

NOTICE OF PRIVACY PRACTICES

Effective Date: 01/01/2002

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.

We are required by law to have policies and procedures that protect the privacy of information about you. This statement provides a summary of those policies and procedures.

We are required by law to provide this information to all individuals that request and obtain services at Open Door health centers. We do this by posting this Notice in the Reception Area of each of our health centers, and by providing this summary in our patient information packet. Should our privacy practices change in the future, we will notify patients by promptly posting our new policy and by making revised Notices available to all patients.

How we use information about you

- Each patient is asked to complete a Consent to Treatment form. One of the functions of this consent is to give us permission to use and disclose your individual information for health care and business operations (that is, for providing and coordinating your health services, and obtaining payment for those services).
- We request from you only the information that we need for health care and business operations. This information includes your health history and basic personal information (such as your address, phone number, insurance information, social security number, family income, and so on).
- Within our health centers, access to information about you is limited to those employees that need the information in order to perform their jobs. For example, billing staff use your personal information in order to bill for services, but do not access your personal health history.
- We share information about you with others that are involved in your health care. For example, we send basic information (such as services received and diagnoses) to insurances or programs that pay for the services. Another example is when your health care provider refers you to a specialist or another provider, and he or she sends relevant sections of your medical history. These types of disclosures are directly related to the health care that we provide or coordinate and are covered under your Consent to Treatment.
- We disclose certain information in very specific special situations, for example, to report abuse, violence or neglect, or to report communicable diseases. These disclosures are required by law.
- As part of our management and quality improvement programs, we pool your information with that of other patients for analysis. In such cases, your information is no longer linked to you as an individual.

When we need your permission to disclose information

Any release of information about you that does not fall into the above categories requires a written authorization from you. You will be asked to complete an Authorization to Release form and to tell us exactly what sections of your information we can release, and to whom. If this form is not correct and complete, we can not release your individual information.

Your Rights Concerning your individual information

You have certain specific rights to control your individual health information. These rights are summarized below. We have policies and procedures in place regarding each of these items. You may contact your provider, or a medical records supervisor, for more information about any of these rights.

Right to Revoke Authorization - You have the right to revoke a previously made authorization to release.

Right to Request Restrictions on Disclosure – You have the right to request that we not disclose all or part of your individual information, even for the health care and business operations discussed above. As a health care provider, we are not required to agree to your request, and we do not encourage any restriction that would impact the sharing of information that is important to maintaining your health. However, there may be situations when such a restriction is appropriate. You are encouraged to discuss this with your health care provider who will provide you with more information should a restriction be necessary.

Right to Access your Health Care Records - You have the right to inspect your health care records in the presence of a health care provider, and to have a copy of those records.

Right to Amend or Correct your Health Care Records – You have the right to provide a written addendum to correct any portion of your health care record that you feel is inaccurate.

Right to Know how your Records have been Disclosed - You have the right to receive a history of the disclosures of your health care records.

What to do if You Suspect that your privacy has been violated

We encourage our staff to report any suspected privacy violations, either intentional or unintentional. We also encourage you to make a report any time that you feel your privacy may have been violated. No individual will ever be discrimination against for making a report.

You may make a report in the following ways:

- Phone (707) 826-8633 x132
- Fax a report to: (707) 826-8628 Attn: Compliance Director
- E-mail a report to: odchcs@opendoorhealth.com
- Send a written report to: Open Door Community Health Centers
Attn: Compliance Director
670 Ninth Street, Suite 203
Arcata, CA 95521

You will also have the right to report suspected privacy violations to the Federal Office of Civil Rights after federal privacy legislation goes into full force in April 2003.