

NOTICE OF PRIVACY PRACTICES AND AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

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.

In the course of receiving services from AHF Healthcare Centers, we will be provided with health information about you. We have a duty under the law to maintain the privacy of this information, and to inform you of our legal obligations. This notice may change from time to time, and we will inform you of any changes. We will abide by this Notice or the most recent Notice. AHF will use this information, and/or disclose it to other people, for the following purposes:

- **To Provide Medical Treatment To You.** We will use this information to provide the very best medical treatment we can. We will consult with doctors, nurses, and other medical professionals when necessary to assure that the right services are being provided to you.
- **To Assist Others In Providing Medical Services To You.** We will disclose this information to other medical professionals who are treating you or helping in your treatment, such as laboratory testers, pharmacists, specialists, etc.
- **To Obtain And Secure Payment For Our Services.** We will disclose this information to people, such as insurance companies, Medi-Cal, Medicare, etc., in order to receive compensation for the services we provide. We may also disclose this information to billing services or other groups that facilitate payment.
- **To Assess And Improve Our Services.** We will use health information in order to evaluate the services we provide, the way we provide them, and the people who provide them. This is done in order to constantly improve the services we provide.
- **Disclosures Required By Law.** Under certain circumstances, state and federal laws require that **all** holders of health information, not just us, disclose health information to government authorities including courts and public health agencies that monitor health. **We will, of course, disclose only that information that is required by law to be disclosed.**
- **Disclosures Benefiting Research.** We are engaged in ongoing research into the causes and cures of various medical conditions, and to this end, we operate a Research Department. In order to assist this goal, we may disclose health information to the members of the research department. This information will, of course remain confidential within the Research Department.
- **Psychotherapy Notes.** We will not use or disclose your medical information with respect to Psychotherapy Notes without your written authorization, except for carrying out treatment, payment or health care operations by your mental health practitioner, to use in our own training programs, or to defend ourselves in a legal action by you.
- **Information About Health Services.** We may contact you to remind you about appointments, and to inform you about services, such as pharmacy or other health services that we believe may be beneficial to your health and well being

NOTICE OF PRIVACY PRACTICES AND AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

- **Fund Raising.** We are a non-profit corporation, which provides services to people in the United States, South Africa, Uganda, and Honduras regardless of ability to pay. We may contact you to ask you for support of our non-profit endeavors. You may decline to receive fundraising communications by notifying the AHF Privacy Officer, whose address is 6255 W. Sunset Blvd., 21st Floor, Los Angeles, CA 90028, in writing.
- **Marketing Activities.** We will not use or disclose medical information about you for third-party marketing purposes without your written authorization.
- **Sale of Medical Information.** We will not sell medical information about you without your written authorization.

YOUR RIGHTS REGARDING THE INFORMATION ON THE PREVIOUS PAGE:

- WE WILL USE OR DISCLOSE ONLY THE MINIMUM NECESSARY HEALTH INFORMATION IN ORDER TO MEET THE PURPOSES AND REQUIREMENTS ON THE PREVIOUS PAGE.
- You may request that restrictions be placed on the above uses of medical information, or you may revoke this authorization. However, we do not have to agree to the restriction if we feel that such uses are necessary in order to provide you with the best possible services, unless you request that we restrict your medical information to a health plan as long as (a) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law, and (b) the medical information pertains solely to a health care item or service for which you have paid us in full.
- You have the right to be informed about any breach of unsecured medical information, unless our risk assessment determines that there is a low probability that your medical information has been compromised.
- You may request that health information be disclosed to you in certain ways, such as a specific mailing address. We will try our best to reasonably accommodate these requests.
- You may request to be provided with access to and copies of certain of the health information about you that we maintain.
- If you believe that health information is inaccurate or incomplete, you may request that the medical information be amended.
- You may ask for a record of the disclosures made by us of your health information.
- You may ask for a copy of this Notice.

If you have any questions or complaints about this Notice or about your health information, please call our Privacy Department at 323-860-5200. You may also contact the Secretary of the United States Department of Health and Human Services. You will not be retaliated against in any way for asking questions or making a complaint.



NOTICE OF PRIVACY PRACTICES AND AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

The effective date of this Notice is _____, and lasts for as long as you are a client of AHF

ACCEPTANCE: I certify that I have read, understand, and agree to the terms of this Notice, and authorize the release of the above information

Dated: _____ By: _____

Print Name

If client declines to sign, Staff sign here: _____



Notificación de Prácticas de privacidad

Fecha de entrada en vigencia: 23 de septiembre de 2013

Esta notificación describe cómo se puede usar y divulgar su información de salud y cómo puede obtener acceso a esta información. Revísela atentamente.

Quién cumplirá esta notificación

Las farmacias de AIDS Healthcare Foundation cumplirán con esta notificación. Las farmacias AHF forman parte de un grupo afiliado de compañías que abarcan AHF Healthcare Centers, AIDS Healthcare Foundation MCO of Florida, Inc., y AIDS Healthcare Foundation Disease Management of Florida, Inc., que se considera una entidad única para usar y divulgar su información de salud. Usamos el término "AHF," "nosotros" "nos" y "nuestro" en esta notificación para hacer referencia a este grupo.

Nuestro Compromiso y Nuestras Responsabilidades en relación con su información médica

En el curso de brindar atención de salud, recaudamos información de salud protegida ("PHI") de pacientes y otras fuentes, incluso otros proveedores de atención de salud. PHI es información sobre usted, incluso identificadores, como su nombre y su número de seguro social y está relacionado con su salud pasada, presente y futura, su provisión de atención de salud o los pagos para la atención de salud. A los fines de simplicidad, en toda esta notificación, usaremos el término "información médica" en lugar de "PHI", pero los dos términos tendrán el mismo significado.

Sabemos que su información y su salud es un tema personal. Estamos comprometidos a proteger su información de salud. Divulgaremos información a otros, aparte de usted, solo cuando esté permitido según las leyes federales o estatales. En algunas circunstancias, la ley nos permite usar y divulgar su información médica sin su permiso expreso, conforme se describe en esta notificación. En todas las demás circunstancias, obtendremos su autorización escrita antes de usar o divulgar su información médica.

Por ley estamos obligados a:

- Asegurarnos de que la información de salud que lo identifica se mantenga privada (con determinadas excepciones);
- Informarle sobre sus derechos y sus deberes legales en relación con su información médica; y
- Cumplir con los términos de la Notificación de Prácticas de Privacidad que están actualmente vigentes.

Cómo podemos usar y divulgar su información médica

Divulgación a su pedido

Podemos divulgar información cuando sea solicitado por usted. Podemos solicitar que presente un pedido por escrito con el uso de un formulario AHF.

Para tratamiento

Podemos usar su información médica para ofrecerle productos o servicios farmacéuticos, por ejemplo, para proponer medicamentos. Podemos comunicarnos con usted para proporcionarle servicios relativos al tratamiento, como recordatorios de recargas o para informarle acerca de las alternativas de tratamiento (como, genéricos) u otros servicios o beneficios relativos a la salud, incluso aquellos ofrecidos por AHF, que pueden ser de su interés. Podemos divulgar su información a otros proveedores de salud para los fines del tratamiento.

Para pago

Podemos usar su información médica para recibir pagos por sus productos y servicios ofrecidos a usted. Por ejemplo, podemos comunicarnos con su asegurador, pagador u otro agente y compartir su información médica para determinar si pagarán por su receta.

Para Operaciones de atención médica

Podemos usar o divulgar su información médica para nuestras operaciones de atención de salud. Por ejemplo, podemos usar su información para controlar la calidad de sus servicios de farmacia y para la capacitación de nuestro personal de farmacia.

Actividades de Recaudación de Fondos

Podemos usar su información médica o divulgar esa información a un socio o a una fundación comercial con el fin de recaudar dinero para nuestras actividades de beneficencia. Solo divulgaremos información demográfica y las fechas en las que recibió tratamiento o servicios. Si no desea ser contactado sobre estos esfuerzos de recaudación de fondos, notifique a nuestro Funcionario de Privacidad por escrito (ver a continuación para información de contacto).

Actividades de Marketing o Comercialización

No usaremos ni divulgaremos su información médica para fines de comercialización a terceros sin su autorización escrita.

Venta de Información Médica

No venderemos su información médica sin su autorización escrita y la autorización escrita debe reconocer que recibiremos compensación por la información médica.

Socios comerciales

Podemos contratar socios comerciales para realizar determinadas funciones o actividades en nuestro nombre, como pagos y operaciones de atención de salud. Estos socios comerciales deben acordar proteger su información médica.

Personas implicadas en su atención o pago de su atención

Podemos divulgar su información médica a un amigo o familiar implicado en su atención médica. Si no autorizó esto previamente por escrito y no está presente o no tiene la capacidad para tomar decisiones

para consentir a la divulgación a un amigo o familiar, usaremos nuestro criterio profesional para determinar si es de su interés divulgar su información médica. Por ejemplo, podemos permitir a alguien retirar una receta para usted. También podemos brindar información a alguien que ayude en el pago de su atención.

Investigación

En algunas circunstancias, podemos usar y divulgar su información médica para fines de investigación. No obstante, todos los proyectos de investigación están sujetos a un proceso de aprobación especial y a protocolos para proteger su privacidad.

Conforme sea obligatorio por ley

Divulgaremos su información médica cuando así lo soliciten las leyes federales, estatales o locales.

Para evitar una amenaza grave para la salud o la seguridad

Podemos usar y divulgar su información médica cuando sea necesario para evitar una amenaza grave a su salud y seguridad o la salud y seguridad del público u otra persona. No obstante, cualquier divulgación solo sería a alguien que pueda ayudar a evitar o disminuir la amenaza.

Situaciones especiales

Donación de órganos y tejidos

Podemos divulgar información médica a organizaciones que manejan adquisición de órganos u órganos, trasplante de tejidos u ojos o a un banco de donación de órganos, conforme sea necesario para facilitar la donación y el trasplante de tejidos y órganos.

Militares y Veteranos

Si es miembro de las fuerzas armadas, podemos divulgar su información médica conforme sea necesario por las autoridades de comando militar. También podemos divulgar información de salud sobre el personal militar extranjero a las autoridades militares extranjeras correspondientes.

Compensación del trabajador

Podemos divulgar su información médica para programas de compensación de trabajadores o similares. Estos programas proveen beneficios para lesiones o enfermedades relacionadas con el trabajo.

Actividades de Salud Pública

Podemos divulgar su información médica para las actividades de salud pública. Estas actividades en general incluyen lo siguiente:

- Evitar o controlar enfermedad, lesión o discapacidad;
- Informar reacciones a medicamentos o problemas con productos;
- Informar a las personas las revocaciones de productos usados;
- Notificar a la persona que ha estado expuesta a una enfermedad o pueda estar en riesgo de contraer o diseminar una enfermedad o condición;
- Notificar a la autoridad gubernamental adecuada si creemos que un paciente ha sido víctima de abuso, negligencia o violencia doméstica.

Actividades de Supervisión de Salud

Podemos divulgar su información médica a una agencia de supervisión de salud para las actividades autorizadas por ley. Estas actividades de supervisión incluyen, por ejemplo, auditorías, investigaciones,

inspecciones, y autorización. Estas actividades son necesarias para que el gobierno controle el sistema de atención de salud, los programas gubernamentales y el cumplimiento de las leyes de derecho civil.

Demandas y Controversias

Si participa en una demanda o controversia, podemos divulgar su información médica como respuesta a un tribunal o a una orden administrativa. También podemos divulgar su información médica en respuesta a una citación, solicitud de descubrimiento u otro proceso lícito por alguien implicado en la controversia, pero solo si los esfuerzos se realizaron para contarle sobre la solicitud (que puede incluir una notificación escrita a usted o a su abogado) o para obtener una orden que proteja la información solicitada.

Cumplimiento de las leyes

Podemos divulgar su información médica si así lo solicita un funcionario de cumplimiento de la ley, incluso:

- Como respuesta a una orden del tribunal, citación, garantía, notificación o proceso similar;
- Para identificar o ubicar a una persona sospechosa, fugitiva, testigo material o desaparecido;
- Sobre la víctima de un delito, si bajo determinadas circunstancias limitadas, no podemos obtener el acuerdo de la persona;
- Sobre el fallecimiento que creemos puede ser el resultado de una conducta delictiva;
- Sobre la conducta penal en la farmacia; y
- En situaciones de emergencia para informar sobre un delito; la ubicación del delito o las víctimas; o la identidad, descripción o ubicación de la persona que cometió el delito.

Forenses, Examinadores de Salud y Directores Funerarios

Podemos divulgar su información médica a un forense o examinador médico. Esto puede ser necesario para, por ejemplo, identificar a una persona fallecida o determinar la causa de un fallecimiento. También podemos divulgar la información médica sobre los miembros a directores funerarios, conforme sea necesario para realizar sus deberes.

Actividades de Seguridad Nacional e Inteligencia

Podemos divulgar su información médica a funcionarios federales autorizados para actividades de inteligencia, contrainteligencia y otras actividades de seguridad nacional autorizadas por ley.

Servicios de protección para el presidente y Otros

Podemos divulgar su información médica a funcionarios federales autorizados, a fin de ofrecer protección al presidente, otras personas autorizadas o jefes de estado extranjeros o para conducir investigaciones especiales.

Institución Correccional

Si es un recluso de una institución correccional o está bajo la custodia de un funcionario de cumplimiento de la ley, podemos divulgar su información médica a la institución correccional o al funcionario de aplicación de la ley. Esta divulgación será necesaria, por ejemplo, (1) para que la institución le proporcione atención médica; (2) para proteger su salud y seguridad o la salud y seguridad de otros; o (3) para la salud y seguridad de la institución correccional.

Equipos de Personal Multidisciplinario

Podemos divulgar la información médica a equipos de personal multidisciplinario relativa a la prevención, identificación, gestión o tratamiento de un niño abusado y los padres del niño o abuso y negligencia de mayores.

Categorías especiales de Información

En algunas circunstancias, su información de salud estará sujeta a restricciones que pueden limitar o excluir algunos usos o divulgaciones descritos en esta notificación. Por ejemplo, existen restricciones especiales sobre el uso o la divulgación de determinadas categorías de información, por ejemplo, pruebas de VIH o tratamiento de condiciones mentales de salud o abuso de drogas o alcohol. En algunos estados, como California, existen leyes de privacidad de paciente adicionales, las cuales cumpliremos. (Consulte el apéndice). Asimismo, los programas de beneficio de salud gubernamental, como Medi-Cal en California también pueden limitar la divulgación de información de beneficiario para los fines no relacionados con el programa.

Sus derechos referentes a su Información médica

Tiene los siguientes derechos relativos a su información médica que tenemos.

Derecho de Inspección y Copia

En general, tiene derecho a inspeccionar y copiar su información médica. Usualmente, esto incluye los registros médicos y de facturación, pero no incluyen la información de salud mental u otra información que pueda estar retenida por ley.

A fin de inspeccionar y copiar la información médica que usamos para tomar las decisiones sobre usted, debe presentar su solicitud por escrito a nuestro Funcionario de Privacidad (ver a continuación para información de contacto). Si solicita una copia de la información, podemos cobrarle un arancel por los costos de copiado, envío por correo u otros insumos asociados a su pedido.

Podemos rechazar su solicitud a inspeccionar y copiar en determinadas circunstancias limitadas. Si su acceso a la información médica es rechazado, puede solicitar la revisión de ese rechazo. Otro profesional de atención de salud autorizado elegido por AHF revisará su solicitud y su rechazo. La persona que realiza la revisión no será la persona que rechace su pedido. Cumpliremos con el resultado de la revisión.

Derecho a enmienda

Si considera que la información médica que tenemos sobre usted es incorrecta o está incompleta, podemos solicitarle que enmiende esa información. Tiene derecho a solicitar una enmienda por todo el tiempo que la información sea guardada por o para AHF.

Para solicitar una enmienda, su solicitud debe presentarse por escrito y ser dirigida a nuestro Funcionario de Privacidad (ver a continuación para información de contacto). Asimismo, debe ofrecer un motivo que respalde su solicitud.

Podemos rechazar su solicitud de enmienda si no está por escrito o no incluye el motivo para respaldar su solicitud. Además, podemos rechazar su solicitud si nos solicita enmendar información que:

- No fue creada por nosotros, a menos que la persona o la entidad que creó la información no esté más disponible para realizar la enmienda;
- No forma parte de la información médica mantenida por o para AHF;

- No forma parte de la información que podría permitirse para inspeccionar y copiar; o
- Es precisa y completa.

Incluso si rechazamos su solicitud de enmienda, tiene derecho a presentar un apéndice escrito, que no supere las 250 palabras, en relación con cualquier artículo o afirmación en su registro que considere es incompleto o incorrecto. Si señala claramente por escrito que desea que el apéndice forme parte de su registro médico, lo agregaremos a su registro e incluiremos siempre que hagamos una divulgación del artículo o una afirmación que considere es incompleta o incorrecta.

Derecho a estar informado sobre violación de información médica

Tiene derecho a estar informado sobre cualquier violación de información médica no asegurada, a menos que nuestra evaluación de riesgo determine que existe una baja probabilidad de que su información médica haya estado comprometida.

Derecho a un Registro de Divulgaciones

Tiene derecho a solicitar un "registro de divulgaciones". Esto es una lista de las divulgaciones que hacemos de su información médica, aparte de nuestros propios usos para tratamiento, pago y operaciones de atención de salud (conforme esas funciones se describen anteriormente) y con algunas otras excepciones provistas por ley.

Para solicitar una lista o un registro de divulgaciones, debe presentar su solicitud por escrito a nuestro Funcionario de Privacidad (consulte a continuación para la información de contacto). Su solicitud debe indicar un período de tiempo, que no puede ser superior a seis años y no debe incluir las fechas previas al 14 de abril de 2003. Su solicitud debe indicar la forma en que desea la lista (por ejemplo, en papel o en forma electrónica). La primera lista que solicite en el plazo de un período de 12 meses será gratuita. Para las listas adicionales, podemos cobrarle los costos de proporcionar la lista. Le notificaremos el costo implicado y puede elegir retirar o modificar su pedido en ese momento, antes de incurrir en costos.

Derecho a solicitar restricciones

Tiene derecho a solicitar una restricción o limitación de la información médica que usamos o divulgamos sobre usted para tratamiento, pago u operaciones de atención de salud. También tiene derecho a solicitar una restricción o limitación sobre la divulgación de su información médica a alguien implicado en su atención o pago de su atención, como un familiar o amigo. Por ejemplo, puede solicitar que no usemos ni divulguemos su información sobre una cirugía a la cual se sometió.

No estamos obligados a acordar a su solicitud, a menos que nos solicite que limitemos su información médica a un plan de salud, siempre que (a) la divulgación sea para los fines de realizar un pago u operaciones de atención de salud y no sea, de otra manera, obligatoria por ley y (b) la información médica corresponda exclusivamente a un asunto o servicio de atención médica para el cual nos pagó por completo. Si acordamos con su restricción solicitada, cumpliremos con su solicitud, a menos que la información sea necesaria para ofrecerle un tratamiento de emergencia.

Para solicitar restricciones, debe presentar su solicitud por escrito a nuestro Funcionario de Privacidad (consulte a continuación para la información de contacto). En su solicitud, debe indicarnos (1) cuál es la información que desea limitemos; (2) si desea que limitemos o usemos, o divulguemos o ambas; y (3) a quién desea se apliquen los límites, por ejemplo, divulgaciones a su cónyuge.

Derecho a Solicitar comunicaciones confidenciales

Tiene derecho a solicitar que nos comuniquemos con usted sobre los asuntos médicos de determinada manera o en un determinado lugar. Por ejemplo, puede solicitar que solo nos comuniquemos con usted a su trabajo o por correo postal.

Para solicitar comunicaciones confidenciales, debe presentar su solicitud por escrito a nuestro Funcionario de Privacidad (consulte a continuación para la información de contacto). No le preguntaremos el motivo de su solicitud. Acomodaremos todos los pedidos razonables. Su solicitud debe especificar cómo y dónde desea ser contactado.

Derecho a una Copia impresa de esta Notificación

Tiene derecho a recibir una copia impresa de esta notificación. Puede solicitarnos que le presentemos una copia de esta notificación en cualquier momento. Incluso si acordó recibir esta notificación en forma electrónica, todavía está autorizado a recibir una copia impresa de esta notificación. Para obtener una copia impresa de esta notificación, comuníquese con nuestro Funcionario de Privacidad (vea a continuación para la información de contacto).

Cambios a esta notificación

Nos reservamos el derecho a modificar esta notificación en cualquier momento. Nos reservamos el derecho de poner en vigencia la notificación modificada o revisada de información médica que ya tenemos sobre usted al igual que la información que recibamos en el futuro. Si hacemos un cambio importante a esta notificación, se lo enviaremos o estará disponible en nuestro sitio en Internet. Asimismo, puede obtener una copia de nuestra notificación actual en cualquier momento si se comunica con nuestro Funcionario de Privacidad (ver abajo para información de contacto). La notificación incluirá la fecha vigente en la primera página, en el margen superior derecho.

Inquietudes sobre nuestro uso de su Información médica

Si considera que sus derechos a la privacidad fueron violados, puede presentar un reclamo en nuestro oficina o a la Secretaría del Departamento de Salud y Servicios Humanos. Para presentar un reclamo, comuníquese con nuestro Funcionario de Privacidad (ver abajo para la información de contacto). Todos los reclamos o demandas deben presentarse por escrito. *No será penalizado por presentar un reclamo.*

Otros usos de Información médica

Otros usos y divulgaciones de su información médica no contemplados en esta notificación ni en las leyes que apliquen se realizarán solo con su permiso escrito. Si nos autoriza a usar o divulgar su información de salud, puede revocar ese permiso por escrito en cualquier momento. Si revoca su permiso, esto detendrá todo uso o divulgación posterior de su información médica para los fines contemplados por su autorización escrita, excepto si nosotros u otros ya actuaron basados en su permiso. Comprende que no podemos retirar las divulgaciones ya presentadas con su permiso y que las debemos retener para nuestros registros de la atención proporcionada.

Si tiene dudas sobre esta notificación, comuníquese con nosotros:

Funcionario de Privacidad AHF
6255 W. Sunset Boulevard, Piso 21
Los Ángeles, CA 90028
(323) 860-5200

~~~~~

Acuse de recibo de la Notificación de las Prácticas de Privacidad de AHF

Yo \_\_\_\_\_ (nombre impreso) recibí la Notificación de las Prácticas de Privacidad de AHF.

Firma: \_\_\_\_\_ Fecha: \_\_\_\_\_

Separe y presente este acuse de recibo en su Farmacia AHF local o en la dirección especificada en la notificación.



# Notice of Privacy Practices

*Effective Date:* September 23, 2013

***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 Member Services at telephone number listed on the back of your member ID card.

## **Who Will Follow this Notice**

Positive Healthcare Partners (HMO SNP) is a Medicare health plan ("Plan") offered by AIDS Healthcare Foundation ("AHF"). This notice describes AHF's practices and that of:

- All departments, units, employees, staff, volunteers, and other personnel of AHF and its affiliates.
- All AHF affiliates including AHF Healthcare Centers, AHF MCO of Florida, Inc., AIDS Healthcare Foundation Disease Management of Florida, Inc. When we use the term "we," "us" and "our" in this notice, we are referring to AHF and these affiliates.

All the persons and organizations listed above may share medical information with each other for treatment, payment or health care operations purposes described in this notice or allowed by law.

## **Our Pledge and Responsibilities Regarding Your Medical Information**

We understand that information about you and your health is personal. We are committed to protecting medical information about you.

In the course of providing health care, we collect protected health information ("PHI") from members and patients and other sources, including other health care providers. PHI includes identifiers such as your name, Social Security number, or other information that reveals who you are. For example, your medical record is PHI because it includes your name and other identifying information. For simplicity, throughout this notice, we will use the term "medical information" instead of "PHI," but the two terms will have the same meaning.

Your medical information may be used, for example, to provide health care services and customer services, evaluate benefits and claims, administer health care coverage, measure performance (utilization review), detect fraud and abuse, review the competence or qualifications of health care professionals, and fulfill legal and regulatory requirements. The types of medical information we collect and keep may include, for example:

- Hospital, medical, mental health and substance abuse records, X-ray reports, pharmacy records and appointment records;
- Information from member/patients, for example, through surveys, applications and other forms, and online communications; and
- Information about your relationship with AHF, such as medical services received and claims history.

Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

We are required by law to:

- Make sure that medical information that identifies you is kept private (with certain exceptions);
- Tell you about your rights and our legal duties with respect to your medical information; and
- Follow the terms of the notice that is currently in effect.

## **How We May Use and Disclose Medical Information about You**

The following categories describe different ways that we use and disclose medical information. For each category of use or disclosure we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

### **Disclosure at Your Request**

We may disclose information when requested by you. We may ask that you make a request in writing using an AHF form.

### **For Treatment**

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, health care students, or other healthcare personnel who are involved in taking care of you. Our personnel will use and disclose your medical information in order to provide and coordinate the care and services you need: for example, prescriptions, X-rays, and lab work. If you need care from health care providers who are not part of the Plan's network, such as community resources to assist with your health care needs at home, we may disclose your medical information to them.

### **For Payment**

Your medical information may be needed to determine our responsibility to pay for, or to permit us to bill and collect payment for, treatment and health-related services that you receive. For example, we may have an obligation to pay for health care you receive from an outside provider. When you or the provider sends us the bill, we use and disclose your medical information to determine how much, if any, of the bill we are responsible for paying.

### **For Health Care Operations**

We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to run the Plan, and make sure that all of our members receive quality care. For example, we may use medical information to review your treatment and services and to evaluate the performance of our staff in helping you. We may use medical information to determine premiums and other costs of providing health care. We may also combine medical information about many members to decide what additional services the Plan should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes. We may also combine the medical information we have with medical information from other plans to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

### *Appointment Reminders*

We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or health care.

### *Treatment Alternatives and Health-Related Products and Services*

We may use and disclose medical information: (1) to tell you about treatment alternatives or other health-related benefits and services that may be of interest to you, including those provided by AHF or its affiliated organizations; (2) for your treatment; (3) for case management or care coordination, or (4) to direct or recommend alternative treatments, therapies, health care providers, or settings of care. For example, we may tell you about a new drug or procedure or about educational or health management activities.

### *Psychotherapy Notes*

We will not use or disclose your medical information with respect to psychotherapy notes without your written authorization, except for carrying out treatment, payment or health care operations by your mental health practitioner, to use in our own training programs, or to defend ourselves in a legal action by you.

### *Fundraising Activities*

We may use medical information about you, or disclose such information to a foundation or related charitable organization to contact you in an effort to raise money for our charitable activities. We only would release contact information, such as your name, address and phone number and the dates you received treatment or services through the Plan. If you do not want to be contacted about these fundraising efforts, you may decline to receive further fundraising communications by notifying Member Services in writing.

### *Marketing Activities*

We will not use or disclose medical information about you for third-party marketing purposes without your written authorization.

### *Sale of Medical Information*

*We will not sell medical information about you without your written authorization, and the written authorization must acknowledge that we will receive remuneration for the medical information.*

### *Business Associates*

We may contract with business associates to perform certain functions or activities on our behalf, such as payment and health care operations. These business associates must agree to safeguard your medical information.

### *Individuals Involved in Your Care or Payment for Your Care*

We may release medical information about you to a friend or family member who is involved in your medical care. If you have not previously authorized this in writing, and you are not present or lack the decision-making capacity to consent to a disclosure to a friend or family member, we will use our professional judgment to determine if it is in your interest to disclose your medical information. For example, we may allow someone to pick up a prescription for you. We may also give information to someone who helps pay for your care.

In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. Also, if you are either unconscious or otherwise unable to communicate, we may attempt to contact someone we believe can make health care decisions for you (e.g., a family member or agent under a health care power of attorney).

#### *Facility Directories*

If you are a patient staying at one of our facilities, we may create a directory that includes your name, room location, and your general condition. This information may be disclosed to a person who asks for you by name. In addition, we may provide your religious affiliation, if any, to clergy. You may object to the use or disclosure of some or all of this information. If you do, we will not disclose it to visitors and other members of the public.

#### *Research*

Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, as long as the medical information they review does not leave AHF.

#### *As Required By Law*

We will disclose medical information about you when required to do so by federal, state or local law.

#### *To Avert a Serious Threat to Health or Safety*

We may use and 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 the threat.

## **Special Situations**

### **Organ and Tissue Donation**

We may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

### **Military and Veterans**

If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

### **Workers' Compensation**

We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

## **Public Health Activities**

We may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report the abuse or neglect of children, elders and dependent adults;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law;
- To notify emergency response employees regarding possible exposure to HIV/AIDS, but only to the extent necessary to comply with state and federal laws.

## **Health Oversight Activities**

We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

## **Lawsuits and Disputes**

If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you or your lawyer) or to obtain an order protecting the information requested.

## **Law Enforcement**

We may release medical information if asked to do so by a law enforcement official, including:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the hospital; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

## **Coroners, Medical Examiners and Funeral Directors**

We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about members to funeral directors as necessary to carry out their duties.



### **National Security and Intelligence Activities**

We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

### **Protective Services for the President and Others**

We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state or conduct special investigations.

### **Inmates**

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose medical information about you to the correctional institution or law enforcement official. This disclosure might be required, for example, (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

### **Multidisciplinary Personnel Teams**

We may disclose health information to a multidisciplinary personnel team relevant to the prevention, identification, management or treatment of an abused child and the child's parents, or elder abuse and neglect.

### **Special Categories of Information**

In some circumstances, your health information may be subject to restrictions that may limit or preclude some uses or disclosures described in this notice. For example, there are special restrictions on the use or disclosure of certain categories of information – *e.g.*, tests for HIV or treatment for mental health conditions or alcohol and drug abuse. Government health benefit programs, such as Medi-Cal, may also limit the disclosure of beneficiary information for purposes unrelated to the program.

## **Your Rights Regarding Medical Information about You**

You have the following rights regarding medical information we maintain about you.

### **Right to Inspect and Copy**

In general, you have the right to inspect and copy your medical information. Usually, this includes medical and billing records, but may not include some mental health information or other information that may be withheld by law.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to Member Services. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by AHF will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

### **Right to be Informed of Breach of Medical Information**

You have the right to be informed about any breach of unsecured medical information, unless our risk assessment determines that there is a low probability that your medical information has been compromised.

### **Right to Amend**

If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan.

To request an amendment, your request must be made in writing and submitted to Member Services. In addition, you must provide a reason that supports your request.

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

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the Plan;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Even if we deny your request for amendment, you have the right to submit a written addendum, not to exceed 250 words, with respect to any item or statement in your record you believe is incomplete or incorrect. If you clearly indicate in writing that you want the addendum to be made part of your medical record we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect.

### **Right to an Accounting of Disclosures**

You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you other than our own uses for treatment, payment and health care operations (as those functions are described above) and with other exceptions provided by law.

To request this list or accounting of disclosures, you must submit your request in writing to Member Services. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you 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 involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

### **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 surgery you had.

*We are not required to agree to your request, unless you request that we restrict your medical information to a health plan as long as (a) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law, and (b) the medical information pertains solely to a health care item or service for which you have paid us in full. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.*

To request restrictions, you must make your request in writing to Member Services. 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 the limits to apply, for example, disclosures to your spouse.

### **Right to Request Confidential Communications**

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to Member Services. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

### **Right to a Paper Copy of This Notice**

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, please contact Member Services.

### **Changes to This Notice**

We reserve the right to change this notice at any time. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. If we make an important change to this notice, we will send it to you. You may also obtain a copy of our current notice at any time by contacting Member Services. The notice will contain the effective date on the first page, in the top right-hand corner.

### **Concerns about Our Use of Your Medical Information**

If you believe your privacy rights have been violated, you may file a complaint with the Plan or with the Secretary of the Department of Health and Human Services. To file a complaint with the Plan, contact Member Services at the telephone number listed on the back of your member ID card. All complaints must be submitted in writing. *You will not be penalized for filing a complaint.*

### **Other Uses of Medical Information**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, this will stop any further use or disclosure of your medical information for the purposes covered by your written authorization, except if we or others have already acted in reliance on your permission. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.