.
Follow the law	<ul style="list-style-type: none">• We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if they want to see that we are following federal privacy law.
Respond to organ and tissue donation requests	<ul style="list-style-type: none">• We can share health information about you with organ collection organizations.
Work with a medical examiner or funeral director	<ul style="list-style-type: none">• We can share health information with a coroner, medical examiner, or funeral director if you pass away.
Address worker's compensation, law enforcement, and other government requests	<ul style="list-style-type: none">• We can use or share health information about you:<ul style="list-style-type: none">• For workers' compensation claims• For law enforcement purposes or with a law enforcement official• For correctional facility purposes• With health oversight agencies for activities authorized by law• For special government functions such as military, national security, and presidential protective services
Respond to lawsuits and legal actions	<ul style="list-style-type: none">• We can share health information about you in response to a court or administrative order, or in response to an order to attend court (a subpoena).

Our Responsibilities

- We are required by law to keep the privacy and security of your protected health information (PHI).
- It is our duty to protect the privacy of all our patients. We must also protect our employee's privacy. It is against SCHC policy and California law to purposely record or take pictures of confidential information by way of an electronic device or recording device (including cell phones) unless express consent is given by your clinician.
- We will let you know right away if a breach occurs that may have compromised the privacy or security of your information.

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- SCHC is including HITECH (Health Information Technology for Economic and Clinical Health) Act provisions to its Notice as follows:

Under HITECH, SCHC is required to notify you if your PHI has been breached. This notice has to be made by certified mail within 15 days of the event. A breach occurs when an unauthorized use or disclosure that compromises the privacy or security of PHI poses a significant risk for financial, reputational, or other harm to the individual. In other words, a breach is when someone gains access to or shares your PHI without your consent. This could put you at greater risk for fraud, harm your identity, or could impact you in other harmful ways. This notice must:

1. Give details of what happened, including the date of the breach and the date of the discovery
 2. Have the steps that you should take to protect yourself from any harm that might result from the breach
 3. Give details of what SCHC is doing to investigate the breach, reduce losses, and to protect against further breaches
- We must follow the duties and privacy practices listed in this notice and give you a copy of it.
 - We will not use or share your information other than as listed here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time.
 - For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site www.shastahealth.org.

Other Instructions for this Notice

This notice is effective January 1, 2019. Previous versions were effective April 1, 2003 and amended February 17, 2010, and January 1, 2017.

For questions regarding this notice, contact:

Privacy Officer
1035 Placer Street
Redding, CA 96001
Phone: (530) 246-5735
privacy@shastahealth.org

Notice of Privacy Practices: Acknowledgement of Receipt

By signing this form, you acknowledge receipt of the "Notice of Privacy Practices" of Shasta Community Health Center (SCHC). Our "Notice of Privacy Practices" tells you how we may use and share your protected health information. We encourage you to review it carefully.

We may change our "Notice of Privacy Practices." If we change our notice, you may get a copy of the revised notice at any of our locations, by calling (530) 246-5710, or online at www.shastahealth.org.

If you have any questions about our "Notice of Privacy Practices," please contact our Privacy Officer by phone at (530) 246-5735 or by email at privacy@shastahealth.org.

I acknowledge receipt of the "Notice of Privacy Practices" of SCHC.

Date: _____

Time: _____ AM / PM

Patient Name: _____
(please print)

Signature: _____
(patient or legal representative)

If you are signing for the patient, please print your name and relationship to the patient: