



## **HIPAA NOTICE OF PRIVACY PRACTICES**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED, AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS DOCUMENT CAREFULLY.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a Federal program that ensures all medical records and other individually identifiable health information used or disclosed by **Exclusive Care** in various forms, whether handled electronically, paper, or orally are kept properly confidential. This act gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA issues penalties to covered entities that misuse personal health information.

As required by HIPAA, we have prepared this explanation of how **Exclusive Care** is required to maintain the privacy of your health information, and how we may use or disclose your health information. We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices.

**Exclusive Care** may use and disclose your medical records solely for the following purposes: treatment, payment, and health care operations.

- Treatment means providing, coordinating, or managing healthcare and related services by one or more health care providers. An example of this would include a physical examination, Worker's Compensation, military functions, or law enforcement. Also, Legal actions and/or subpoenas.
- Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.
- Health care operations include the business aspects of running our practice. These include activities such as conducting quality assurance reviews, product recalls, auditing functions, cost management analysis, and providing customer service.

**Exclusive Care** may use and disclose health information **only** with your specific written authorization from:

- Mental health records and psychotherapy notes;
- Substance abuse treatment records;
- Results of genetic testing, and
- Results of HIV testing.

Written authorization is required for each separate disclosure of these test results, and shall include to whom the disclosure would be made.

**Exclusive Care** may also create and distribute de-identified health information by removing all references to individually identifiable information. We will NEVER share your information for the purposes of sale of your information or marketing purposes.

**Exclusive Care** may use and disclose health information without your permission and without providing you the opportunity to agree or object:

- For Public Health activities
- For mandated reporting of abuse or neglect
- For Health oversight by Government
- To the minimum extent necessary to comply with judicial and administrative proceedings when compelled by court order, or in response to a subpoena, discovery request or other lawful process as allowed by law.
- To law enforcement In response to a court order, subpoena, warrant, summons or similar legal process;

You have the following rights with respect to your protected health information, which you can exercise by presenting written request to the Exclusive Care HIPAA Privacy Officer.

- The right to ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.



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- The right to ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.
- The right to a copy of your protected health information. We will provide a copy or a summary, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- The right to request an amendment of your protected health information. We may say “no” to your request, but we’ll tell you why in writing within 60 days.
- The right to receive an accounting of disclosures of protected health information for the 6 years prior to your request. We will include all the disclosures except for those about treatment, payment, and healthcare operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free, but will charge a reasonable cost-based fee for any additional requests within that time frame.
- The right to obtain a paper copy of this notice from us upon request.
- The right and choice to tell us to share information with your family, close friends, or others involved in payment for your care. If you are not able to tell us your preference we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

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 that person has this authority and can act for you before we take any action.

### **Exclusive Care Responsibilities:**

- 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 and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/privacy/hipaa/understanding/consumers/noticeapp.html](http://www.hhs.gov/privacy/hipaa/understanding/consumers/noticeapp.html)

This notice is effective and last revised as of May 31, 2017. We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our website, and we will mail a copy to you.

### **This notice of Privacy Practices applies to the following organizations:**

#### **Exclusive Care Health Plan**

#### **Exclusive Care Center for Optimal Health**

#### **Exclusive Care Rubidoux Pharmacy**

You have recourse if you feel that your privacy protections have been violated. You have the right to file a written complaint with our office or with the Department of Health and Human Services, Office of Civil Rights, about violations of the provisions in this notice, or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

For more information about HIPAA or to file a complaint, you may contact:

Exclusive Care  
P.O. Box 1508  
Riverside, CA 92502-1508  
Phone: 800-962-1133  
or visit: [www.exclusivecare.com](http://www.exclusivecare.com)

U.S. Dept. of Health and Human Services, Office of Civil Rights  
200 independence Ave., S.W.  
Washington, D.C. 20201  
Phone: (202) 619-0257 or 1-877-696-6775  
or visit [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)