



# *Notice of Privacy Practices*

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please read this notice carefully. Should you have any questions please contact us at (619) 354-7996 or speak to any of our practitioners.

**Effective Date:** Saturday, June 19, 2021

**Last Revised:** June 2016

## *Introduction and Scope*

This notice sets out how we, Rosh Health Center use and disclose your medical information and set out our privacy practices and in particular applies to; a) all health care professional authorized to enter information into your chart; b) all our departments that handle your personal and medical information during the course of providing you the services; c) all our employees, staff and other personnel.

Please note that during the course of providing our services to you, it may become necessary to share your personal and medical information within Rosh Health Center. Any such disclosure is kept in line with our privacy obligations and reduced to the absolute minimum that is necessary to provide you the best services possible.

## *The Regulation*

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that requires the creation of national standards to protect sensitive patient health information from being disclosed without the patient's consent or knowledge.

The US Department of Health and Human Services (HHS) issued the HIPAA Privacy Rule to implement the requirements of HIPAA. The HIPAA Security Rule protects a subset of information covered by the Privacy Rule.

The Privacy Rule standards address the use and disclosure of protected health information (PHI). The Privacy Rule also contains standards for individuals' rights to understand and control how their health information is used.

Our clinic's goal is to ensure that your health information is properly protected while allowing the flow of health information needed to provide and promote high-quality health care and to protect your health and well-being.

The regulation and our commitment to privacy apply to all records concerning your care and our services that you may receive from us, whether generated by your general practitioner or primary care physician or Rosh Health Center. Further, you should be aware that your general practitioner or primary care physician is required to follow different policies or rules. For specific questions about use of personal and medical information, please speak to your healthcare provider directly.

## *Our Obligations*

Whilst we are permitted to use and disclose your personal and medical information for purposes of treatment, payment, and health care operations, some limitations apply. In particular, we must observe the following: a) to ensure that medical information that identifies you is kept private and confidential and only used by law permitted purposes; b) to give you notice of our legal obligations and privacy practices that concern your personal and medical information; c) to follow this notice and to adhere to the applicable regulation at all times.



## *Use and Disclosure of Your Medical Information*

The following provides a general overview of how Rosh Health Center uses and shares your personal and medical information. The below categories also illustrate the circumstances in which we are legally allowed to use and share your data. Please contact us should you have any questions about use and disclosure regarding your treatment and our services.

### **Disclosure at Your Request**

This applies where you have given us your consent to the disclosure and permitted us to share your personal or medical information with a third party. In any such case, we will ask you for a written confirmation of your request and thereby seek your authorization for the particular disclosure.

### **For Treatment**

To provide you with the best treatment or services possible, we are permitted to disclose personal or medical information about you to doctors, nurses, technicians, and other health care providers, or Rosh Health Center personnel. This, however, is limited to those who are involved in providing treatment or services to you and may include situations in which a doctor may need to consult a specialist or when it is necessary to share the results or findings of a particular procedure with a different department of Rosh Health Center to coordinate the flow of your treatment or our services to you. Further, we may also share your personal and medical information with third parties when for example it is determined that a referral to specialist care or a hospital is in your best interest or necessary for your treatment.

### **For Appointment Reminders**

Our staff members at Rosh Health Center may contact you as a reminder for an appointment at our clinic.

### **For Payment**

We may use or disclose personal or medical information about you so that the treatment and services you receive from us can be billed to and payment may be collected from you, an insurance company, or a third party. For example, we may need to share some details about the therapy you received from us with your health plan so your health plan will pay us or reimburse you for the procedure. In general, Rosh Health Center will not disclose your personal or medical information to third-party payers without your authorization unless allowed to do so by law.

### **For Health Care Operations**

We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to make sure that all of our patients receive quality care. This may include: a) the review of our treatment and services and to evaluate the performance of Rosh Health Center staff involved in your care; b) to determine the effectiveness of new treatments; to allow our physicians, student clinicians, medical assistants, technicians, or other clinic personnel to review cases for learning purposes; c) to improve our services and care we offer, including but not limited to risk management, and audit functions, fraud, and abuse detection and compliance.

### **Treatment Alternatives**

We may inform you about treatment options or recommend alternatives that may be of interest or more suitable to you.

### **Related Services**

We may inform you about services we offer and that are related to or of interest to you.

### **Fundraising**

We may contact you as a part of a fund-raising effort. If we contact you, we will always provide you with a way to opt-out of receiving the request and will never use your medical information for any fundraising purposes.



### **To Individuals Involved in Your Care**

We may release medical information about you to a friend or family member who is involved in your medical care. Please also note that if you lose unconsciousness or are unable to communicate, we are required to attempt to contact someone we believe can make health care decisions for you (e.g., a family member or agent under a health care power of attorney).

### **For Research**

Under certain circumstances, we may use and disclose medical information about you for research purposes. This may include comparing your recovery and medication therapy to those who have received another or alternative treatment for the same condition. Conducting research, however, is subject to strict rules and when doing so we will always strike the balance between the research needs and the protection of your personal and medical information.

### **Legal Disclosure**

We will disclose medical information about you when required to do so by federal, state, or local law or competent authority or when a court asks us to do so.

### **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 general public or another person. However, any such disclosure mandates that the third party becoming involved can help to prevent the threat.

### **Organ and Tissue Donation**

We may release medical information to organizations that handle procurement or transplantation or to a donation bank, as necessary to facilitate donation and transplantation.

### **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. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

### **Workers' Compensation**

We may release medical information about you for workers' compensation or similar programs.

### **Public Health**

We are required by law, to disclose medical information about you to public health or legal authorities charged with preventing or controlling disease, injury, or disability. This may include: a) to prevent or control disease, injury, or disability; b) to report births and deaths; c) to report abuse or neglect of children, elders, and adults; d) to report reactions to medications or problems with products; e) to notify people of recalls of products they may be using; f) 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; g) to notify appropriate government authority if we believe a patient has been a victim of abuse, neglect, or domestic violence; h) to notify employees regarding possible exposure to HIV/AIDS, to the extent necessary to comply with state and federal laws.

### **Health Oversight Activities**

We may disclose medical information to a health oversight agency for activities authorized by law. For example, when the following are required: a) audits; b) investigations; c) inspections; and d) licensure.

### **Lawsuits and Disputes**

If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. Further, we may also disclose medical information about you in response to a subpoena, discovery request, or another lawful process by someone else involved in the dispute.



### **Law Enforcement**

We may release medical information if asked to do so by law enforcement official: a) In response to a court order, subpoena, warrant, summons, or similar process; b) to identify or locate a suspect, fugitive, material witness, or missing person; c) about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; d) about a death we believe may be the result of criminal conduct; e) about criminal conduct at our clinic; and f) in emergency circumstances to report a crime, the location or victims or the identity, description or location of the person who committed the crime.

### **Coroners, Medical Examiners**

We may release medical information to a coroner or medical examiner. This could be necessary when for example identifying a deceased person or to determine the cause of death.

### **Funeral Directors**

We may also release medical information to funeral directors if such is necessary to carry out their duties.

### **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.

### **Inmates**

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official necessary for your health and the health and safety of other individuals.

### **Special Categories of Information**

In some circumstances, your health information may be subject to restrictions that may limit or preclude some uses or disclosures described in this notice.

## ***Your Rights***

With limited exceptions, the HIPAA Privacy Rule provides individuals with a legal, enforceable right to see and receive copies upon request of the information in their medical and other health records maintained by their health care providers and health plans.

### **Right to access and receive copies of your PHI**

Subject to certain exceptions, you have the right to request and receive a copy of the healthcare records we maintain. You have the right to receive a copy of your PHI in electronic format if we maintain your PHI in an electronic format and we can readily produce a readable electronic copy.

We may ask you to make your request for a copy of your records in writing and to provide us with the specific information we need to fulfill your request. We reserve the right to charge a reasonable fee for the cost of producing and mailing the copies of such information.

### **Right to amend your PHI**

If you believe that your medical information is incorrect or incomplete, you have the right to ask us to amend your PHI. All requests for amendment must be in writing.

In certain cases, we may deny your request. For example, if we did not create the information, or if we believe the current information is correct. All denials will be made in writing.

### **Right to request confidential communications**

You have the right to request, and we must accommodate reasonable requests by you, to receive "confidential communications" of PHI. This means that you can request that we send your PHI to you by alternative means or at alternative locations. All requests for confidential communications must be in writing.

### **Right to an accounting of disclosures of PHI**



You have the right to request an accounting of certain instances in which we have disclosed your PHI. We will require you to provide us with the specific information we need to fulfill your request. If you request this accounting more than in 12-months, we may charge you a reasonable fee.

#### **Right to request restrictions on uses and disclosures of your PHI**

You have the right to request a restriction on the way we use or disclose your PHI for treatment, payment, or healthcare operations. In most cases, we are not required to agree to a requested restriction.

If we do agree to a restriction, we may not use or disclose your PHI in violation of the restriction, unless otherwise required by law or an emergency when the information is necessary to treat you.

If you request that we do not provide PHI to your health insurer for purposes of carrying out payment or healthcare operations, we are required to agree to that restriction if you have paid in full for the service provided. All requests for reasonable restrictions must be in writing.

#### **Right to receive Notice of Privacy Practices**

You have a right to receive a paper copy of this Notice of Privacy Practices upon request at any time by contacting us.

#### **Right to breach notification**

You have the right to receive notice of any breach of your unsecured PHI. Generally, a breach occurs if an unauthorized acquisition, access, use, or disclosure of PHI compromises the security or privacy of the PHI.

#### **Breach Requirements and Notification**

Both California (Civil Code §§1798.82 and 1798.84) and HIPAA have requirements to notify individuals of a breach of their information. California law applies to breaches of unencrypted electronic information. Under the HIPAA breach notification rule, individuals must be notified of any breach unless a covered entity determines there is a low probability that the information has been compromised based on a risk assessment. All Health care providers are required in certain situations to notify the media of breaches, the Secretary of the Department of Health and Human Services, and the state attorney general.

Databases or data sets that include PHI may be breached inadvertently or through wrongful intrusion. Upon becoming aware of a data breach, Rosh Health Center will notify all affected individuals whose PHI data may have been compromised, and the notice will be accompanied by a description of the action being taken to reconcile any damage as a result of the data breach. Notices will be provided as expeditiously as possible.

#### **Changes to this Notice**

We reserve the right to revise and change this Notice effective for PHI we already have about you as well as any information we receive in the future. We will post a copy of the current Notice on our website and will update the effective date accordingly.

#### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with Rosh Health Center and with the Secretary of the Department of Health and Human Services. You will not be retaliated against for filing a complaint.

#### **How to obtain information or complain**

To request a copy of this Notice of Privacy Practices at any time, or obtain additional information about this notice, please contact us.

#### **Questions**

Any comments or queries on this policy should be directed to us. If you believe that we have not complied with this notice or acted otherwise than in accordance with data protection law, then you should notify us.