

# Samuel Dixon Family Health Centers, Inc.

---

## **PRIVACY NOTICE**

Samuel Dixon Family Health Centers, Inc. (SDFHC) recognizes that your medical information is personal. We are committed to providing privacy and confidentiality of your medical information. We protect your privacy and confidentiality rights by creating and putting into practice policies and procedures that allow access to your personal medical information only for legitimate reasons. This notice describes SDFHC practice and that of all departments, employees, staff, and other personnel. This notice tells you about the ways in which we may use and disclose medical information about you.

We are required by law to:

1. make sure that medical information that identifies you is kept private;
2. give you this notice of our legal duties and privacy practices; and
3. follow the terms of the notice that is currently in effect

Your medical information is private and confidential

As we provide your health care, we are required to maintain a complete copy of your medical history, current condition, treatment plan and all treatment given, including the results of all tests, procedures and therapies. Whether this information is stored in writing, on a computer, or other means, we will keep this information in a safe and secure way that protects your privacy and confidentiality. Of course, the physicians and other health care professionals who are involved in your care need to access this information in order to provide appropriate treatment for you. You, or anyone to whom you give written permission, or your legal representatives, have the right to read or get a copy of your medical information. Your medical record is the physical property of the SDFHC.

How do we assure your privacy?

SDFHC has put in place detailed policies regarding access to medical records by our staff and employees and has carefully outlined the circumstances under which your medical information may be released to parties outside the clinics. These policies conform to state, federal, and local law and are designed to safeguard your privacy. Our staff and employees are trained in the appropriate use of medical information and know that it is available to them only to continue to provide care to you or for other limited but legitimate reasons. A violation of confidentiality or the failure of an employee to protect your information from accidental or unauthorized access will not be tolerated.

How we may use and disclose medical information about you

The following categories describe different ways that we use and disclose medical information. We have provided examples of what we mean for each category. However, not every use or disclosure in a category will be listed.

**For Treatment.** We may use medical information about you to provide medical treatment or services. We may disclose this information to doctors, nurses, technicians or other facility personnel who are involved in your care at the facility. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. Different departments of the facility also may share medical information about you in order to coordinate the different things you may

## Samuel Dixon Family Health Centers, Inc.

---

need, such as x-rays and prescriptions. We may also disclose medical information about you to people outside the facility who may be involved in your medical care after you leave, such as family members, clergy, or others.

**For Payment.** We may use and disclose medical information about you so that the treatment and services you receive at the hospital may be billed and collected from you, your insurance company or a third party. For example, we may need to inform your health plan about a procedure that you received at the facility so that they will pay us, or reimburse you. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine if the treatment will be covered by your health plan.

**For Health Care Operations.**

1. Quality Assurance programs to improve our services.
2. Audits by agencies funding our operation or providing benefits.
3. Insurance companies to authorize services or referrals.
4. Business associates as appropriate, such as billing/file storage.
5. Applications for programs/agencies designed for your specific needs.
6. Contacting you. Appointment reminders, messages for follow-up exams, notification of lab results availability.
7. We will call your name when the provider is ready to see you.
8. Gathering health or demographic information that cannot be traced back to you.
9. Federal government auditing privacy practice compliance. We may use and disclose medical information about you to the extent necessary to run the facility and ensure quality care. For example, we may use medical information to ensure that SDFHC follows the rules of regulatory agencies for the efficient and effective provision of care such as that required by Medicare or the Department of Health Services. We may also combine the medical information we have with medical information from other facilities to compare how we can make improvements in the care and services we offer.
10. The health center will not use or give out health information for any reason not listed without your written authorization. You can revoke this authorization at any time.

**For Research.** Patient records are valuable tools used by researchers in finding the best possible treatments for diseases and medical conditions. We may use and disclose medical information about you for research purposes. For example, a research project may compare the results of recovery in patients receiving one treatment with patients receiving another treatment. All researchers must follow the same rules and laws that other health care workers are required to follow to insure the privacy of patient information. In all research conducted within SDFHC, concern for your privacy and well-being is our first priority. Therefore, information that may identify you will not be released to anyone outside of SDFHC without your prior written approval. We may remove information that identifies you so that others may use it to study health care.

- a) **Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment scheduled at SDFHC for treatment or medical care.
- b) **Treatment Alternatives, Health-Related Benefits and Services.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may

## Samuel Dixon Family Health Centers, Inc.

---

be of interest to you. We may use and disclose medical information to tell you about health-related benefits and/or services that may be of interest to you.

- c) **To Avoid 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 would only be made to someone who is able to assist in preventing the threat.
- d) **Public Health Risks and Activities.** We may disclose medical information about you for public health activities aimed at preventing or minimizing public health risks. These activities generally include the following:
  - I. to prevent or control disease, injury or disability;
  - II. to report births and deaths;
  - III. to report child abuse and/or neglect;
  - IV. to report reactions to medications or problems with products;
  - V. to notify people of recalls of products they may be using;
  - VI. 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;
  - VII. to notify the appropriate government authority if SDFHC believes that a patient has been the victim of abuse, neglect or domestic violence. SDFHC will only make this disclosure when the patient agrees or when it is required by law.
- e) **Worker's Compensation.** We may release medical information about you for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- f) **Military or 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.
- g) **Fundraising Activities.** We may use medical information about you in an effort to raise money for the facility and its operations. We may disclose medical information to a foundation related to the facility in the course of raising money for the facility. We will only release demographic information about you and the dates you received treatment or health-care services at the facility. If you do not want the facility to use information about you in this manner, you must notify the SDFHC Privacy Officer in writing.
- h) **Law Enforcement.** We may release medical information if asked to do so by a 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:
    - 1. the victim agrees to the disclosure; or
    - 2. the victim is unable to agree due to incapacity or other emergency circumstance. If the victim is unable to agree, disclosure may be made only if:
    - 3. the law enforcement official represents that the information is needed to determine if a violation of law has been committed by someone other than the victim;
    - 4. such information is not intended to be used against the victim;
    - 5. the law enforcement official represents that the matter would be materially and adversely affected by waiting until the victim is able to consent; and
    - 6. the disclosure is in the best interests of the individual as determined by SDFHC.

## Samuel Dixon Family Health Centers, Inc.

---

- i. About a death we believe may be the result of criminal conduct;
  - ii. About criminal conduct at the hospital; and
  - iii. In emergency circumstances to report a crime; the location of the crime or victims; the identity, description or location of the person who committed the crime.
- l) Coroners, Medical Examiners and Funeral Directors. We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine cause of death. We may also release medical information about patients of the hospital to funeral directors as necessary to carry out their duties.
- j) As required by law. Please note that federal, state and local law requires some information to be disclosed in certain circumstances. This includes mandatory reports of abuse of children or elderly or disabled persons. Also, subpoenas or court orders may compel the disclosure of confidential or privileged health information in the context of a lawsuit or administrative proceeding.

### **We ask for your permission**

We do not allow others outside SDFHC to access your medical information unless we have the appropriate written authorization to do so. We will request your written authorization to release information at your first visit. In addition, some laws prevent certain types of patient information from being released without specific patient permission. Examples include, but are not limited to:

- a.) Confidential details of:
  - (i) Psychotherapy (from records of treatment by a psychiatrist, licensed psychologist or psychiatric clinical nurse specialist)
  - (ii) Other professional services of a licensed psychologist
  - (iii) Social Work Counseling/Therapy
  - (iv) Domestic Violence Victims' Counseling
  - (v) Sexual Assault Counseling
- b.) HIV test results (Patient authorization required for EACH release request.)
- c.) Records pertaining to Sexually-Transmitted Diseases
- d.) Alcohol and Drug Abuse Records that are protected by Federal Confidentiality Rules

Any authorization to use or disclose medical information may be revoked by you in writing, at any time, unless: (1) SDFHC has already taken action in reliance on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage. In such case, other law provides the insurer with the right to contest a claim under the policy.

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

- a.) 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. To do so, you must submit your request in writing to SDFHC Privacy Officer. If you request such a copy, we may charge a fee for the costs of copying, mailing, or other supplies.

We may deny your request in limited circumstances. If your request is denied, you may request that the denial be reviewed. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

## Samuel Dixon Family Health Centers, Inc.

---

- b.) Right to Amend. If you feel that medical information that we have pertaining to you is incorrect and / or incomplete, you may ask us to amend the information.

To request an amendment, your request must be made in writing and submitted to SDFHC Privacy Officer. In addition, you must provide a reason that supports your request.

We may deny your request if it is not in writing or does not include a reason. In addition, we may deny a request if the information you are seeking to amend is not part of the medical information kept by or for the facility, or is not a part of the information you would be permitted to inspect and copy.

- c.) 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 healthcare operations. You also have a right to request a limit on the medical information we disclose to someone who is involved with your care.

*We are not required to agree to your request.* However, if we do agree, we will comply with the request unless the information is needed to provide emergency treatment.

To request restrictions, you must make a request in writing to SDFHC Privacy Officer. Your request must include how or where you wish to be contacted. We will accommodate all reasonable requests.

- d.) Right to request confidential communications. You have the right to request the method by which we communicate with you about medical matters so that communications remain confidential. For example, you may request that we contact you only by mail or only at home.

To request confidential communications, you must make your request in writing to SDFHC Privacy Officer. Your request should include how and where you wish to be contacted. We do not require that you state your reason for such a request. We will accommodate all reasonable requests.

- e.) Right to receive an accounting of disclosures of protected health information. You have the right to request a list of certain disclosures we made of medical information about you in the six years prior to the request. Such request must be made in writing to SDFHC Privacy Officer. Certain disclosures are exempted, including, for example, those made for the purpose of carrying out treatment, payment, and health care operations and those made for the purpose of compiling the facility's directory or to persons involved in the individual's care. In addition, other exceptions may apply. If there are questions regarding any additional exceptions; the SDFHC Director of Operations may be contacted as the person designated to answer any such questions.

- f.) To see or copy your medical record. Written requests for specific information must be provided with 72 hours notice. You may be charged a fee for copying or mailing. We may keep you from seeing all or part of the record for reasons allowed by law. Request a list of the times when we shared your health information after April 14, 2003. The list will include what we shared, when and with whom. The list will not include when we gave information to you or with your

## Samuel Dixon Family Health Centers, Inc.

---

permission, or for treatment, payment or reasons of health operations.

### CHANGES TO THIS NOTICE

We reserve the right to amend this notice. We reserve the right to make the revised or changed notice effective or medical information we already have about you, as well as information we receive in the future. A current copy of the notice will be posted at the facility.

### COMPLAINTS

If you want any of these rights explained or you believe your privacy rights have been violated; you may file a complaint with the Secretary of the Department of Health and Human Services, by writing the U.S. Office of Civil Rights, 50 United Nations Plaza Room 322, San Francisco, CA 94102. To file a complaint with the facility, please contact our Privacy Officer Michael Gales located at 25115 w. Ave. Stanford A-104, Valencia, CA 91355 or you may also send an email to [www.sdfhc.org](http://www.sdfhc.org) or call Michael Gales at (661) 257-4008. All complaints must be made in writing. You will not be penalized in any way for filing a complaint. We will be happy to help you.