

# HIPAA Notice of Privacy Practices

Health and Life Organization, Inc. (H.A.L.O.) dba Sacramento Community Clinics

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.

This Notice of Privacy Practices describe how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information.

“Protected health information” is information about you, including demographic information that may identify you and that is related to your past, present, or future physical, mental health or condition and related to health services.

**Uses and Disclosure of Protected Health Information.** Your Protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physicians practice, and any other use required by law.

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any other related services.

*Example: An outside lab group may receive your PHI to draw blood as part of a treatment.*

**Payment:** Your protected health information may be used, as needed, to obtain payment for your health care services.

*Example: Annual Physicals occur once a year, thus we may use your PHI to confirm that you have not had one in the given year.*

**Health care Operation:** We may use or disclose as needed, your protected health information in order to support the business activities of your physicians’ practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing and conduction or arranging for other business activities with vendors. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment. We may communicate with you by email or standard SMS messaging regarding various aspects of medical care, which may include, but shall not be limited to, test results, prescriptions, appointments, and billing. You understand that email and standard SMS messaging are not confidential methods of communication and may be insecure. You further understand that, because of this, there is a risk that email and standard SMS messaging regarding medical care might be intercepted and read by a third party.

*Example: Through PHI, we may find more people are receiving diabetes treatment at one facility, thus we may plan to have more resources available at that facility.*

**Permitted and Required Uses and Disclosures That May Be Made With Your Authorization or**

**Opportunity to Object:** Your PHI may be used and disclosed in the following instances: Facility Directories; Webpages; Marketing; Family or other individuals or groups involved in your care; Emergencies; Psychotherapy notes;

You may revoke authorization any instance at any time, in writing, except to the extent that your physician or the physician’s practice has taken an action in reliance on the use or disclosure indicated in the authorization.

# HIPAA Notice of Privacy Practices

Health and Life Organization, Inc. (H.A.L.O.) dba Sacramento Community Clinics

## **Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to**

**Object:** These situations include (Public Health issues as Required By Law); Communicable Diseases; Health Oversight; Abuse or Neglect; Food and Drug Administration requirements; Legal Proceedings; Law Enforcement; Coroners; Funeral Directors; and Organ Donation; Research; Criminal Activity; Military Activity and National Security; Workers Compensation; Inmates; Required Uses and Disclosures. Under the law we must make the disclosure and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliances with the requirements of Section 164.500.

**Your Rights:** Following is a statement of your rights with respect to your protected health information.

- *You have the right to request a restriction of your protected health information:* This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or health care operations. You may also request that any part of your protected health information may not be disclosed to family members or friends who may be involved in your care or for notification purpose as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.
- Your physician is not required to agree to a restriction that you may request. If your physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another Health care Professional.
- You have the right to request to receive confidential communications from us by alternative means or at an alternative location.
- *You have the right to inspect and copy your protected health information:* Under Federal law, however, you may not inspect or copy the following records; psychotherapy notes; Information compiled in reasonable anticipation or, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that inhibits access to protected health information. (A signed Request of Information form must be signed by patient and/or caretaker/guardian on record.)
- You have the right to have your physician amend your protected health information.
- You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.
- You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively i.e., electronically
- To enact up on your rights, please call 916-642-1867

## **HALO's Responsibilities:**

Health and Life Organization is required to:

- As required by law, maintain the privacy of your protected health information
- Provide you with this notice as to our legal duties and privacy practices with respect to the information we collect and maintain about you.
- Notify you of any breach of your protected health information

# HIPAA Notice of Privacy Practices

Health and Life Organization, Inc. (H.A.L.O.) dba Sacramento Community Clinics

- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction

**Changes to the Terms of this Notice:** We reserve the right to change our practices at any time and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will post the new notice via the web and/or the lobby. You may request a copy of our notice at any time.

**Complaints:** If you believe your privacy rights have been violated, you may file a written complaint to the Secretary of Health and Human Services or to HALO's Privacy Officer. HALO will not retaliate against you for filing a complaint.

If you have any objections to this form, please ask to speak with our Privacy Officer.

For more information or to contact the Privacy Officer.

Privacy Officer  
Health and Life Organization, Inc.  
3030 Explorer Drive  
Sacramento, Ca 95827

**Effective Date:** This notice is effective July 11, 2023. Previous version was effective November 22, 2021.

**Acknowledgement of Receipt of Notice of Privacy Practices** The use and disclosure of your Protected Health Information (PHI) is regulated by a federal law known as the Health Insurance Portability and Accountability Act (HIPAA) of 1996. Under HIPAA, healthcare providers are required to provide patients with their Notice of Privacy Practices for Protected Health Information and make a good faith effort to obtain a written acknowledgment that this notice was received.

Therefore, by signing below, I acknowledge that I have received from Health and Life Organization Inc., I have received my copy of the HIPAA Notice of Privacy Practices for Protected Health Information (PHI).

|             |            |       |
|-------------|------------|-------|
| Print Name: | Signature: | Date: |
|-------------|------------|-------|