

**Center for Community Health
Downtown Los Angeles**
Organized Health Care Arrangement

JOINT 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**

Introduction

This Joint Notice of Privacy Practices is provided to you on behalf of the **Center for Community Health**. The Center for Community Health refers to its programs, employees, workforce members, volunteers, physician staff, medical residents, and participating members. Participating members include: JWCH Institute in the provision of primary care services, Homeless Health Care Los Angeles/CASC in the provision of Substance Abuse Assessment services, the Los Angeles County (LAC) Department of Health Services in the provision of the Early Intervention Clinic, LAC Department of Public Health in the provision of the Chest Clinic, and the LAC Department of Mental Health. In fact, Los Angeles County and JWCH have entered into an Organized Health Care Arrangement (OHCA) in order to function as a seamless health care provider. Collectively, the Center for Community Health, the OHCA, and its programs are referred to as “We” or “Our.” This Joint Notice of Privacy Practices is provided to you pursuant to the Health Insurance Portability and Accountability Act (HIPAA) and related State and Federal laws regulating protected health information (PHI).

Protected Health Information (PHI) is information about you that may identify you and relates to your past, present, or future physical or mental health or condition, and the provision of physical or mental health care we provide to you or payment for that care.

This Notice provides you with information about your rights and our legal duties and privacy practices with respect to the privacy of your PHI. This Notice also discusses the uses and disclosures we will make of your PHI. We reserve the right to change the terms of this

Notice. You may request a written copy of our most current privacy notice from our on-site Compliance Officer/ Human Resources Generalist or you can access it on our website at <http://www.jwchinstitute.org>.

Permitted Uses and Disclosures

We can use or disclose your PHI for purposes of treatment, payment, and health care operations. For each of these categories of uses and disclosure, we have provided a description and an example below. However, not every particular use or disclosure is listed.

- **Treatment** means the provision, coordination or management of your health care, including consultations between health care providers relating to your care and referrals for health care from one health care provider to another. 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. In addition, the doctor may need to contact a physical therapist to create the exercise regimen appropriate for you treatment.
- **Payment** means the activities we undertake to obtain reimbursement for the health care provided to you, including billing, collections, claims management, determination of eligibility and coverage and other utilization review activities. For example, prior to providing health care services, we may need to provide information to your Third Party Payor about your medical condition to determine whether the proposed course of treatment will be covered.
- When we bill the Third Party Payor for our services to you, we can provide the Payor with information about your care in order to obtain payment. In some cases, federal or State law may require us to obtain a written authorization from you prior to disclosing certain PHI for payment purposes. We will ask you to sign a release when needed.
- **Health Care Operations** means the support functions of the Center for Community Health related to your treatment or payment for services. For example, we may use your PHI to evaluate the performance of our staff when caring for you. We

may also combine health information about many patients to decide what additional services we should offer and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and others for review and learning purposes. In addition, we may remove information that identifies you from your patient information so that others can use the de-identified information to study health care and health care delivery without learning who you are.

Other Uses and Disclosures of Protected Health Information

In addition to using and disclosing your information for treatment, payment, and health care operations, we may use your PHI in the following ways:

- **Appointment Reminders and Related Services**: We may contact you to provide appointment reminders for treatment; pre-register you for scheduled services; do a telephone interview prior to a test or procedure; follow up with you on your condition; or tell you about possible treatment alternatives and services that may be of interest to you. If you not wish to be contacted for appointment reminders, you may provide us with alternative instructions in writing. (Please see “*Right to Request Confidential Communications*, page 8.)
- **Disclosures to Family or Individuals Who are Involved in Your Care**: We may disclose your PHI to your family, friends, or individuals involved in your care or the payment of your care. We may use or disclose your PHI to notify, or assist in the notification of a family member, a personal representative, or another person responsible for your care, of your location, general condition or death. If you are present or otherwise available, we will give you an opportunity to object to these disclosures, and we will not make these disclosures if you object. If you are present or available, we will determine whether a disclosure is in your best interest, using our professional judgment.
- We will allow your family and friends to act on your behalf to pick-up filled prescriptions, medical supplies, X-rays, and

similar forms of PHI, when we determine, in our professional judgment that it is in your best interest to make such disclosures.

- **Research**: We may use or disclose your PHI for research purposes, subject to the requirements of applicable law. Such disclosures must also be cleared through a special approval process before any PHI is disclosed to the researchers who will be required to safeguard the PHI they receive.
- **As Required By Law**: We will disclose your PHI when required to do so by federal, State, or local law.
- **To Avert Threat to Health Or Safety**: In order to avoid a serious threat to your health or safety and/or that of the public or another person, we may use or disclose your PHI to someone who can reasonably prevent or lessen the threat of harm. For example, if a client is threatening to harm him/herself or another individual, we may notify law enforcement, or the Department of Mental Health or hospital personnel who might evaluate the client for potential psychiatric hospitalization.
- **Public Health Purposes**: PHI will be provided to local, State, or federal public health authorities, as required or permitted by law, to prevent or control disease. For example, if a client presents symptoms of TB, we are required to notify the Health Department. We may notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- **Law Enforcement**: We may disclose your health information, excluding certain mental health and/or substance abuse information to law enforcement in response to a court order, warrant, subpoena, summons or similar process issued by a court.
- **Coroners, Medical Examiners, and Funeral Directors**: We may release health information to a coroner or medical examiner. Such disclosures may be necessary, for example, to identify a deceased person or determine the cause of death.

We may also release PHI to funeral directors as necessary to carry out their duties.

- **Reports of Child Abuse and Neglect:** We will disclose PHI to appropriate authorities to report suspected child abuse or neglect.
- **Reports of Adult Abuse and Neglect:** We may notify the appropriate government authority if we believe that an adult patient has been the victim of elder or dependent adult abuse.
- **Lawsuits and Disputes:** If you are involved in a lawsuit or dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose your PHI 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 (which may include written notice to you) or to obtain an order protecting the PHI requested.
- **Organ and Tissue Donation:** If you are an organ donor, we may release health information, excluding certain mental health information and/or substance abuse information, to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation
- If you are a member of the Armed Forces, we may release health information, excluding certain mental health information and/or substance abuse information, about you as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.
- We may disclose your health information, excluding certain mental health information and/or substance abuse information, for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

- **Specialized Government Functions and Purposes or Security:** We may disclose your PHI to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law. We may disclose your PHI to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or other national security activities as authorized by law.
- **Fundraising Activities:** We may use or disclose your PHI to contact you and inform you about fundraising activities. If you do not wish to be contacted for fundraising activities, please inform us in writing.
- **Inmates:** If you are an inmate or under the custody of a law enforcement official, we may release your PHI to the correctional institution or law enforcement official. This release would be necessary: (1) for the institution to provide you 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 REGARDING YOUR PHI

You have the following rights regarding your PHI in our records.

Right to Inspect and Copy Your PHI: With certain exceptions, you have the right to inspect and copy your PHI from our records. You must submit your request in writing to your case manager or the person in charge of your treatment or the **Center for Community Health Compliance Officer**. A form will be provided to you for this request. If you request a copy of your PHI, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We will respond within 5 business days of your written request.

We may deny your request to inspect and copy in certain circumstances. If you are denied the right to inspect and copy your PHI in our records, you may request that the denial be reviewed. With the exception of a few circumstances that are not subject to review, another licensed health care professional within

the Center for Community Health or a participating member, who was not involved in the denial, will review the decision. We will comply with the outcome of the review.

Right to Request an Amendment: If you feel that your PHI in our records 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 keep the PHI. To request an amendment, ask for a “Request to Amend Protected Health Information” form from your case manager or the person in charge of your treatment. Return the completed form to your case manager, person in charge of your treatment, or Center for Community Health compliance officer.

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 your PHI that:

- Was not created by us, unless you can provide us with a reasonable basis to believe that the person or entity that created the PHI is no longer available to make the amendment;
- Is not part of the PHI kept by us;
- Is not part of the PHI which you would be permitted to inspect and copy; or
- Is accurate and complete.

If we deny your request for amendment, you have the right to submit a ***Statement of Disagreement*** form, with a description not to exceed 250 words, with respect to any item or statement in your record you believe is incomplete or incorrect. If you clearly indicate in writing that you want this form to be made part of your medical record, we will attach it to your records and include it whenever we make a disclosure of the item, or statement you believe to be incomplete or incorrect.

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 your PHI other than for treatment, payment, and health care operations, or other legal exceptions.

To request this list of disclosures, ask for a ***Request for an Accounting of Disclosures***” form, and complete and submit this form to your case manager or the person in charge of your treatment. Your request must state a time period for the accounting; (for example, the past three months). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. 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.

Right to Request Restrictions: You have the right to request that we follow additional, special restrictions when using or disclosing your PHI for treatment, payment or health care operations. You also have the right to request that we follow additional, special restrictions when using or disclosing your PHI to someone who is involved in your care or the payment for your health care, like a family member or friend. For example, you could ask that we not use or disclose that you are receiving services at this facility.

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.

To request restrictions, ask for a **Request for Additional Restrictions on Use or Disclosure of Protected Health Information** form from your case manager or the person in charge of your treatment. Submit the complete form to your case manager, the person in charge of your treatment, or the facility’s compliance officer. In your written request, you must tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures’ to your spouse.

Right to Request Confidential Communications: You have the right to request that we communicate with you about your appointments or other matters related to your treatment in a specific way or at a specific location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, ask for a **Request to Receive Confidential Communications by Alternative Means or**

at **Alternative Locations** form, and complete and submit this form to your case manager or to the person in charge of your treatment. Your request must specify how or where you wish to be contacted. We will not ask you the reason for your request. We will accommodate all reasonable requests.

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 this Notice electronically, you are still entitled to a paper copy of this Notice. You may obtain a copy of this Notice at our website: <http://www.jwchinstitute.org>. To obtain a paper copy of this Notice, please contact your Treatment Team or request one from the facility's compliance officer.

CHANGES TO THIS NOTICE

We reserve the right to change the terms of this Notice. We reserve the right 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 copy of the current Notice in the facility. The Notice will contain on the first page, in the top right-hand corner, the effect date. If we change our Notice, you may obtain a copy of the revised Notice by visiting our website at <http://www.jwchinstitute.org>. Or you may request one from your Treatment Team or from the facility's compliance officer.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us, or the County of Los Angeles' HIPAA Privacy Official, or the Federal Government. You will not be penalized or retaliated against for filing a complaint with us, or if you have comments or questions regarding our privacy practices, contact:

JWCH Institute Compliance Officer

1910 Sunset Boulevard

Los Angeles, CA 90026

(213) 484-1186

E-mail: airie@jwchinstitute.org

County of Los Angeles, Chief HIPAA Privacy Officer

500 West Temple Street, Room 410

Los Angeles, CA 90012

(213) 974-2164

E-mail: HIPAA@Auditor.LACounty.gov

U.S. Department of Health and Human Services

Region IX, Office for Civil Rights

50 United Nations Plaza, Room 322

San Francisco, CA 94102

Telephone (415) 437-8310

Fax (415) 437-8329

