



Saban Community Clinic

HIPAA NOTICE OF PRIVACY PRACTICES

Saban Community Clinic complies with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and California Civil Code 56-56.37 Confidentiality of Medical Information Act (CMIA). The Saban Community Clinic protects confidential health care information, known as “Protected Health Information” (PHI). This notice describes how PHI may be used and disclosed and how patients can have access to this information. If you have any questions about the Notice of Privacy Practices contact Saban Community Clinic’s Health Information Manager/Privacy Officer Summer Masayesva (telephone: 323-297-1332, email: smasayesva@sabancommunityclinic.org) or via U.S. mail to 8405 Beverly Boulevard, Los Angeles, CA 90048.

Saban Community Clinic understands that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at Saban Community Clinic. We need this record to provide you with quality care and to comply with certain legal requirements. This notice describes the ways that Saban Community Clinic may use and disclose medical information about you. It will also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept private and secure;
- Give you this notice of our legal duties and privacy practices concerning medical information about you; and
- Follow the terms of the notice that is currently in effect.

How we may use and disclose medical information:

We use and disclose medical information in many ways. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For treatment:** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, nursing, and other personnel who are involved in taking care of you. For example, a doctor treating you may need to know if you have a chronic disease because it may slow the healing process. In addition, the provider may need to tell the dietitian to provide correct nutritional counseling. We also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work, and diagnostic testing. We may also disclose medical information about you to people who may be involved in your medical care such as family members, clergy, rehabilitation centers, etc.
- **For Payment:** We may use and disclose medical information about you so that the treatment and services you receive at The Saban Community Clinic may be billed for and payment may be collected from you or on your behalf from a third party. For example, the clinic may need to give your health plan information about testing that you received at our clinic so your health plan will pay us or reimburse us for those services. We may also tell your health plan about a

treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

- **For Health Care Operations:** We may use and disclose medical information about you for our clinic's operations. These uses and disclosures are necessary to run our organization and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in providing you care. We may also combine medical information about many Saban Community Clinic patients to decide what additional services our clinic should offer, what services are not needed, and whether certain treatments are effective. The clinic may also disclose information to doctors, nurses, technicians, nursing and medical students, and other personnel for review and learning purposes. We may also combine the medical information we have with medical information from other similar organizations to compare and make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning the identity of specific patients.
- **Appointment Reminders:** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at The Saban Community Clinic.
- **Treatment Alternatives:** The clinic may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health Related Benefits and Services:** The clinic may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- **Individuals Involved in Your or Payment for Your care:** We may release medical information about you to a friend or family member who is involved in your care. The clinic may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you have been seen in our office. In addition, we may disclose medical information about you to a friend or family member should an emergent situation arise while you are at our clinic.
- **As Required By Law:** We will disclose medical information about you when required to do so by Federal State or local law.
- **To Avert a Serious Threat to Health or Safety:** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- **For all Other Uses and Disclosures:** All other uses and disclosures of information not contained in this Notice of Privacy Practices will not be disclosed without your authorization.

Special Situations

- **Military and Veterans:** If you are a member of the armed forces, we may release medical information about you as required by military command authorities.
- **Workers' Compensation:** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness for staff members.
- **Public Health Risks:** We may disclose medical information about you for public health activities. These activities generally include the following:
 - To prevent or control disease, injury or disability;
 - To report births and deaths;
 - To report child abuse or neglect;
 - To report reactions to medications or problems with products;
 - To notify people of recalls of products they may be using;
 - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;

- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. The clinic will only make this disclosure if you agree or when required or authorized by law.
- **Health Oversight Activities:** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government and other entities to monitor the health care system, government programs, and compliance with all Federal, State and local laws.
- **Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a subpoena or other lawful requests by someone else involved in the dispute.
- **Law Enforcement:** We may release medical information if asked to do so by a law enforcement official:
 - In response to a court order, subpoena, warrant, summons, or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - About a death we believe may be the result of criminal conduct;
 - About criminal conduct at the clinic;
 - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **Coroners, Medical Examiners and Funeral Directors:** The clinic may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.
- **National Security and Intelligence Activities:** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Your Rights Regarding Medical Information About You:

You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy:** You have the right to inspect and copy medical information that may be used to make decisions about your care. This does not include psychotherapy notes. To inspect and receive a copy of your medical information, you must submit your request in writing to the medical records staff. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, labor costs or other supplies associated with your request.
 - We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request, in writing, that the denial be reviewed. Another licensed health care professional will review your request and the denial. The person conducting the review will not be the person who previously denied your request. We will comply with the outcome of the review.
- **Right to Amend:** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to include additional information in your medical record. You have the right to request an amendment for as long as all of the information, both old and new, is kept by or for The Saban Community Clinic and is agreed by your primary care physician. To request an amendment, your request must be made in writing and submitted to the Compliance Officer. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:
 - Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
 - Is not part of the medical information kept by or for our Practice;
 - Is not part of the information which you would be permitted to inspect and copy; or
 - Is accurate and complete.

- **Right to an Accounting of Disclosures:** You have the right to request an ‘accounting of disclosures’. This is a list of the disclosures we made of medical information about you, excluding disclosures for the purpose of treatment, payment and healthcare operations.
 - To request this list or account of disclosures, you must submit your request in writing to the medical records staff. Your request must state a time period, which may not be longer than 2 years. We will provide the first list to you without charges but will notify you of the cost involved if you request it again. You may choose to withdraw or modify your request at that time before any costs are incurred.
- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.
 - We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to our Compliance Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.
- **Right to Request Confidential Communication:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.
 - To request confidential communications, you must make your request in writing to our Compliance Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must tell us how or where you wish to be contacted. If you do not tell us how or where you wish to be contacted, we do not have to follow your request.
- **Right to Restrict Release of Information for Certain Services:** You have the right to restrict the disclosure of information regarding services, we may deny this request except if those services were paid in full or on an out of pocket basis unless disclosure is required by law. This information can be released only upon your written authorization.
- **Right to a Paper Copy of This Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.
 - To obtain a paper copy of this notice, ask any of our office staff or our Compliance Officer.
- **Right to Breach Notification:** It is the clinic’s duty to notify you of any breach of your unsecured healthcare information.
- **Right to Opt Out of Fundraising Communications:** You have the right to choose not to receive fundraising communications, if you choose to opt out please contact Pamela Yang, (323) 330 -1667, this will not impact the services you receive at the clinic.
- **Prohibition:** The clinic may not sell, market or disclose psychotherapy notes or any other PHI without authorization.

Changes to this Notice:

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current and updated notice in our office. The notice will contain the effective date.

Other Uses of Medical Information:

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke

your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you up to the length of time required by law.

Complaints:

If you believe your privacy rights have been violated, you may file a complaint by contacting Saban Community Clinic's Health Information Manager/Privacy Officer Summer Masayesva (telephone: 323-297-1332, email: smasayesva@sabancommunityclinic.org) or via U.S. mail to 8405 Beverly Boulevard, Los Angeles, CA 90048.. All complaints must be submitted in writing; we will not retaliate against you for filing a complaint.

In addition, you can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights, by sending a letter to 200 Independence Ave., S.W., Washington, DC 20201, or call 1-877-696-6775, or visit: <https://www.hhs.gov/hipaa/for-individuals/index.html>.