



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.

We are required by law to provide this information to all individuals that request and obtain services at Open Door Community Health Centers. We do this by posting a summary of this Notice in the reception area of each of our health centers, and by providing this Notice 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

- We ask each patient to complete a Consent to Treatment form. This consent gives us permission to use and disclose your individual information for healthcare and business operations. This means you allow us to share your information when it is needed to provide care, coordinate health services, and obtain 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. Examples of this are your address, phone number, insurance information, social security number, and family income.
- We limit access to your information to those employees that need the information in order to do 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. Your provider sends related sections of your medical history to the specialist. These types of disclosures are directly related to the health care that we provide or coordinate and are allowed under your Consent to Treatment.
- We disclose some information in very specific situations that are required by law for example to report abuse, violence or neglect, or to report communicable diseases.
- As part of our management and quality improvement programs, we group your information with that of other patients for analysis. When this is done, your personal information is removed and it is no longer linked to you.
- ODCHC is part of an organized health care arrangement including participants in OCHIN. A current list of OCHIN participants is available at www.ochin.org as a business associate of ODCHC, OCHIN supplies information technology and related services ODCHC and other OCHIN participants. OCHIN also engages in quality assessment and improvement activities on behalf of its participants. For example, OCHIN coordinates clinical review activities on behalf of participating organizations to establish best practice standards and assess clinical benefits that may be derived from the use of electronic health record systems. OCHIN also helps participants work collaboratively to improve the management of internal and external patient referrals. Your personal health information may be shared by ODCHC with other OCHIN participants or a health information exchange only when

necessary for medical treatment or for the health care operations purposes of the organized health care arrangement. Health care operation can include, among other things, geocoding your residence location to improve the clinical benefits you receive.

The personal health information may include past, present and future medical information as well as information outlined in the Privacy Rules. The information, to the extent disclosed, will be disclosed consistent with the Privacy Rules or any other applicable law as amended from time to time. You have the right to change your mind and withdraw this consent, however, the information may have already been provided as allowed by you. This consent will remain in effect until revoked by you in writing. If requested, you will be provided a list of entities to which your information has been disclosed.

- We may participate in one or more health information exchanges (HIEs). HIEs may electronically share medical information for treatment, payment and health care operation purposes with other participants in the HIEs. HIEs allow your health care providers to quickly access and use medical information necessary for your treatment and other lawful purposes. The addition of your medical information in a HIE is voluntary and subject to your right to opt-out. More information on any HIE in which we participate or how you can exercise your right to opt-out can be found at: <https://www.nchiin.org/Optout.aspx>

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 discriminated against for making a report.

You may make a report in the following ways:

- Phone: (707) 826-8633 x 5176
- Fax: (707) 630-5131 Attn: Privacy Officer
- Email: privacyofficer@opendoorhealth.com
- Send a written report to: Open Door Community Health Centers
Attn: Privacy Officer
1275 8th Street
Arcata, CA 95521