

About This Notice

We understand the importance of privacy and are committed to maintaining the confidentiality of your health information. We make a record of the medical care we provide and may receive such records from others. We use these records to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to you as allowed by your health plan and to enable us to meet our professional and legal obligations. We are required by law to: 1) make sure that medical information that identifies you is kept private (with certain exceptions); 2) give you this notice of our legal duties and privacy practices with respect to medical information about you; 3) notify you of any breach of your unsecured medical information; and 4) follow the terms of the version of this Notice of Privacy Practices that is currently in effect.

HOW WOODGLEN MAY USE OR DISCLOSE YOUR HEALTH INFORMATION

We collect health information about you and store it in a chart (OB Patients only) and on a computer. The medical record is the property of WOODGLEN, but the information in the medical record belongs to you. The law permits us to use or disclose your health information for the following purposes:

Treatment We use health information about you to provide your medical care. We disclose health information to our employees and others who are involved in providing the care you need. For example, we may share your health information with other physicians or other health care providers who will provide services that we do not provide such as a pharmacist or a laboratory.

Payment We use and disclose medical information about you to obtain payment for the services we provide. For example, we give your health plan the information it requires before it will pay us. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to you.

Health Care Operations We may use and disclose health information about you to improve operations. For example, we may use and disclose this information to review and improve the quality of care we provide, or to train our professional staff, or we may use and disclose this information to get your health plan to authorize services or referrals. We may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs.

Business Associates We may disclose health information to those that we contract with as business associates so that they may perform services for us or on our behalf. For example, we may send biopsy samples with your information to an outside laboratory for analysis. We require that business associates implement appropriate safeguards to protect your medical information.

Appointment reminders We may use and disclose medical information to contact and remind you about appointments. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone or we may send you a postcard.

Sign in sheet We may use and disclose medical information about you by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.

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

Public health We may, and are sometimes required by law to disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. When we report suspected elder or dependent adult abuse or domestic violence, we will inform you or your personal representative promptly unless in our best professional judgment, we believe the notification would place you at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.

Health oversight activities

We may, and are sometimes required by law to disclose your health information to health oversight agencies during the course of audits, inspections, licensure and other proceedings, subject to the limitations imposed by federal and California law.

Judicial and administrative proceedings

We may, and are sometimes required by law, to disclose your health information in the course of any administrative or judicial proceeding to the

extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order. We may also use or disclose your health information to defend ourselves in the event of a lawsuit.

Law enforcement We may, and are sometimes required by law, to disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.

Coroners, Medical Examiners, and Funeral Directors We may disclose your health information to a coroner, medical examiner, or funeral director so that they can carry out their duties.

Public safety We may, and are sometimes required by law, to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

Specialized government functions We may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.

Worker's compensation We may disclose your health information as necessary to comply with worker's compensation laws. For example, to the extent your care is covered by workers' compensation, we will make periodic reports to your employer about your condition. We are also required by law to report cases of occupational injury or occupational illness to the employer or workers' compensation insurer.

Change of Ownership In the event that WOODGLEN is sold or merged with another organization, your health information record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.

Data Breach Notification Purposes We may disclose your health information to provide legally required notices of unauthorized access to or disclosure of that health information.

HEALTH INFORMATION EXCHANGE: Use and disclosure of PHI through CHIE

To help improve your medical care, we participate in an electronic health information exchange (HIE) with other physicians, hospitals and health care providers in our community called Citrus Health Information Exchange or "CHIE". CHIE is a way for health care providers to share patient information with each other for the purposes of treating patients, obtaining payments for such treatment from insurance companies and other third party payors and for certain other administrative uses permitted by law.

CHIE allows us to send and receive your health information to and from other health care providers who have treated you and who also participate in CHIE. To help ensure the privacy and security of your health information, CHIE is protected by a variety of security measure and privacy rules. We and other health care providers will not send or receive your health information through CHIE for any other purposes.

We believe CHIE will help improve your care by allowing us to quickly and efficiently receive the health information your health care providers have collected from their treatment of you and by similarly sharing with your other providers the health information we have collected from our treatment of you.

HOW YOU MAY DIRECT THE WAY WOODGLEN USES AND SHARES YOUR HEALTH INFORMATION

Notification and communication with family We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care, about your location, your general condition or in the event of your death. We may disclose health information of minor children to their parents or guardians

unless such disclosure is otherwise prohibited by law. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

Your Written Authorization is Required for Other Uses and

Disclosures The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Uses and disclosures of Protected Health Information for marketing purposes; and

2. Disclosures that constitute a sale of your Protected Health Information.

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us permission to use or disclose medical information about you, you may revoke that permission in writing at any time. We will cease any further use or disclosure of your medical information for the purposes covered by your written authorization from the time you revoke. This does not include uses and disclosures we have already made while relying on your past permission. You understand that we are required to retain our records of the care that we provided to you.

Special Categories of Information: Certain categories of information -- e.g., treatment and services for mental health conditions or alcohol and drug abuse; tests for the human immunodeficiency virus (HIV) -- may require special handling or treatment under the law. We will handle these special categories of information in accordance with these requirements.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have the following rights, subject to certain limitations, regarding your health information:

• **Right to Inspect and Copy** You have the right to inspect and copy your health information that may be used to make Decisions about your care or payment for your care. We have up to 30 days to make your health information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

• **Right to a Summary or Explanation** We can also provide you with a summary of your health information, rather than the entire record, or we can provide you with an explanation of the health information which has been provided to you, so long as you agree to this alternative form and pay the associated fees.

• **Right to an Electronic Copy of Electronic Medical Records** If your health information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your health information in the form or format you request, if it is readily producible in such form or format. If the health information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

• **Right to Get Notice of a Breach** You have the right to be notified upon a breach of any of your unsecured health information.

• **Right to Request Amendments** If you feel that the 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 the information is kept by or for us. A request for amendment must be made in writing and it must tell us the reason for your request. In certain cases, we may deny your request for an amendment. If we deny your request for an amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

• **Right to an Accounting of Disclosures** You have the right to ask for an "accounting of disclosures," which is a list of the disclosures we made of your health information. This right applies to disclosures for purposes other

than treatment, payment or healthcare operations as described in this Notice. It excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. The right to receive this information is subject to certain exceptions, restrictions and limitations. Additionally, limitations are different for electronic health records.

• **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 about you to someone who is involved in your care or the payment for your care, like a family member or friend. To request a restriction on who may have access to your health information, you must submit a written request to the Administration Office, request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to your request, unless you are asking us to restrict the use and disclosure of your health information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us "out-of-pocket" in full. If we do agree to the requested restriction, we may not use or disclose your health information in violation of that restriction unless it is needed to provide emergency treatment.

• **Out-of-Pocket-Payments** If you paid out-of-pocket in full (or in other words, you have requested that we not bill your health plan) for a specific item or service, you have the right to ask that your health information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

• **Right to Request Confidential Communications** You have the right to request that we communicate with you only in certain ways to preserve your privacy. For example, you may request that we contact you by mail at a specific address or call you only at your work number. You must make any such request in writing and you must specify how or where we are to contact you. We will accommodate all reasonable requests. We will not ask you the reason for your request.

• **Right to a Paper Copy of This Notice** You have the right to a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time. If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, please contact the Office Manager or our Patient Services Representative.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the changed Notice effective for Protected Health Information we already have as well as for any Protected Health Information we create or receive in the future. A copy of our current Notice is posted in our office.

COMPLAINTS

Please direct any complaints about this Notice of Privacy Practices or how WOODGLEN

handles your health information to the Office Manager or to our Patient Services Representative. If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to the Department of Health and Human Services.

To file a complaint with WOODGLEN, please contact: Administration

315 E. Route 66

Glendora, CA. 91740

Telephone: (626) 963-4124