

## NOTICE OF PRIVACY PRACTICES-PROTECTED HEALTH INFORMATION

**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.**

The terms of this Notice of Privacy Practices- Protected Health Information (“Notice”) applies to Protected Health Information (defined below) issued by JWCH Institute, Inc., (collectively, “we,” “our,” or “JWCH”). This notice describes how JWCH may use and disclose Protected Health Information to carry out payment and health care operations, and for other purposes that are permitted or required by law.

We are required by the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) to maintain the privacy of Protected Health Information and to provide our clients with notice of our legal duties and privacy practices concerning Protected Health Information. In the event applicable law, other than HIPAA, prohibits or materially limits our uses and disclosures of Protected Health Information, as set forth below, we will restrict our uses or disclosure of your Protected Health Information in accordance with the more stringent standard. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all Protected health Information maintained by us. If we make material changes to our privacy practices, we will mail copies of revised notices to all clients of the JWCH. Copies of our current Notice may be obtained by contacting JWCH at the telephone number or address below, or on our Web site at [www.jwchinstitute.org](http://www.jwchinstitute.org).

### DEFINITIONS

**Protected Health Information (“PHI”)** means individually identifiable health information, as defined by HIPAA, that is created or received by JWCH and that relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and that identifies the individual or for which there is a reasonable basis to believe the information can be used to identify the individual. PHI includes information of persons living or deceased.

### USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

The following categories describe different ways that we use and disclose PHI. For each category of uses and disclosures we will explain what we mean and, where appropriate, provide examples for illustrative purposes. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted or required to use and disclose PHI will fall within one of the categories.

**Your Authorization** – Except as outlined below, we will not use or disclose your PHI unless you have signed a form authorizing the use or disclosure. You also have the right to revoke that authorization in writing.

**Uses and Disclosures for Treatment** – We may use your PHI to provide treatment and other services to you. For example, to diagnose and treat an injury or illness. In addition, we may contact you to provide appointment reminders or information about treatment alternatives and benefits that may be of interest to you. We may also disclose PHI to the other providers involved with your care.

**Uses and Disclosures for Payment** – We may make requests, uses, and disclosures of your PHI as necessary for payment purposes. For example, we may disclose your PHI for the payment purposes of a health care provider.

**Uses and Disclosures for Health Care Operations** – We may use and disclose your PHI as necessary for our health care operations. Examples of health care operations include internal administration, and planning, along with various activities that improve the quality and cost effectiveness of the care that we deliver to you. For example, we may use PHI to evaluate the quality and competence of our physicians, nurses, and other health care workers. We may disclose PHI to our Patient Relations Coordinator in order to resolve any complaints you may have and ensure that you have a comfortable visit with us.

**Uses and Disclosures for Directory of Individuals in our Recuperative Care Center at 515 6<sup>th</sup> Street, Los Angeles, CA 90021.** We may include your name, general health condition and religious affiliation in a patient directory without obtaining your authorization *unless* you object to inclusion in the directory, or are located in a unit the identification of which would reveal that you are receiving treatment for (1) mental health and development disabilities; (2) alcohol and drug abuse; (3) HIV/AIDS; (4) communicable disease(s); (5) genetic testing; (6) child abuse and neglect; (7) domestic and elder abuse or (8) sexual assault. Information in the directory may be disclosed to anyone who asks for you by name or members of the clergy; provided, however, that religious affiliation will only be disclosed to members of the clergy.

**Family and Friends Involved in Your Care** – If you are available and do not object, we may disclose your PHI to your family, friends, and others who are involved in your care or payment of a claim. If you are unavailable or incapacitated and we determine that a limited disclosure is in your best interest, we may share limited PHI with such individuals. For example, we may use our professional judgment to disclose PHI to your spouse concerning the processing of a claim. If you do not wish to JWCH to share PHI with your spouse or others, you may exercise your right to request a restriction on JWCH disclosures of your PHI (See below).

**Business Associates** – Certain aspects and components of our services are performed through contracts with outside persons or organizations. Examples of these include our outside consultants that observe patient’s records such as interpreters and waste disposal and recycling companies. At times it may be necessary for us to provide certain of your PHI to one or more of these outside persons or organizations.

**Other Uses and Disclosures** – We may make certain other uses and disclosures of your PHI without your authorization.

- We may use or disclose demographic data about you for fundraising purposes.
- We may use or disclose your PHI for any purpose required by law. For example, JWCH may be required by law to use or disclose your PHI to respond to a court order.
- We may use or disclose your PHI for public health activities, such as reporting of disease, injury, birth and death, and for public health investigations.
- We may use or disclose your PHI to the proper authorities if we suspect child abuse or neglect; we may also disclose your PHI if we believe you to be a victim of abuse, neglect, or domestic violence.
- We may use or disclose your PHI if authorized by law to a government oversight agency (e.g., a state insurance department) conducting audits, investigations, or civil or criminal proceedings.
- We may disclose your PHI in the course of a judicial or administrative proceeding (e.g., to respond to a subpoena or discovery request).
- We may disclose your PHI to the proper authorities for law enforcement purposes.
- We may disclose your PHI to coroners, medical examiners, and/or funeral directors consistent with law.
- We may use or disclose your PHI for cadaveric organ, eye or tissue donation.
- We may use or disclose your PHI for research purposes, but only as permitted by law.
- We may use or disclose PHI to avert a serious threat to health or safety.
- We may use or disclose your PHI if you are a member of the military as required by armed forces services, and we may also disclose your PHI for other specialized government functions such as national security or intelligence activities.
- We may disclose your PHI to workers’ compensation agencies for your workers’ compensation benefit determination.
- We will, if required by law, release your PHI to the Secretary of the Department of Health and Human Services for enforcement of HIPAA.

## **RIGHTS THAT YOU HAVE**

**Access to Your PHI** – You have the right to copy and/or inspect your PHI that we maintain. Certain requests for access to your PHI must be in writing, must state that you want access to your PHI and must be signed by you or your representative (e.g., requests for medical records provided to us directly from your health care provider).

Access request forms are available from JWCH at the address below. We may charge you a fee for copying and postage.

**Amendments to Your PHI** – You have the right to request that PHI that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. To be considered, your amendment request must be in writing, must be signed by you or your representative, and must state the reasons for the amendment/correction request. Amendment request forms are available from JWCH at the address below.

**Accounting for Disclosures of Your PHI** – You have the right to receive an accounting of certain disclosures made by us of your PHI. Examples of disclosures that we are required to account for include those to state insurance departments, pursuant to valid legal process, or for law enforcement purposes. To be considered, your accounting requests must be in writing and signed by you or your representative. Accounting request forms are available from JWCH at the address below. The first accounting in any 12-month period is free; however, we may charge you a fee for each subsequent accounting you request within the same 12-month period.

**Restrictions on Use and Disclosure of Your PHI** – You have the right to request restrictions on certain of our uses and disclosures of your PHI for health care operations, disclosures made to persons involved in your care, and disclosures made to persons involved in your care, and disclosures for disaster relief purposes. For example, you may request that we not disclose your PHI to your spouse. Your request must describe in detail the restriction you are requesting. HIPAA does not require us to agree to your request but we will accommodate reasonable requests when appropriate. We retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate, in writing or orally, any agreed- to restriction. Requests for a restriction (or termination of an existing restriction) may be made by contacting JWCH at the telephone number or address below.

**Right to a Copy of the Notice** – You have the right to a paper copy of this Notice upon request by contacting JWCH at the telephone number or address below.

**Complaints** – If you believe your privacy rights have been violated, you can file a complaint with JWCH in writing at the address below. You may also file a complaint in writing with the Secretary of the U.S. Department of Health and Human Services in Washington, D.C., within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.

#### **FOR FURTHER INFORMATION**

If you have questions or need further assistance regarding this Notice, you may contact JWCH's Privacy Office by writing to: JWCH Institute, Inc., Attn: Privacy Office, 1910 W. Sunset Blvd., Suite 650, Los Angeles, CA 90026, or by calling 213-353-1111.

#### **EFFECTIVE DATE**

This Notice is effective April 14, 2003.