



## 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.**

If you have any questions about this notice or would like to request further information about our privacy policies and procedures, please contact the Privacy Officer, of our office at:

University Faculty Associates  
Central California Faculty Medical Group (CCFMG)  
2625 E. Divisadero Street  
Fresno, CA 93721  
Attention: Privacy Officer  
(559) 453-5200

### WHO WILL FOLLOW THIS NOTICE

This notice describes information about privacy practices followed by our employees, staff, office personnel, and other members of our workforce. The practices described in this notice will also be followed by all health-care providers with whom you might consult with by telephone (when your regular healthcare provider from our office is not available) and by those who provide “call coverage” for your healthcare provider.

### OUR RESPONSIBILITIES AS REQUIRED BY LAW

This notice applies to the information and records we have about your health, health status, and the healthcare and services you receive at this office.

We are required by law to give you this notice. It will tell you about the ways in which we may use and disclose protected health information about you and describes your rights and our obligations regarding the use and disclosure of that information. We shall maintain the privacy of protected health information and provide you with notice of our legal duties and privacy practices with respect to your protected health information. As part of our obligations, we shall notify affected individuals following a breach of unsecured protected health information. We have the right to change our Notice of Privacy Practices and we will apply the change to your entire protected health information, including information obtained prior to the change. We shall abide by the terms of the Notice of Privacy Practices currently in effect. We shall post a notice of any changes to our Privacy Policy in our office lobby, on our practice website, and make a copy available to you upon request. In circumstances where state or federal law may further restrict the disclosure of your protected health information, we shall follow the more stringent law.

### HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

The following describes different ways that we may use or disclose your protected health information. For each, we will explain what we mean and provide an example of such use or disclosure. Please be aware that not every use or disclosure in a particular category will be listed. Nevertheless, all of the ways in which we are permitted to use or disclose your protected health information will fall into one of the categories below.

For Treatment. We may use protected health information about you to provide you with medical treatment or services. We may disclose protected health information about you to physicians, allied health professionals, technicians, trainees, volunteers, office staff or other personnel who are involved in your healthcare.

For example, your physician may be treating you for a heart condition and may need to know if you have other health problems that could complicate your treatment. The physician may use your medical history to decide what treatment is best for you. The physician may also tell another physician about your condition so that physician can help determine the most appropriate care for you.

Different personnel in our office may share protected health information about you and disclose protected health information to people who do not work in our office in order to coordinate your care, such as phoning in prescriptions to your pharmacy, scheduling lab work and ordering X-rays. Family members and other healthcare providers may be part of your medical care outside this office and may require information about you that we have.

For Payment. We may use and disclose protected health information about you so that the treatment and services you receive at this office may be billed to and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about a service you received so your health plan will pay us or reimburse you for the service. 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 Healthcare Operations. We may use and disclose protected health information about you in order to run the office and make sure that you and our other patients receive quality care. For example, we may use your protected health information to evaluate the performance of our staff in caring for you. We may also use protected health information about all or many of our patients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective.

Appointment Reminders. We may contact you as a reminder that you have an appointment for treatment or medical care at the office.

Treatment Alternatives. We may tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Products and Services. We may tell you about health-related products or services that may be of interest to you.

Central California Health Information Exchange. We participate in the Central California Health Information Exchange (the “Exchange”), which is an electronic health record that is shared with other health care providers who participate in the Exchange and, in other certain limited circumstances, with other health care providers who are not Exchange participants, such as a specialist to whom you have been referred. Your electronic health record may also be available electronically for health care providers to access when it is determined that you require emergent care. You may opt-out of having your health information shared through the Central California Health Information Exchange.

## SPECIAL SITUATIONS

We may use or disclose protected health information about you without your permission for the following purposes, subject to all applicable legal requirements and limitations:

To Avert a Serious Threat to Health or Safety. We may use and disclose protected health 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 to someone able to help or prevent the threat.

Required by Law. We will disclose protected health information about you when required to do so by federal, state or local law.

Research. For research purposes under certain limited circumstances. Research projects are subject to a special approval process. Therefore, we will not use or disclose your health information for research purposes until the particular research project, for which your health information may be used or disclosed, has been approved through this special approval process. This process may include asking for your authorization.

Organ and Tissue Donation. If you are an organ donor, we may release protected health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate such donation and transplantation.

Military, Veterans, National Security and Intelligence. If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release protected health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. We may release protected health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose protected health information about you for public health reasons in order to prevent or control disease, injury or disability; or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications, or problems with products; or 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.

Health Oversight Activities. We may disclose protected health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the healthcare system, government programs, and compliance with civil rights laws.

Lawsuits or Disputes. If you are involved in a lawsuit or a dispute, we may disclose protected health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose protected health information about you in response to a subpoena.

Directory Information. We may disclose limited information regarding your name and location for directory purposes to those persons who ask for you by name or to member of the clergy. You may request that we not include your name in the directory.

Vaccine Registry. We may use and disclose vaccine information about you or your child to help maintain a regional registry that will assist counties with maintaining continuity and coordination of services.

Law Enforcement. We may release protected health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

Coroners, Medical Examiners and Funeral Directors. We may disclose protected health information regarding a deceased person to: (1) coroners and medical examiners to identify cause of death or other duties, (2) funeral directors for their required duties, and (3) to procurement organizations for purposes of organ and tissue donation.

Information Not Individually Identifiable. We may use or disclose protected health information about you in a way that does not individually identify you or that has been de-identified in accordance with applicable federal and state laws and regulations

Fundraising and Marketing. We may contact you with information as part of our fundraising efforts, but you have a right to opt-out of receiving such communication.

Business Associates. There are some services provided to our organization through contracts with business associates, such as billing or transcription services. We may disclose your health information to our business associates so that they can perform these services. We require the business associates to safeguard your information in a manner consistent with applicable federal and state laws and regulations.

Family and Friends. We may disclose protected health information about you to your family members or friends if we obtain your verbal agreement to do so, or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose protected health information to your family or friends if we can infer from the circumstances, based on our professional judgment, that you would not object. For example, we may assume you agree to our disclosure of your protected health information to your spouse when you bring your spouse with you into the exam room during treatment or while treatment is discussed.

In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only protected health information relevant to that person's involvement in your care. For example, we may inform the person who accompanied you to the emergency room that you suffered a heart attack and provide updates on your progress and prognosis. We may also use our professional judgment and experience to make reasonable inferences that it is in your best interest to allow another person to act on your behalf to pick up, for example, filled prescriptions, medical supplies, or X-rays.

### DISCLOSURES REQUIRING AUTHORIZATION

We will not use or disclose your protected health information for any purpose other than those identified in the previous sections without your specific, written Authorization. The following uses and disclosures will be made only with your authorization: (1) most uses and disclosures of psychotherapy notes, if recorded by a covered entity; (2) uses and disclosures of protected health information for marketing purposes; (3) disclosures that constitute a sale of protected health information; and (iv) other uses and disclosures not described in this Notice of Privacy Practices.

If we have highly sensitive protected health information, such as, HIV, substance abuse, or mental health information about you, we cannot release that information without a special signed, written authorization (different from the Authorization mentioned above) from you (i.e. you must specify the type of sensitive information we are allowed to disclose).

### YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU

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

Right to Inspect and Copy. You have the right to inspect and copy your protected health information that we use to make decisions about your care. Usually these include medical and billing records, but not psychotherapy notes and information compiled for legal proceedings. You must submit a written request to the Privacy Officer, in order to inspect and/or copy your protected health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other associated supplies. We may deny your request to inspect and/or copy in certain limited circumstances. If you are denied access to your health information, you may ask that the denial be reviewed. If such a review is required by law, we will select a licensed healthcare professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

Right to Amend. If you believe the protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by this office.

To request an amendment, complete and submit a Medical Record Amendment/Correction Form to the Privacy Officer.] We will respond to your request for an accounting of disclosures within sixty (60) days of receipt of your written request, unless additional time is needed to respond, at which time we may extend our response deadline for up to an additional thirty (30) days and provide you with an explanation as to the reason for the delay. 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: (1) we did not create, unless the person or entity that created the information is no longer available to make the amendment; (2) is not part of the health information that we keep; (3) you would not be permitted to inspect and copy; or (4) 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 protected health information about you, except those disclosures made for: (1) treatment, payment, or healthcare operations; (2) pursuant to a valid authorization; and (3) as otherwise provided in applicable federal and state laws and regulations. To obtain this “accounting of disclosures”, you must submit your request in writing to the Privacy Officer. Your request must state a time period, which may not be longer than six (6) years prior to the date on which the accounting is requested. Your request should indicate in what form you want the list (for example, on paper or electronically). The first accounting in any twelve (12) month period is free of charge. Additional requests for accounting of disclosures may result in charges to you for the costs of providing such accounting. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred. We will respond to your request for an accounting of disclosures within sixty (60) days of receipt of your written request, unless additional time is needed to respond, at which time we may extend our response deadline for up to an additional thirty (30) days and provide you with an explanation as to the reason for the delay.

Right to Request Restrictions. You have the right to request a restriction or limitation on the protected health information we use or disclose about you for treatment, payment, or healthcare operations. If you have paid for services out-of-pocket, in full, and request that we not disclose your protected health information, related solely to those services, to your health plan, we shall accommodate your request except where the disclosure is required by law.

You also have the right to request a limit on the protected health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. We are not required to agree to your request.

To request restrictions, you may complete and submit the Request for Restriction on Use/Disclosure of Medical Information to the Privacy Officer.

Right to Request Confidential Communications. You have the right to request that we communicate with you about healthcare matters in a certain way and at a certain location. For example, you can ask that we only contact you at work or only contact you by mail at a specifically identified address. Notwithstanding the foregoing, we will typically communicate with you in person; or by letter, e-mail, fax, and/or telephone.

To request confidential communications, you may complete and submit the Request for Restriction on Use/Disclosure of Medical Information and/or Confidential Communication to the Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

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. Even if you have agreed to receive it electronically, you are still entitled to a paper copy. To obtain such a copy, contact the Privacy Officer.

Right to Revoke Authorization. You have the right to revoke an authorization to use or disclose your protected health information at any time, except where action has already been taken.

### CHANGES TO THIS NOTICE

We reserve the right to change this notice, and 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 summary of the current notice in the office with its effective date in the top right-hand corner. You are entitled to a copy of the notice currently in effect.

### COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our office. You may also file a complaint with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact the Privacy Officer at the address and telephone number listed on the first page of this notice. You will not be retaliated against or penalized for filing a complaint.

#### **The contact information for the Secretary of Health and Human Services is:**

The U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
Telephone: 1-877-696-6775