

Health Atlas West LA
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.

At Health Atlas West LA, we maintain records that are protected by law containing your personal health information in order to provide you with quality health care and comply with legal requirements. This Notice explains our legal duties concerning your personal protected health information which is referred to in the Notice as "Health Information". This Notice also explains how we may use and disclose Health Information and your rights regarding the Health Information we maintain.

Our Duties Regarding Your Health Information

Health Atlas West LA is required by law to maintain the privacy of Health Information, to provide you with this Notice of our legal duties and privacy practices with respect to Health Information and to notify you if you are affected by a breach of unsecured Health Information. You have the right to receive a paper copy of this Notice even if you have agreed to receive this Notice electronically and you may ask us to give you a copy of our current Notice at any time.

We are required to abide by the terms of this Notice at all times it is in effect. We reserve the right to change our privacy practices and the terms of this Notice and make the provisions of a revised Notice effective for all Health Information we maintain including Health Information we created or received before issuing the revised Notice. We will provide you with the revised Notice by posting it in a clear and prominent location in our facility, making it available in printed form you may ask for and take with you and posting it on our website if we maintain a website.

You may contact our Privacy Official if you have questions or would like further information about the matters covered by this Notice. You will find our Privacy Official's contact information at the end of this Notice.

How We May Use and Disclose Your Health Information

Use and Disclosure of Health Information for Treatment, Payment and Health Care Operations

We are permitted to use and disclose Health Information for purposes of treatment, payment and health care operations.

- 1. Treatment.** We may use or disclose Health Information to provide you with health care treatment or services. For example, we may use Health Information to diagnose and treat you or we may disclose Health Information to a health care provider you may be referred to so that provider has information needed to diagnose or treat you.
- 2. Payment.** We may use or disclose Health Information to obtain payment or be reimbursed for the health care treatment and services we provide. For example, we may give Health Information to your health plan so it can reimburse you or pay us.

Health Atlas West LA
Notice of Privacy Practices

We may also provide Health Information to your health plan to obtain prior approval for treatment or to determine whether your plan will cover the treatment.

3. **Health Care Operations.** We may use or disclose Health Information in connection with our health care operations which are ways we provide health care and manage our organization. For example, we may use or disclose Health Information to evaluate our performance in providing health care to you and identify ways we may improve our service.

Use and Disclosure of Health Information Required or Permitted by Law

There are situations besides treatment, payment or health care operations where we may use or disclose some Health Information without first obtaining your written authorization. Any such use or disclosure will be limited to the Health Information required or permitted by law in the following situations.

1. **Public Health Activities** We may disclose Health Information to public health authorities that are authorized by law to collect or receive information to report vital information and prevent or control disease or injury. For example, we may report information about communicable diseases, child abuse or neglect, problems related to food, medications or medical devices or products and vital events such as births or deaths. We may also disclose Health Information to a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition or findings concerning a work-related illness or injury or workplace related health issue to an employer. If we reasonably believe you are a victim of abuse, neglect, or domestic violence we may disclose Health Information limited to requirements of law to a government authority authorized by law to receive reports of such abuse, neglect, or domestic violence.
2. **Health Oversight Activities.** We may disclose Health Information to a health oversight agency that includes, among others, an agency of the federal or state government authorized by law to monitor the health care system.
3. **Judicial and Administrative Proceedings.** We may disclose Health Information in the course of judicial or administrative proceedings. For example, we make a disclosure in response to a court or administrative order or subpoena.
4. **Law Enforcement Purposes.** We may disclose Health Information to a law enforcement official as required by law, in response to a law enforcement official's lawful request to identify or locate a victim, suspect, fugitive, material witness or missing person or to report a crime that has occurred on our premises or that may have caused a need for emergency services.
5. **Required by Law.** We may use or disclose your Health Information when required by state, federal or other law to correctional institutions, the Food and Drug Administration and authorized federal officials for the conduct of lawful national security activities and the provision of protective services to the President or other persons as required by federal law.
6. **Coroners, Medical Examiners and Funeral Directors.** We may disclose Health Information to coroners or medical examiners to identify a deceased person or to determine the cause of death and to funeral directors as necessary to carry out their duties.

Health Atlas West LA
Notice of Privacy Practices

7. **Organ Donation.** We may disclose Health Information to an organ procurement organization or other facility that participates in or makes a determination for the procurement, banking or transplantation of organs or tissues.
8. **Disaster Relief Incidents.** We may use or disclose Health Information to a public or private entity authorized to assist in disaster relief efforts such as the American Red Cross. If you tell us you object, we will not make this use or disclosure unless we must do so to respond to an emergency situation.
9. **Persons Involved in Your Care.** We may use or disclose Health Information to persons involved in your health care or payment for health care including family members, your personal representative or another person identified by you unless you object to our use and disclosure of Health Information to such persons.
10. **Workers Compensation.** We may use or disclose Health Information to comply with workers' compensation laws
11. **Avert a Serious Threat to Health or Safety.** We may use or disclose Health Information if we believe it is necessary to prevent or lessen a serious threat to the health or safety of a person or the public.
12. **School Immunization Records.** We may disclose Health Information to provide proof of your immunization to a school if you are an adult or emancipated minor and you agree or about a minor child if the child's parent or guardian agrees.
13. **Military.** If you are a member of the armed forces, we may release medical information about you to military authorities as authorized or required by law. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
14. **Fundraising.** We may use limited Health Information such as your name, address and treatment dates to contact you for fundraising purposes to support our health care purposes and mission. You have the right to elect not to receive fundraising communications and if you receive a fundraising communication from us you will also receive simple instructions about how to stop receiving any more fundraising communications.

Use and Disclosure of Health Information Requiring Written Authorization

Your written authorization is required for the following uses and disclosures of Health Information:

1. **Marketing.** We will not use or disclose Health Information for marketing purposes without your written authorization. Marketing is defined as a communication about a product or service related to your health care for which we receive payment from a third party.
2. **Sale of Health Information.** We will not use or disclose your Health Information in a way that is considered a sale of Health Information without your written authorization. A sale of Health Information is defined as an exchange where we directly or indirectly, receive payment for the Health Information from a recipient of the Health Information.
3. **Psychotherapy Notes.** If we maintain psychotherapy notes about you we will not disclose psychotherapy notes without your written authorization except in limited instances that are permitted or required by law.

Other Uses and Disclosures of Health Information Requiring Written Authorization

Your written authorization is required for other uses and disclosures of Health Information that is not described in this Notice.

You May Revoke Your Authorization in Writing at Any Time

You may revoke an authorization to use or disclose Health Information at any time. Your revocation must be in writing and it will not affect uses or disclosures of Health Information made in reliance on your authorization before its revocation. If the Authorization was obtained as a condition of obtaining insurance coverage, other law may provide the insurer with the right to contest a claim under the policy or the policy itself.

Your Health Information Rights and How You May Exercise Your Rights

You have the rights with respect to Health Information we maintain about you that are explained in this section of the Notice.

- You may exercise any of your rights at any time
- You may obtain a paper copy of our current Notice of Privacy Practices by simply asking for it
- You must submit a written request to exercise your other rights
- For your convenience we will provide you with a form to make your written request

Right to Our Notice of Privacy Practices

You have the right to obtain a paper copy of our current Notice of Privacy Practices which is always available at our facility. You have the right to receive an electronic copy of this Notice from our web site if we maintain one or, if you agree in writing, by email. You have the right to obtain a paper copy of this Notice at any time even if you have agreed to receive it electronically.

Right to Request Restrictions of Use and Disclosure of Health Information

Your Right to Request Restrictions, in General.

You have the right to request a restriction of Health Information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a restriction of 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. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

We will comply with your request unless it is needed by a health care provider to provide emergency treatment to you and we will request that health care provider not to further use or disclose your Health Information. We may terminate our restriction if you ask us to terminate it. We may also terminate a restriction whether or not you ask us to end the restriction if we inform you we are terminating it. If we do terminate a restriction it will only affect Health Information that was created or received after we inform you of the termination.

Your Right to Request Restrictions to a Health Plan.

You have the right to request in writing a restriction of Health Information we disclose about you to a health plan if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law and pertains solely to a health care item or service for which you or someone on your behalf has paid for in full.

We are required to agree to your request to restrict disclosure of your Health Information to a health plan concerning a health care item or service for which you or a person on your behalf (other than a health plan) has paid us in full.

Health Atlas West LA
Notice of Privacy Practices

Right to Request Confidential Communications

You have the right to request that we communicate with you about Health Information by alternative means or at an alternative location. For example, you can ask that we only contact you at work or by mail. We will not ask you the reason for your request and we will accommodate all reasonable requests. If we are unable to communicate with you by the alternative means or at the alternative location you have requested we may attempt to communicate with you using any information we have.

Right to Inspect and Copy Health Information

You have the right to inspect and copy Health Information we maintain that may be used to make decisions about your care for as long as we maintain those records. You may also request a copy of the Health information including an electronic copy of Health Information we maintain electronically. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We will respond within 30 days of receiving your request unless we advise you we need more time, not exceeding 30 additional days, to complete action on your request because, for example, the Health Information must be retrieved from an off-site secure storage location. We will provide the access to the Health Information requested or, in some limited circumstances, we may deny part or all of the request. If we deny your request to inspect and copy Health Information in whole or in part we will explain in writing why we denied the request and explain how you may request a review of our denial and how you may make a complaint to us and the Secretary of the U.S. Department of Health and Human Services concerning our denial.

Right to Request Amendment of Health Information

If you believe Health Information we maintain is incorrect or incomplete you have the right to request we amend that Health Information. We will respond within 60 days of receiving your request unless we advise you we need more time, not exceeding 30 additional days, to complete action on your request. We will inform you of our action on your request including what we will do if we accept your request for amendment in whole or in part. If we deny all or part of your request for amendment we will provide you with the reasons for the denial and inform you of your additional rights to disagree with our denial and make a complaint to us and the Secretary of the U.S. Department of Health and Human Services concerning our denial.

Right to an Accounting of Disclosures of Health Information

You have the right to receive an accounting of any disclosures of your Health Information we have made to others other than disclosures relating to treatment, payment, health care operations and disclosures made to you or according to your written authorization. You may request an accounting of disclosures for the six (6) years prior to the date on which you make the request although you may limit your request to a shorter time frame. We will respond within 60 days of receiving your request unless we advise you we need more time, not exceeding 30 additional days, to complete action on your request. We must provide you with the accounting in writing and the first accounting you request in any twelve (12) month period will be free of charge. We may charge you a reasonable, cost-based fee for any other request for an accounting you make within the same twelve (12) month period and we will inform you in advance of the fee and provide you with an opportunity to withdraw or modify the request for another accounting in order to avoid or reduce the fee.

Right to Make a Complaint that Your Privacy Rights Have Been Violated

If you believe your privacy rights have been violated, you have the right to file a complaint with us. You also have the right to file a complaint with the Secretary of the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint that your privacy rights have been violated. You may use the following Contact Information to make a complaint.

Contact Information

Health Atlas West LA

For more information about the matters covered by this Notice or to make a complaint that your privacy rights have been violated contact our Privacy Official listed below. If you wish we will provide you with a form to make a complaint to us. You will not be retaliated against for filing a complaint.

Privacy Official of Health Atlas West LA

Telephone: 310-390-9018

Office address:

3030 Sawtelle Blvd,
Los Angeles, California, 90066

Secretary, U. S. Department of Health and Human Services

You may complain directly to the Secretary of the U.S. Department of Health and Human Services by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or by the visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

Please note that complaints to the Secretary must:

- a) Be filed in writing, either electronically at www.hhs.gov/ocr/privacy/hipaa/complaints/ or on paper by mail, fax or email;
- b) Describe the reasons you believe your health information privacy rights were violated; and
- c) Be filed within 180 days of when you first knew of the reasons you believe your health information privacy rights were violated although the 180-day period may be extended if you can show "good cause."