

# ***JWCH Institute, Inc./Wesley Health Centers*** **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.**

Effective date: February 26, 2019

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## **WHO WILL FOLLOW THIS NOTICE OF PRIVACY PRACTICES**

This Notice describes the privacy practices followed by the workforce members of the **JWCH Institute, Inc./Wesley Health Centers (“Wesley Health Centers”)**. Workforce members include administrators, doctors, nurses, residents, therapists, case managers, students, volunteers, and other staff who come into contact with your information. This notice applies to services furnished to you at the following locations:

## **OUR PLEDGE REGARDING YOUR HEALTH INFORMATION**

The law requires Wesley Health Centers to:

- Keep your medical records and health information, also known as “protected health information,” private and secure.
- Give you this Notice which explains your rights and our legal duties with respect to your health information.
- Tell you about our privacy practices and follow the terms of this Notice.
- Notify you if there has been a breach of the privacy of your health information.

## **USES AND DISCLOSURES OF YOUR HEALTH INFORMATION**

The following categories describe the different ways that we may use or disclose your health information without obtaining your authorization. For each category of use or disclosure, we will explain what we mean and try to give some examples. Not every use or disclosure in a category is listed. However, all of the ways we may use and disclose information falls within one of the categories.

**Treatment:** We may use and disclose your health information to provide you with medical treatment and related services. We may share your health information with doctors, medical staff, counselors, treatment staff, clerks, support staff, and other health care personnel who are involved in your care. We may also share your health information with treatment providers for your future care for other treatment reasons. In addition, we may use or share your health information in response to an emergency.

**Payment:** We may use and disclose your health information to bill and receive payment for the treatment and services you receive. For billing and payment purposes, we may disclose your

health information to your payment source, including insurance or managed care company, Medicare, Medicaid, or another third-party payer. For example, we may give your health plan information about the treatment you received so your health plan will pay us or refund us for the treatment or we may contact your health plan to confirm your coverage or to ask for prior authorization for a proposed treatment.

**Health Care Operations:** We may use and share your health information for Wesley Health Centers business purposes, such as quality assurance and improvement actions, reviewing the competence and qualifications of health care professionals, medical review, legal services, audit roles, and general administrative purposes. For example, we may use your health information to review our treatment and services and to evaluate our staff's performance in caring for you. We may combine health information about our patients to decide what added services Wesley Health Centers should offer or whether new treatments are effective. The law may need us to share your health information with representatives of federal and State regulatory agencies that oversee our business.

**Business Associates:** We may share your health information with our business associates so they can perform the job we have asked them to do. Some services provided by our business associates include a billing service, record storage company, or legal or accounting consultants. To protect your health information, we have written contracts with our business associates requiring them to safeguard your information.

**Other Permitted Uses and Disclosures:** We may make certain other uses and disclosures of your information without your authorization.

- We, along with other health care providers in the Los Angeles area, may participate in one or more Health Information Exchanges (HIE). An HIE is a community-wide information system used by participating health care providers to share health information about you for treatment purposes. Should you require treatment from a health care provider that participates in one of these exchanges who does not have your medical records or health information, that health care provider can use the system to gather your health information in order to treat you.
- We can share your information with our contractors and agents who help us administer our programs.
- We can share your information to conduct outreach, enrollment, care coordination and case management, including when providing assistance with applications for full scope Medi-Cal or Covered California and to provide appointment reminders. We are not allowed to use genetic information to determine if you qualify for any health coverage or at what price (except long term care plans).
- We may use or disclose your information to discuss treatment, alternatives and other health-related benefits and services with you.
- We disclose your information to individuals involved in your care or payment of your care.
- We may disclose your health information to an organization assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

- We may use or disclose your information for public health activities such as reporting of disease, injury, birth and death, and for public health investigations.
- We may use or disclose your information to the proper authorities if we suspect child abuse or neglect; we may also disclose your information if we believe you to be a victim of abuse, neglect, or domestic violence.
- We may use or disclose your health information to a health oversight agency for purposes allowed by law. For example, we may share your health information for audits and inspections.
- We may disclose your information for research purposes, but only as permitted by law.
- We share your health information if you or your provider appeal a decision about your health care.
- We may disclose your health information in response to a court or administrative order.
- We may release your health information to an organization involved in organ and tissue donations if you are a donor.
- We may disclose your information to a coroner or medical examiner as authorized by law.
- We may use or disclose information to prevent a serious threat to health or safety.
- We may use or disclose your information as required by armed forces services if you are a member of the military.
- We may disclose your health information for specialized government functions to conduct lawful intelligence, counterintelligence and other national security actions allowed by law.
- We may disclose your information to workers' compensation agencies or related programs.
- We will disclose your information when required to do so by federal, State, or local laws. For example, the law requires us to report certain types of injuries.
- We may use and disclose your health information when we detect an information breach to inform you that there has been unlawful or unauthorized access to your health information.
- For disclosures of health information about psychiatric conditions, substance use, or HIV-related testing and treatment, special rules may apply and we will obey these laws when they are stricter than this notice. In general, health information relating to care for psychiatric conditions, substance abuse or HIV-related testing and treatment may not be disclosed without your permission or a court order.
- We may release your health information to a correctional institution or law enforcement official if you are an inmate or under the custody of a law enforcement official.
- We may use or disclose demographic data about you for fundraising purposes.
- We will, if required by law, release your information to the Secretary of the Department of Health and Human Services for enforcement of HIPAA.

### **OTHER USES AND DISCLOSURES**

Except as described in this Notice, or as allowed by State or federal law, we will not use or share your health information without your written authorization. For example, we cannot use

or disclose your health information for marketing purposes, or sell your health information without your written authorization. If you sign an authorization and later change your mind, you can let us know in writing. This will stop any future uses and disclosures of your information but will not require us to take back any information we already disclosed.

## **YOUR RIGHTS ABOUT YOUR HEALTH INFORMATION**

You have the following rights about your health information, which you can exercise by submitting your request to the Privacy Office at:

Privacy Office  
JWCH Institute, Inc./Wesley Health Centers  
5650 Jillson St  
Commerce, CA 90040  
Phone: (323) 201-4516  
[airie@jwchinstitute.org](mailto:airie@jwchinstitute.org)

**Right to Request Restrictions of Your Health Information:** You have the right to ask us to follow special restrictions when using or providing your health information for treatment, payment or health care operations.

**Right to Ask for Restrictions When You Fully Pay Out-of-Pocket:** You have the right to request a restriction on the disclosure of your health information to a health plan for purposes of payment or health care operations if you or someone else paid out-of-pocket, in full, for a health care item or service.

**Right to Choose Someone to Act for You:** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure this person has the proper authority before we take any action.

**Right to Receive Confidential Communications:** You have the right to ask that we communicate with you about your appointments or other matters related to your treatment in a specific way (e.g., only calling you at work).

**Right to Access, Inspect, and Copy Your Health Information:** With certain exceptions, such as records considered psychotherapy notes, you have the right to see and get a copy of the medical records we have of your care. To inspect and copy your medical records you must make your request in writing.

**Right to Amend Your Health Information:** If you feel that the health information contained in your medical record is incorrect or incomplete, you may ask us to correct or update the information. You have the right to request an amendment for as long as we keep the health information. To request an amendment you must make your request in writing.

**Right to Receive an Accounting of Disclosures of Health Information:** You have the right to ask for an accounting of certain disclosures of your health information made by Wesley Health Centers. This is a list of disclosures we made of your health information other than our own uses for treatment, payment and health care business.

**Right to Obtain a Paper Copy of Notice:** You have the right to receive a paper copy of this Notice at any time, even if you have already received a copy or have agreed to receive this Notice electronically. You may obtain a paper copy of this Notice from the facility where you obtain health care. An electronic copy of this Notice is also available on our website: <http://jwchinstitute.org/about-us/privacy/>.

### **CHANGES TO THIS NOTICE**

We may change this Notice when the law or our practices change. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. You will not automatically receive a new Notice. If we change this Notice, we will post the revised Notice in our facilities and on the above-mentioned websites. You may also obtain any revised Notice from the facility where you obtain health care.

### **HOW TO FILE A COMPLAINT**

If you believe your privacy rights have been violated by us, you may file a complaint. The law prohibits retaliation against an individual for filing a complaint.

Privacy Office  
JWCH Institute, Inc.  
5650 Jillson St  
Commerce, CA 90040  
Phone: (323) 201-4516  
[airie@jwchinstitute.org](mailto:airie@jwchinstitute.org)

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights:

Region IX, Office for Civil Rights  
U.S. Department of Health and Human Services  
90 7<sup>th</sup> St. Suite 4-100  
San Francisco, CA 94103  
Phone: (800) 368-1019 (TDD: 800-537-7697)  
[www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)

Medi-Cal members can file a complaint with the California Department of Health Care Services (DHCS).

***Medi-Cal members only***

DHCS Privacy Officer

P.O. Box 997413 MS 4721

Sacramento, CA 95899-7413

Phone: (866) 866-0602 (TTY/TTD: 877-735-2929)

[privacyofficer@dhcs.ca.gov](mailto:privacyofficer@dhcs.ca.gov)

Members receiving health care through any County of Los Angeles programs can file a complaint with the county.

***Participants in county health programs only***

County of Los Angeles

**Department of Health Services**

Privacy Officer

313 N. Figueroa Street, Room 703

Los Angeles, CA 90012

(800) 711-5366

County of Los Angeles

**Department of Mental Health**

Director of Patients' Rights Office

550 South Vermont Avenue

Los Angeles, CA 90020

(800) 700-9996