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FAMILY  
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## **HIPAA 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 REVIEW IT CAREFULLY.

*THIS PRIVACY NOTICE IS BEING PROVIDED TO YOU AS A REQUIREMENT OF A FEDERAL LAW, THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA).*

### **OUR OBLIGATIONS TO YOU**

\*Maintaining the privacy of protected health information

\*To give you this notice of our legal duties and privacy practices regarding health information about you

### **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION**

Described as follows are the ways we may use and disclose health information that identifies your "Health Information." Your Health Information means any written and oral health information about you, including demographic data that can be used to identify you. This is health information that is created or received by your health care provider, and that relates to your past, present or future physical or mental health or condition. Disclosures of your protected health information for the purposes described in this Privacy Notice may be made in writing, orally, by facsimile (FAX), or by electronic transmission (EMail).

Except for the following purposes, we will use and disclose Health Information only with your **written permission**. You may revoke such permission at any time by writing to our practice's Privacy Officer.

**Treatment.** We may use and disclose Health Information for your treatment and to provide you with medical treatment and health care services. We may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care. *For example, we may disclose your Health Information to a pharmacy to fill a prescription or to a laboratory to order a blood test.*

**Payment.** We may use and disclose Health Information so that we or others may bill and receive payment from you, an insurance company, or a third party for the treatment and services you received. *Examples may include certain communications to your health insurance company to determine eligibility, precertification, benefits, or any other anticipated service that we have scheduled.*

**Health Care Operations.** We may use and disclose Health Information for health care operation purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care. They are also necessary to operate and manage our office. *For example, we may use and disclose information to make sure the medical care you receive is of the highest quality.* We also may share information with other entities that have a relationship with you (*for example, your health plan*) for their health care operation activities.

**Appointment Reminders, Treatment Alternatives, and Health-Related Benefits and Services.**

We may use and disclose Health Information to contact you. We may leave a computerized message to remind you that you have an appointment with us. We also may use and disclose Health Information to tell you about treatment alternatives or health related benefits and services that may be of interest to you. Information in regards to your appointment time and/ or your presence in our office may be released to persons who may call and inquire about you. We may also mail postcards or send Emails (on a secure channel) responding to your medical inquiries.

**Individuals Involved in Your Care or Payment for Your Care.** When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as *your family, a close friend, or a translator.* We also may notify your family about your location or general condition or in the event of your death. We may also disclose such information to an entity assisting in a disaster relief effort. You may designate a personal representative in writing, who has the same power over your information as you do.

**SPECIAL SITUATIONS – USES AND DISCLOSURES OUTSIDE OF TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS PERMITTED WITHOUT AUTHORIZATION OR OPPORTUNITY TO OBJECT**

**As Required by Law.** We will disclose Health Information when required to do so by international, federal, state or local law.

**To Avert a Serious Threat to Health or Safety.** We may use or disclose your health information if we believe, in good faith, that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

**Business Associates.** We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. *For example, we may disclose your information to our collection agency or for any other means Necessary to collect payment for services rendered. Another example may include our using an outside Company to perform billing services on our behalf.* All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

**Organ and Tissue Donation.** If you are an organ donor, we may use or release Health Information to organizations that handle organ procurement or other entities engaged in procurement; banking or transportation of organs, eyes, or tissues to facilitate organ, eye, or tissue donation; and transplantation.

**Military and Veterans.** If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

**Workers' Compensation.** We may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks.** We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; inform a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and report to the appropriate

government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities.** We may disclose Health 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 to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement.** We may release Health Information if asked by a law enforcement official if the information is: 1) in response to a court order, subpoena, warrant, summons, or similar process; 2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; 3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; 4) about a death we believe may be the result of criminal conduct; 5) about criminal conduct on our premises; and 6) in an emergency 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.** We may release Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release Health Information to funeral directors as necessary for their duties.

**National Security and Intelligence Activities.** We may release Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

**Inmates or Individuals in Custody.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the correctional institution or law enforcement official. This release would be made necessary: 1) for the institution to provide you with health care, 2) to protect your health and safety or the health and safety of others, or 3) for the safety and security of the correctional institution.

### **YOUR RIGHTS**

You have the following rights regarding Health Information we have about you. We may deny your requests to the following rights if, in our professional judgment, we determine that the access requested is likely to endanger your life or safety or that of another person, or that it is likely to cause substantial harm to another person referenced within the information. To inspect and copy this Health Information, you must make your request **in writing** to our Privacy Officer.

**Right to Inspect and Copy.** You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. Copies may be made for as long as we maintain your health information. There will be a fee associated with copying and mailing any records.

**Right to Amend.** If you feel that Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as we maintain your health information. Your request must be made in writing. The request must contain a reason to support the amendment. If we approve the request an addendum will be attached to your medical records. We may deny a request to amend if: 1) the information was not created by us, 2) it is not part of the information maintained by or for AFP, 3) if we determine that the record is complete and accurate.

**Right to an Accounting of Disclosures.** You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment and health care operations or for which you provided written authorization.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your care or the payment of your care, like a family member or friend. *For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse.* Your request must be in **writing** and state the **specific restriction** requested and to whom you want the restriction to apply. *Under certain circumstances, we may terminate our agreement to a restriction. We will attempt to accommodate all reasonable requests.*

**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 contact you only by mail or at work. We will accommodate reasonable requests.

**Right to a Paper Copy of This Notice.** You have a right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

#### **CHANGES TO THIS NOTICE**

We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice in our facility.

#### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact our Privacy Officer. All complaints must be made in writing. You will not be penalized for filing a complaint.

**Contact Person.** Our practice's contact person for all issues regarding patient privacy and your rights under the federal privacy standards is the Privacy Officer. Information regarding matters covered by this notice can be requested by contacting the Privacy Officer. If you feel that your privacy rights have been violated by this facility you may submit a complaint to our Privacy Officer by sending it to:

**Associated Family Physicians, Inc.**  
**8110 Timberlake way**  
**Sacramento, California 95823**  
**ATTN: Privacy Officer**  
**Phone: (916) 689-4111**  
**[www.familymd.com](http://www.familymd.com)**

**If you feel that AFP has not addressed your complaint to your satisfaction you can find instructions for contacting The US Department of Health & Human Services, Office of Civil Rights at: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>**

Effective date: 03/14/2013

Approved: 3/13