

NOTICE OF PRIVACY PRACTICES ONE COMMUNITY HEALTH

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.

If you have any questions about this notice, please contact One Community Health's Privacy Officer at (916) 914-6279.

Our Pledge Regarding Medical Information:

We understand that information about you and your health is personal. We are committed to protecting the confidentiality of your medical information. We create a record of the care and services you receive at One Community Health and we may receive such records from others. We use these records to provide you with quality medical care and to comply with certain other legal requirements.

This Notice tells you about the ways in which we may use and disclose medical information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of your information.

We are required by law to:

- make sure that medical information that identifies you is kept private;
- give you this Notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the Notice that is currently in effect.

Who Will Follow This Notice:

This Notice describes our clinic's practices and that of:

- Any health care professional authorized to enter information into your medical chart.
- All departments of One Community Health.
- One Community Health Pharmacy
- All employees, contractors, volunteers, staff and other One Community Health personnel.

How One Community Health May Use or Disclose Your Health Information

The following categories describe the different ways that we may lawfully use and disclose medical information. The examples are not provided as an all inclusive list of the way your health information may be used. They are provided to describe, in general, the types of uses and disclosures that may be made.

1. For Treatment. We may use medical and social services information about you to provide you with comprehensive medical, dental, pharmacy and social services. For example, we may disclose health information about you to One Community Health's doctors, nurses, technicians, case workers, and other One Community Health employees who are involved in providing the care you need. We might also share your protected health information with a non-One Community Health provider or entity in

order to provide or coordinate non- One Community Health services, such as ordering outside lab work or an x-ray.

2. For Payment. We may use and disclose medical information about you to obtain payment for the services we provide. For example, we give your health plan the information it requires before it will pay us. We may also contact a health plan or third-party payor about a treatment or service you are going to receive to obtain for prior approval or to determine what your plan may cover.

3. For Health Care Operations. We may use and disclose protected health information about you to operate this Clinic. These uses and disclosures are necessary to run One Community Health and ensure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the staff caring for you. We may also combine information about many clinic patients to make operational decisions, for example, to determine what additional services the clinic should offer or if a certain treatment is effective. We may also disclose information to our staff for learning and review purposes. We may also compare the information we have with other clinics or organizations to compare how we are doing and to make improvements in the services and care we offer. We may remove information that identifies you from these sets of medical information so that others may use it without learning who the specific patients are.

We may also share your protected health information with a third-party "business associate," that is assisting us with clinic operations. For example, we might share protected health information a billing service performing administrative services or with an information technology firm assisting us with our electronic medical record maintenance. Information might also be disclosed to a third-party for the purposes of encrypting, encoding, or otherwise anonymizing the data. We have a written contract with each of these business associates requiring them to protect the confidentiality of your protected health information.

4. For Health-Related Benefits and Alternative Services. We may use and disclose medical information to tell you about health-related services, benefits or programs that might benefit you. We may also disclose medical information to tell you about or recommend possible treatment options or alternatives.

5. To Individuals Involved in Your Care. We may release health information about you to a friend or family member who is involved in your medical care or who helps pay for your care. In addition, in the event of a disaster, we may disclose information about you to an entity assisting in a disaster relief effort. California law requires that only basic information such as your name, city of residence, age, sex and general condition be provided in response to a disaster welfare inquiry.

6. As Required by law. We will disclose medical information about you when required to do so by federal, state or local law. For example, in some circumstances the law may require your physician to report instances of abuse, violence or neglect.

7. To Avert a Serious Threat to Health or Safety. We may use or disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent or lessen the threat.

8. For Research Purposes. In accordance with One Community Health's mission to improve the quality of care and services provided to those individuals living with HIV/AIDS, One Community Health participates in numerous research projects conducted by the University of California-Davis Health System, Division of Infectious Disease ("UC-Davis"). All research projects conducted by UC-Davis are reviewed and approved through a special review process to protect patient safety, welfare and confidentiality. Your medical information may be important to research efforts and the development of new knowledge. We may use and disclose medical information for this purpose. On occasion, UC-Davis researchers or one of your health care providers may contact you about participating in a particular study. Your enrollment in any study is completely voluntary and enrollment can only occur if you have had the opportunity to ask questions, understand the study, and indicate your willingness to participate by signing a consent form. Other studies may be performed using information about your treatment without requiring informed consent. For example, a research study may involve comparing the health of patients who receive one medication to those patients on another treatment regimen.

Special Situations

9. Public Health Risks. We may disclose information about you for public health purposes. These purposes generally include the following:

- preventing or controlling diseases (such as cancer and tuberculosis), injury or disability;
- reporting vital events such as births and deaths;
- reporting child abuse or neglect;
- reporting adverse events or reactions related to foods, drugs, or products;
- notifying persons of recalls, repairs or replacements of products they may be using;
- notifying a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition;
- notifying the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence and make this disclosure as required or authorized by law.

10. Health Oversight Activities. We may disclose medical information to governmental, licensing, auditing and accrediting agencies for activities authorized by federal and California law.

11. Lawsuits and Other Legal Actions. In connection with lawsuits or other legal proceedings we may disclose information about you in response to a court or administrative order, or in response to a subpoena, discovery request, warrant, summons or other lawful proceeding.

12. Law Enforcement. We may, when required by law, disclose your health information to a law enforcement official when complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.

13. Coroners, Medical Examiners and Funeral Directors. We may, and are often required by law, to disclose your health information to coroners, medical examiners and/or funeral directors in order to assist these professionals with their investigation of death or to enable them to carry out their professional duties.

14. Organ or tissue donation. We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues. You may request, in writing, a restriction on how much information we share when responding to requests about the appropriateness of procuring, banking or transplanting organs and tissues. Since HIV usually represents a reason not to do these activities, you may ask us in writing to simply say it is not medically appropriate without providing more information about the reasons why it is not appropriate

15. Military, National Security and Intelligence Activities. As required by law, we may disclose medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. We may also release medical information about you to federal officials so they may provide protection to the President, other authorized persons or foreign heads of states. Also, if you are or were a member of the armed forces, we may release information about you to military command authorities if the law so requires.

16. Inmates. If you are an inmate of a correctional institution or under the custody of law enforcement officials, we may release medical information about you to the correctional institution or to a law enforcement official. This release would be necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the safety of others; or (3) for the safety and security of the correctional institution.

17. Worker's compensation. We may disclose your health information as necessary to comply with Worker's Compensation laws. These programs provide benefits for work-related injuries or illnesses. For example, to the extent your care is covered by Workers' Compensation, we will make periodic reports to your employer about your condition. We are also required to report cases of occupational injury or occupational illness to the employer or workers' compensation insurer.

18. Outreach and Fundraising Activities. We will not use or disclose your personal medical information in any of outreach or fundraising activities. However, we may use aggregate demographic data for such activities. For example, we might create a

brochure to hand out at events that lists the number of One Community Health patients, and provides basic demographic information about our patients in aggregate. We may also send out fundraising information to individuals who have made donations in the past or future and past patients. If you want to exclude your personal information from being used in this way, notify the Privacy Officer listed at the top of this Notice of Privacy Practices.

YOU RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

1. Right to Inspect and Copy. With certain exceptions, you have the right to inspect and copy your health information that may be used to make decisions about your care. To access your protected health information, you must submit a request, in writing to: One Community Health Practice Manager. If you request a copy of this information, we may charge you a reasonable fee.

We may deny your request under limited circumstances. If we deny your request to access your records, you have the right to appeal our decision. If we deny your request to access your psychotherapy notes, you have the right to have them transferred to another health professional.

If your written request clearly, conspicuously and specifically asks us to send you or some other person or entity an electronic copy of your medical record, and we do not deny the request, as discussed below, we will send a copy of the electronic record as you requested and will charge you no more than what it costs us to respond to your request.

2. Right to Amend or Supplement. If you feel that the medical information that we have about you is incorrect or incomplete, you may ask us to amend the information or add an addendum. You have the right to seek an amendment or addendum for as long as the information is kept by One Community Health.

To request an amendment or addendum a request must be made, in writing, and submitted to: One Community Health Practice Manager. In addition, you must provide a reason that supports your request.

We may deny your request if it is not in writing or if the reason for the request is improper. In addition, we may deny your request if you ask us to amend information that:

- Was not created by One Community Health;
- Is not part of the medical information kept by or for One Community Health;
- Is not part of the information which you would be permitted to inspect or copy;
or
- Is accurate and complete in the record.

An addendum may not be more than 250 words per alleged incomplete or incorrect item in your record.

3. Right to an Accounting of Disclosures. You have a right to receive an “accounting of disclosures.” This is a list of the disclosure we have made of medical information about you that were for the purposes other than treatment, payment, or health care operations and certain other purposes. To request an accounting of disclosures, you must submit your request, in writing to: One Community Health Compliance Director.

Your request should also indicate in what form you want the list (for example, on paper or electronically.) The first request within a 12-month period will be free. For additional lists we may charge you for the costs of providing the list. We will notify you of the cost and you may choose to withdraw or modify your request.

4. Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a specific medication you are taking.

To request restrictions, you must make your request in writing to: One Community Health Practice Manager. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want these limits to apply, for example, disclosures to your spouse.

In general, *we are not required to agree with your request.* If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or we are compelled to disclose the information under the law. However, if: (1) you tell us not to disclose health information to your commercial health plan, and (2) you pay for the services out-of-pocket and in-full at the time of service, we are required by law to comply with your request.

5. Right to Request Confidential Communications. You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask that we send information to your work address. We will comply with all reasonable requests submitted in writing to: One Community Health Practice Manager. The request must specify how or where you wish to receive these communications.

6. You have a right to a paper copy of this Notice of Privacy Practices, even if you have previously requested its receipt by e-mail.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact our Privacy Officer listed at the top of this Notice of Privacy Practices.

BREACH NOTIFICATION

If, despite One Community Health efforts to keep your private health information confidential, a breach of unsecured protected health information occurs, we will notify you as required by law. In some instances, our business associate may provide the notification. The law also requires us to report any breach of protected health information to both state and federal authorities.

CHANGES TO THIS NOTICE OF PRIVACY PRACTICES

We reserve the right to change One Community Health privacy practices and this Notice at any time. Until such amendment is made, we are required by law to comply with this Notice. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted in our reception area, and will offer you a copy at your next appointment after changes have been made. We will also post the current notice on our website.

COMPLAINTS

Complaints about this Notice of Privacy Practices or how One Community Health handles your health information should be directed to our Privacy Officer listed at the top of this Notice of Privacy Practices. Complaints can also be made via the One Community Health Compliance Line (877) 316-0213. You will not be penalized for filing a complaint.

If you are not satisfied with the manner in which One Community Health handles a complaint, you may submit a formal complaint to:

Region IX
Office of Civil Rights
U.S. Department of Health & Human Services
90 7th Street, Suite 4-100
San Francisco, California 94103
(415) 437-8310; (415) 437-8311 (TDD)
(415) 437-8329 FAX
OCRMail@hhs.gov

The complaint form and additional information on filing a complaint, visit:
<http://www.hhs.gov/ocr/privacyhowtofile.htm>