



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.

In this notice we use the terms "we", "us", and "our" to describe La Clínica. For more details, please refer to section IV of this notice.

I. OUR RESPONSIBILITY TO PROTECT YOUR PROTECTED HEALTH INFORMATION (PHI)

We are required by law to maintain the privacy of "protected health information" (PHI). "Protected health information" includes any identifiable information that we obtain from you or others that relate to your physical or mental health, the health care you have received, or payment for your health care. As required by law, this notice provides you with information about your rights and our legal duties and privacy practices with respect to the privacy of protected health information. This notice also discusses the uses and disclosures we will make of your protected health information. We must comply with the provisions of this notice, although we reserve the right to change the terms of this notice from time to time and to make the revised notice effective for all protected health information we maintain. You may request a copy of our most current privacy notice from our office.

We take these responsibilities seriously and endeavor to take the appropriate steps to safeguard and protect the privacy of your PHI entrusted to us.

In the course of providing health care or health care related services, we maintain or collect various types of PHI from members and patients and other sources, including other health care providers. The medical information may be used or disclosed, for example, to provide health care services and customer services, evaluate benefits and claims, administer health care coverage, measure performance (utilization review), detect fraud and abuse, conduct investigations, review the competence or qualifications of health care professionals, and fulfill legal and regulatory requirements. The types of PHI that we collect and maintain about members and patients include, for example:

- Hospital, medical, mental health and substance abuse patient records, laboratory results, X-ray reports, pharmacy records, and appointment records.
- Information from members/patients, for example, through surveys, applications and other forms, and online communications.
- Information about your relationship with La Clínica such as medical services received, claims history, and information from your benefits plan sponsor or employer about group health coverage you may have.

II. WHAT IS PROTECTED HEALTH INFORMATION (PHI)?

Your protected health information (PHI) is health information about you that contains identifiers, such as your name, address, phone number, social security number, or other information that identifies who you are. For example, your medical record is PHI because it includes your name, other identifiers, and may contain personal and sensitive medical information about you.

III. YOUR RIGHTS REGARDING YOUR PHI

As required by law, this notice provides you with information about your rights and our legal duties and privacy practices with respect to the privacy of your protected health information. This section describes your rights related to your PHI, and it also describes how you can exercise these rights.

Your Right to Access/Copy Your PHI (Inspect or Receive Copies)

You have a right to access, inspect or obtain a copy of the protected health information contained in your medical and billing records and in any other practice records used by us to make decisions about you. You may inspect or receive copies of your PHI in designated record sets such as your

medical record or billing records. To request access to your PHI, please write us at the contact address at the end of this notice or if you know the name of the provider or medical office where you received your care, please write to us at that address.

Once we receive your written request, we will let you know when and how you can inspect or obtain a copy of your record. If you agree, we will give you a summary or explanation of your PHI instead of providing copies. We may charge you a fee for the copies, summary, or explanation.

- **Access to Certain Information in Electronic Format**

In the case that we use or maintain an electronic health record with respect to protected health information of an individual, you (1) have a right to obtain a copy of such information in an electronic format. You may request that we send such a copy directly to an entity or person designated by you, provided that any such choice is clear, conspicuous, and specific. We may charge a fee to provide a copy of your protected health information in an electronic form, not to exceed our labor costs in responding to your request. In limited situations, we may also deny a request for access to protected health information if:

- A licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger your life or physical safety or that of another person.
- The protected health information makes reference to another person (unless such other person is a health care provider) and a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to such other person.
- The request for access is made by the individual's personal representative and a licensed health care professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to you or another person.

If we deny a request for access for any of the reasons described above, then you have the right to have our denial reviewed in accordance with the requirements of applicable law.

Your Right to Confidential Communications

You have the right to reasonably request to receive confidential communications of protected health information by alternative means or at alternative locations. For example, you may reasonably request that we send your PHI to you at a different address (i.e. your work address) or by different means (i.e. by fax instead of regular mail). If the cost of meeting your request is not more than a reasonable additional amount, we are permitted to charge you our costs that exceed that amount.

Your Right to Correct/Amend/Update Your PHI

You may request that we correct or add to the record, if you believe there is a mistake in your PHI or that important information is missing. Please write us and explain what you are asking for and why the correction or addition should be made.

After receiving your request, we will review your request and provide a response to you in writing. If we approve your request, we will make the correction or addition to your PHI. If we deny your request, we will explain why and advise you of your right to file a written statement of disagreement. Your statement must be limited to 250 words for each item in your record that you believe is incorrect or incomplete. You must also let us know in writing if you want us to include your statement in future disclosures we make, for that part of your record. We may include a summary instead of your statement.

Your Right to an Accounting of Disclosures of PHI

You may request a list of our disclosures of your PHI. Please write us and specify the time period you are requesting.

The list we give you will include disclosures made in the last six years, unless you request a shorter time. You are entitled to one disclosure accounting in any 12-month period at no charge. If you request any additional accountings less than 12 months later, we may charge a fee.

- **Accounting of Disclosures When Using an Electronic Health Record**

In the case that we use or maintain an electronic health record with respect to protected health information, you have a right to receive an accounting of disclosures during only the three years prior to the date on which the accounting is requested.

In response to a request from an individual for an accounting, we may elect to provide either an (1) accounting for disclosures of protected health information that are made by us and by a business associate acting on our behalf; or (2) accounting for disclosures that are made by us and provide a list of all business associates acting on our behalf, including contact information for such associates (such as mailing address, phone, and email address).

A business associate included on a list shall provide an accounting of disclosures made by the business associate upon a request made by an individual directly to the business associate for such an accounting.

An accounting does not include certain disclosures — for example, disclosures that occurred prior to April 14, 2003; disclosures for which La Clínica had a signed authorization; disclosures of your PHI to you; disclosures from a facility directory; disclosures for notifications for disaster relief purposes; or disclosures to persons involved in your care and persons acting on your behalf.

Your Right to Restrict Uses and Disclosures of Your PHI

You have the right to request restrictions on our uses and disclosures of protected health information for treatment, payment and health care operations.

However, by law we are not required to agree to your request. We will however, review and consider your request.

You may write to us or the provider or medical office where you received your care for consideration of your request. If we do agree to your request, we are obliged to abide by that agreement.

You have a right to request restrictions on disclosures of protected health information, which we must comply with, if (1) the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the protected health information pertains solely to a health care item or service for which the we have been paid out of pocket in full.

Your Right to Receive a Paper Copy of this Notice

You have a right to receive a paper copy of this notice upon request. Please write to us at:

La Clínica de La Raza, Inc.
Attention: Privacy Officer
P.O. Box 22210, Oakland, CA 94623

IV. LA CLÍNICA AND OTHERS SUBJECT TO THIS NOTICE

This notice applies to La Clínica which includes:

- Providers/Practices within the La Clínica network.
- Affiliated Providers/Practices with La Clínica
- Business Associates of La Clínica
- Affiliated organizations with whom La Clínica conducts business.

La Clínica includes health care delivery sites, medical offices, hospitals, ambulatory surgery centers, and any other licensed facilities of La Clínica, member services, and our member Web sites.

To provide you with the health care you expect, to treat you, to pay for your care, and to conduct our operations, such as quality assurance, accreditation, licensing and compliance, La Clínica and its business associates share your PHI with each other.

Our personnel may have access to your PHI either as employees, physicians, professional staff members of medical offices and facilities and others authorized to enter information in a medical record, volunteers, or persons working with us in other capacities.

V. HOW WE MAY USE AND DISCLOSE YOUR PHI

Your confidentiality is important to us. Our physicians and employees are required to maintain the confidentiality of the PHI of our members/patients and we have policies and procedures and other safeguards to help protect your PHI from improper use and disclosure.

We are allowed by law to use and disclose certain PHI without your written permission. These uses and disclosures are generally categorized as treatment, payment, health care operations, and as required by law. Below are some examples of these uses and disclosures. How much PHI is used or disclosed without your written permission will vary depending on the intended purpose of the use or disclosure. Sometimes we may only need to use or disclose a limited amount of PHI. For example, we may send you an appointment reminder. At other times, we may need to use or disclose more PHI such as when we are providing medical treatment.

- **Treatment**

Your PHI is most commonly and importantly used and disclosed in the course of treating or providing health care to you. For example, our physicians, nurses, and other health care personnel, including trainees, involved in your care, use and disclose your PHI to evaluate, diagnose, treat, and otherwise provide for your health care needs. Our personnel will use and disclose your PHI in order to help provide and coordinate the care and services you need. For example — prescriptions, X-rays, and lab work. If you need care from health care providers who are not part of or affiliated with La Clínica, such as community resources to assist with your health care needs at home, we may disclose your PHI to them.

- **Treatment Alternatives and Health-Related Benefits and Services**

In some instances, the law permits us to contact you: 1) to describe our network or describe the extent to which we offer and pay for various products and services; 2) for your treatment; 3) for case management and care coordination; or 4) to direct or recommend available treatment

options, therapies, health care providers, or care settings. For example, we may tell you about a new drug or procedure or about educational or health management activities.

- **Payment**

Your PHI may be used or disclosed to permit us to bill and collect payment for, or determine our responsibility to pay for treatment and health-related services that you receive. For example, we may have an obligation to pay for health care you receive from an outside provider. When you or the provider sends us the bill for health care services, we use and disclose your PHI to determine how much, if any, of the bill we are responsible for paying.

- **Health Care Operations**

We may use and disclose your PHI for certain health care operations — for example, quality assessment and improvement, quality or management reports, training and evaluation of health care professionals, licensing, accreditation, and determining premiums or other costs of providing health care, and for other health care operations of the organization.

- **Electronic Systems:**

- **Electronic Medical Records (EMR)**

- **Electronic Health Records (EHR)**

- **Electronic Practice Management (EPM)**

We use electronic medical/health record systems because we believe they are an important part of providing efficient and safe health care. Our employees, affiliated physicians and their staff may be allowed access to your health information through our electronic medical record systems. We have established policies and procedures and technical safeguards to help protect the privacy and security of the health information we maintain, collect and use during the course of providing care. Physicians and other health care providers not employed by us are also responsible for establishing safeguards to protect the health information they receive from us. Please contact your health care providers if you have questions about how they protect your medical information.

- **Health Information Organizations / Health Information Exchanges**

Health Information Organizations (HIO) and Health Information Exchanges (HIE) makes it possible to securely move your personal health and medical information electronically between your doctors, hospitals, and other health care providers when it is needed for your care. Health information exchanges significantly improve patient care safety, quality, and efficiency by allowing secure, electronic access to critical patient information when and where the provider needs it for your care. We participate with health information organizations for purposes of health information exchanges because we believe it is an important part of providing efficient and safe health care and as such physicians, providers and their staff that participate with health information organizations for health information exchanges may be allowed access to your health information for the provision of your care. All data sharing is carried out pursuant to State and Federal laws involving patient consent, privacy, and security. In addition, data security and data encryption along with full privacy and confidentiality compliance is provided at all times.

- **Business Associates**

We may contract with business associates to perform certain functions or activities on our behalf, such as payment and health care operations. These business associates must agree to safeguard your PHI.

- **Appointment Reminders**

Your PHI may be used to contact you about appointments for treatment or other health care you may need.

- **Specific Types of PHI**

There are stricter requirements for use and disclosure of some types of PHI—for example, mental health and drug and alcohol abuse patient information, HIV tests, and genetic testing information. However, there are still circumstances in which these types of information may be used or disclosed without your authorization.

- **Communications with Family and Others when You are Present**

Your PHI may be disclosed when a family member or other person involved in your care is present when we are discussing your care or PHI with you. If you object to this type of disclosure, please let us know and we will strive to keep such discussions private.

- **Communications with Family and Others when You are Not Present**

There may be times when it is necessary to disclose your PHI to a family member or other person involved in your care because there is an emergency, you are not present, or you lack the decision making capacity to agree or object. In those instances, we will use our professional judgment to determine if it's in your best interest to disclose your PHI. If so, we will limit the disclosure to the PHI that is directly relevant to the person's involvement with your health care. For example, we may allow someone to pick up a prescription for you.

- **Disclosure in Case of Disaster Relief**

We may disclose your name, city of residence, age, gender, and general condition to a public or private disaster relief organization to assist disaster relief efforts, unless you object at the time.

- **Disclosures to Parents as Personal Representatives of Minors**

In most cases, we may disclose your minor child's PHI to you. In some situations, however, we are required by law to deny you access to your minor child's PHI. An example of when we must deny such access, based on the type of health care, is when a minor who is 12 years of age or older seeks care for sexually transmitted diseases, or family planning and pregnancy related conditions.

Another situation when we must deny access to parents is when minors have adult rights' to make their own health care decisions. These minors include, for example, minors who were or are married or who have a declaration of emancipation from a court.

- **Facility Directories**

When you are a patient in one of our facilities, we may create a directory that includes your name, room location, and your general condition. This information may be disclosed to a person who asks for you by name. We may provide your religious affiliation, if any, to clergy. You may object to the use or disclosure of some or all of this information. If you do object, we will not disclose this information to visitors or other members of the public.

- **Research**

La Clínica may engage in important research. Some of our research may involve medical procedures and some is limited to collection and analysis of health data. Research of all kinds may involve the use or disclosure of your PHI. Your PHI can generally be used or disclosed for research without your permission if an Institutional Review Board (IRB) approves such use or disclosure. An IRB is a committee that is responsible, under federal law, for reviewing and approving human subjects' research to protect the safety of the participants and the confidentiality of PHI.

- **Organ Donation**

We may use or disclose PHI to organ-procurement organizations to assist with organ, eye or other tissue donations.

- **Public Health Activities**

Public health activities cover many functions performed or authorized by government agencies to promote and protect the public's health and may require us to disclose your PHI.

- For example, we may disclose your PHI as part of our obligation to report to public health authorities certain diseases, injuries, conditions, and vital events such as births. Sometimes we may disclose your PHI to someone you may have exposed to a communicable disease or who may otherwise be at risk of getting or spreading the disease.

- The Food and Drug Administration (FDA) is responsible for tracking and monitoring certain medical products, such as pacemakers and hip replacements, to identify product problems and failures and injuries they may have caused. If you have received one of these products, we may use and disclose your PHI to the FDA or other authorized persons or organizations, such as the maker of the product.

- We may use and disclose your PHI as necessary to comply with federal and state laws, for example, such as those that govern workplace safety.

- **Health Oversight Activities**

As health care providers, we are subject to oversight conducted by federal and state agencies. These agencies may conduct audits of our operations and activities and in that process, may review your PHI.

- **Disclosures to Your Employer or Your Employee Organization**

If you are enrolled in an employer sponsored health plan, we may share certain PHI with the employer without your authorization, but only when allowed by law. For example, we may disclose your PHI for a workers' compensation claim or to determine whether you are enrolled in the plan or whether premiums have been paid on your behalf.

For other purposes, such as for inquiries by your employer or employee organization on your behalf, we will obtain your authorization when necessary under applicable law.

- **Workers' Compensation**

In order to comply with workers' compensation laws, we may use and disclose your PHI. For example, we may communicate your medical information regarding a work-related injury or illness to claims administrators, insurance carriers, and others responsible for evaluating your claim for workers' compensation benefits.

- **National Security**

We may disclose your PHI to authorized federal officials as necessary for national security and intelligence activities or for protection of the president and other government officials and dignitaries.

- **Military Activity**

We may sometimes use or disclose the PHI of armed forces personnel to the applicable military authorities when they believe it is necessary to properly carry out military missions.

- **Marketing**

We may use and disclose your PHI to contact you about benefits, services, or supplies that we can offer you.

- **Fundraising**

We may use or disclose PHI to contact you to raise funds for our organization.

- **Required by Law**

In some circumstances federal or state law requires that we disclose your PHI to others. For example, the secretary of the Department of Health and Human Services may review our compliance efforts, which may include seeing your PHI.

- **Lawsuits and Other Legal Disputes**

We may use and disclose PHI in responding to a court or administrative order, a subpoena, or a discovery request. We may also use and disclose PHI to the extent permitted by law without your authorization, for example, to defend a lawsuit or arbitration.

- **Law Enforcement**

We may release or disclose PHI to authorized officials for law enforcement purpose. For example:

- In response to a court order, subpoena, warrant, summons or similar process
- To identify or locate a suspect, fugitive, material witness, or missing person

- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement

- About a death we believe may be the result of a criminal conduct

- About criminal conduct on our premises

- In emergency circumstances to report a crime; the location of the crime or victims or the identity, description or location of the person who committed the crime

- **Serious Threat to Health or Safety**

We may use and disclose your PHI if we believe it is necessary to avoid a serious threat to your health or safety or to someone else's.

- **Abuse or Neglect**

By law, we may disclose PHI to the appropriate authority to report suspected child abuse or neglect or to identify suspected victims of abuse, neglect, or domestic violence.

- **Coroners and Funeral Directors**

We may disclose PHI to a coroner or medical examiner to permit identification of a body, determine cause of death, or for other official duties. We may also disclose PHI to funeral directors.

- **Inmates**

Under the federal law that requires us to give you this notice, inmates do not have the same rights to control their PHI as other individuals.

If you are an inmate of a correctional institution or in the custody of a law enforcement official, we may disclose your PHI to the correctional institution or the law enforcement official for certain purposes, for example, to protect your health or safety or someone else's.

VI. ALL OTHER USES AND DISCLOSURES OF YOUR PHI REQUIRE YOUR PRIOR WRITTEN AUTHORIZATION

Except for those uses and disclosures described above, we will not use or disclose your PHI without

your written authorization. When your authorization is required and provided to us, you may revoke that authorization at any time by notifying us in writing.

Revocation will not apply to any authorized use or disclosure of your PHI that occurred before we received your revocation. If you provided your authorization to secure a policy of insurance, including health care coverage, you may not be permitted to revoke it until the insurer can no longer contest the policy issued to you or a claim under the policy.

VII. CHANGES TO THIS NOTICE

We may change this notice and our privacy practices at any time, as long as the change is consistent with state and federal law. Any revised notice will apply both to the PHI we already have about you at the time of the change, and any PHI created or received after the change takes effect.

If we make an important change to our privacy practices, we will promptly change this notice and provide a new notice on our Web site at <http://www.laclinica.org>.

Except for changes required by law, we will not implement an important change to our privacy practices before we revise this notice.

VIII. HOW TO CONTACT US ABOUT THIS NOTICE OR TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you have any questions about this notice, or want to lodge a complaint about our privacy practices, please call or write us at:

La Clínica de La Raza, Inc.
Attention:
Privacy Officer / Information Security Officer
P.O. Box 22210
Oakland, CA 94623
(510)535-4000

You also may notify the Secretary of the U.S. Department of Health and Human Services or the California Department of Health Care Services Privacy Officer:

Privacy Officer
California Department of Health Care Services
P.O. Box 997413
MS 0010
Sacramento, CA 95899-7413
(916) 445-4646 (Voice)
(877) 735-2929 (TTY/TDD)

Secretary of the U.S. Department of Health and Human Services
Office of Civil Rights
Attention: Regional Manager
50 United Nations Plaza, Room 322
San Francisco, California 94102
(800)368-1019

We will not take retaliatory action against you if you file a complaint about our privacy practices.

IX. EFFECTIVE DATE OF THIS NOTICE

This notice is effective on October 1, 2012.

X. THANK YOU

We thank you for entrusting your health care to us.