

Notice of Privacy Practice



This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Please review carefully.

OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION...

We create a record of your care and services you receive with us to provide quality care. We also need this record to comply with certain legal and regulatory requirements. This notice will tell you about the ways we may use and disclose your PHI. This document also describes your rights and obligations regarding the use of PHI.

Our Responsibilities to you:

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice, posting the NPP in a clear prominent place in all facilities & post to our website.
- We will not use or share your information other than as described here unless you tell us we can in writing (see Release of Information Form).
- During your admission process you were provided information on this Notice of Privacy Practice. You may have allowed authorization to release information for the purposes of providing care. You may change your mind at any time.
- If we admit you during a crisis and do not have the opportunity to go over these rights and obligations, we will do so as soon as reasonably practical.
- We can change the terms of this notice, and the changes will apply to all information we have about you.
- This Notice of Privacy Practices applies to both former and current clients receiving services at GLOM-ARF.

Our Uses and Disclosures:

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us if it is ok to share information with your family, close friends, or others involved in your care, what we can share and the length of time we are authorized to share.

We never share your information for:

- Marketing purposes
- Sale of your information
- Psychotherapy notes (unless legally requested or permitted)

We typically use or share your health information in the following ways:

- We can use your health information and share it with other professionals who are treating you.
Example: A doctor treating you for an injury asks another doctor about your overall health condition.
- We can use and share your health information to run our practice, improve your care, and contact you when necessary.
Example: We use health information about you to manage your treatment and services.
- We can use and share your health information to bill and get payment from health plans or other entities.
Example: We give information about you to your health insurance plan so it will pay for your services.

We are allowed or required to share your information in other ways – usually in ways that contribute to your personal safety or the public good, such as public health, and research. We must meet many conditions in the law before we can share your information for these purposes. These examples provide certain situations that may apply: Reporting suspected abuse, neglect, or domestic violence, preventing or reducing a serious threat to health or safety. We will share information about you if state or federal laws require it, including with the Department of Health and Human Services, if it wants to see that we're complying with federal privacy law. We can also use or share health information about you for workers' compensation claims, law enforcement purposes, health oversight agencies for activities authorized by law, special government functions such as military, national security, and presidential protective services, and responding to lawsuits, legal actions, or in response to a subpoena.

Your Rights:

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

- You can ask to see or get an electronic or paper copy of your service record and other health information we have about you.
- We will provide a copy or a summary of your health information, usually within 30 days of your request.
- You can ask us to revoke your authorization at any time.
- You can ask us to inspect and correct any health information about you that you think is incorrect or incomplete.
- You can ask us to contact you in a specific way or to send mail to a different address prior to service, while away from services and/or once your services are complete.
- You can ask us not to use or share certain health information for treatment, payment, or our services.
- We are not required to agree to your request, and we may say "no" if it would negatively affect your care. You will be notified in this rare case as to why and you can appeal.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.
- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and service, and certain other disclosures.
- 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 the person has this authority and can act for you before we take any action.
- You can ask for a paper copy of this notice at any time. We will provide you with a paper copy promptly.

If you feel the rights listed here have been violated or you have a complaint regarding the privacy and/or security of your health information, you can contact your local HIPAA Compliance Department or the USDHH office listed below:

Effective Dec 3, 2021 Last Revised: February 8, 2023 Version: #1.1

YOU CAN FILE A LOCAL COMPLAINT WITH:

**GLOM-ARF
HIPAA COMPLIANCE DEPARTMENT
3127 INDEPENDENCE DR
LIVERMORE, CA 94551
HOTLINE: #669**

EMAIL: HIPAA@GLOM-ARF.ORG

TO FILE A COMPLAINT WITH THE FEDERAL GOVERNMENT, CONTACT:

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
200 INDEPENDENCE AVENUE, S.W.
ROOM 509F HHH BLDG.
WASHINGTON, D.C. 20201
1(800) 368-1019**

EMAIL: OCRMAIL@HHS.GOV