

HIPAA Notice of Privacy Practices

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

Patient Name: _____ Date of Birth: _____

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.

Effective Date: August 17, 2026

This Notice describes how we may use and disclose your protected health information (“PHI”) to provide treatment, obtain payment, conduct health-care operations, and comply with applicable law. It also describes your rights concerning your PHI.

“Protected health information” means individually identifiable information relating to your past, present, or future physical or mental health or condition, or the provision or payment of health care.

Uses and Disclosures of PHI

Your PHI may be used or disclosed by your physicians, staff, business associates, and others involved in your care for treatment, payment, health-care operations, or other purposes permitted or required by law.

Treatment: We may use and disclose your PHI to provide, coordinate, or manage your health care and related services.

Example: We may disclose your PHI to an outside laboratory performing tests ordered as part of your treatment.

Payment: We may use and disclose your PHI as necessary to obtain payment for health-care services.

Example: We may use your PHI to submit a claim to your health plan or determine whether a service is covered.

Health-Care Operations: We may use or disclose your PHI as necessary to operate our practice, including for quality assessment, employee review, training, licensing, compliance, auditing, accreditation, and services provided by vendors or business associates.

We may contact you about appointments, treatment, treatment alternatives, health-related services, and options concerning your care. We may communicate by email or standard SMS text message. Email communications containing PHI will be sent through HALO’s encrypted email system. Standard SMS text messages may not be secure. You may request confidential communications by alternative means or at an alternative location.

Example: We may review PHI to determine whether additional resources should be made available for patients receiving diabetes treatment.

Other Permitted Uses and Disclosures: We may use and disclose PHI as otherwise permitted or required by federal or California law, including for public-health activities; health oversight; reporting abuse, neglect, or domestic violence; Food and Drug Administration activities; legal proceedings; law enforcement; coroners and medical examiners; organ, eye, or tissue donation; certain research; preventing a serious and imminent threat to health or safety; specialized government functions; workers’ compensation; correctional institutions; and disclosures required by law. We may disclose PHI to the Secretary of the U.S. Department of Health and Human Services for compliance investigations.

We will not use or disclose PHI for purposes unrelated to your care, payment, health-care operations, or another legally permitted or required purpose without your authorization.

We will comply with applicable federal and California privacy protections, including protections applicable to reproductive health care, family-planning services, sensitive services, and services to which a minor may lawfully consent. Some records, including psychotherapy notes and other specially protected records, may be subject to additional confidentiality requirements. We will use or disclose such information only as permitted or required by applicable law.

Uses and Disclosures Requiring Your Written Authorization

We generally must obtain your written authorization before using or disclosing your PHI for:

- Most uses and disclosures of psychotherapy notes;
- A sale of PHI; and
- Other uses or disclosures not otherwise permitted or required by law.

We must obtain your written authorization before using or disclosing your PHI for marketing when HALO receives payment from a third party for making the communication, except as otherwise permitted by law.

You may revoke an authorization in writing at any time, except to the extent we have already acted in reliance on it.

HALO does not use PHI for fundraising purposes.

Uses and Disclosures With an Opportunity to Agree or Object

Unless you object, we may disclose relevant PHI to a family member, close personal friend, or other person identified by you who is involved in your care or payment for your care. We may also disclose relevant PHI to assist with disaster-relief activities or to notify such persons of your location, general condition, or death.

In an emergency, we may use or disclose PHI when, in our professional judgment, doing so is in your best interest.

HALO does not maintain a patient or facility directory.

Your Rights

- Right to request restrictions. You may request that we restrict uses or disclosures of your PHI for treatment, payment, or health-care operations, or disclosures to persons involved in your care. We generally are not required to agree to a requested restriction. If you or another person pays for a service in full out of pocket and requests that we not disclose information about that service to your health plan for payment or health-care operations, we will honor that request unless disclosure is required by law.
- Right to confidential communications. You may request communications by alternative means or at an alternative location.
- Right to inspect and copy. You may inspect or obtain a copy of your patient records, subject to limited exceptions. You may request records in writing, in person, or by calling 916-642-1867. California law generally requires inspection to be made available within five working days and copies to be provided within fifteen days after a written request, subject to statutory exceptions.
- Right to request an amendment. You may request an amendment to your PHI. We may deny the request in certain circumstances and will provide a written explanation if we do so.
- Right to an accounting. You may request an accounting of certain disclosures of your PHI.
- Right to a paper copy. You may request a paper copy of this Notice, even if you agreed to receive it electronically.
- Right to breach notification. You have the right to receive notice of a breach of your unsecured PHI when required by law.

To exercise your rights, call 916-642-1867 or contact our Privacy Officer.

HALO's Responsibilities

HALO is required to:

- Maintain the privacy of your PHI as required by law;
- Provide this Notice describing our legal duties and privacy practices;
- Notify you following a breach of unsecured PHI when required by law;
- Abide by the terms of the Notice currently in effect; and
- Make this Notice available at our offices and at halocares.org.

We reserve the right to change this Notice and our privacy practices. Any revised Notice will apply to PHI we maintain. We will post the revised Notice at our offices and at halocares.org and will provide a paper copy upon request.

Complaints

If you believe your privacy rights have been violated, you may file a written complaint with HALO's Privacy Officer. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights, electronically at <https://www.hhs.gov/ocr/complaints/index.html>, or by mail at 200 Independence Avenue, S.W., Washington, D.C. 20201. You will not be retaliated against for filing a complaint.

Privacy Officer
Health and Life Organization, Inc.
3030 Explorer Drive
Sacramento, CA 95827
Telephone: 916-642-1867
Email: privacyofficer@halocares.org
Website: halocares.org

For questions about this Notice, please contact the Privacy Officer.

Effective Date: August 17, 2026

Acknowledgment of Receipt of Notice of Privacy Practices

By signing below, I acknowledge that I received a copy of HALO's HIPAA Notice of Privacy Practices. My signature acknowledges receipt only. It does not authorize uses or disclosures beyond those described in the Notice or otherwise permitted or required by law.

Patient Signature: _____ Date: _____

Parent or Legal Representative Signature: _____

Relationship to Patient: _____

If the patient or representative declines to sign, HALO may document its good-faith effort to obtain the acknowledgment and the reason the acknowledgment was not obtained.