

NOTICE OF PRIVACY PRACTICES
Privacy Officer (760) 344-9951
Effective Date: April 14, 2003

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 our Privacy Officer at (760) 344-9951.

OUR PLEDGE REGARDING MEDICAL INFORMATION:

We understand that medical information about you and your health is personal. Clinicas de Salud is committed to protecting medical information about you. This Notice of Privacy Practices describes how all departments and programs of Clinicas de Salud protect your health information. It tells you about the ways we may use and disclose medical information about you. We also describe your rights to access and control your protected health information.

We are required by law to: make sure that medical information that identifies you is kept private; give you this notice of our legal duties and privacy practices with respect to medical information about you; 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 uses or disclosures 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. It is important for you to know that in California there are special kinds of healthcare information that have to be kept and handled in special ways. Included in these protected kinds of information are mental health treatment, developmental disabilities treatment, drug/alcohol abuse treatment, and HIV/AIDS treatment information. Information about treatment of minors over age 12 consenting for services for reproductive health, mental health, substance abuse, pregnancy, reportable disease, rape or sexual assault are also protected.

For Treatment. We will use and disclose your health information to our physicians, nurses, case managers and others involved in your health care or preventative care. We will use and disclose your health information with Clinicas de Salud departments and programs to identify appropriate services in providing you with quality care. In addition, we may disclose your protected health

information for time-to time to a physician or health care provider outside of Clinicas de Salud (e.g., a specialist or laboratory) whom, at the request of your physician, becomes involved in your care. We may disclose information to other health care professionals to coordinate or manage your health care.

For Payment. Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan or a state program paying for your health care services may undertake before it approves or pays for the services we recommend for you such as; making a determination of eligibility or coverage of benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that relevant health information be disclosed to the health plan or an appropriate state program to obtain approval for a referral to a specialist or for hospital admission.

For Health Care Operations. We may use or disclose, your protected health information in order to provide quality care and support the business activities of our practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, fundraising, and conducting or arranging for other business activities. For example, we may disclose your protected health information to medical school students and other trainees that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you.

We may also disclose your protected health information to organizations that participate with us in a integrated care delivery system for such activities as: quality assessment and improvement activities; activities designed to improve health and reduce the cost of health care; protocol development, case management and care coordination; integrated care. 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.

We will share your protected health information with our "business associates" that perform various services for our practice. When we share your health information with a business associate we will have a written contract that contains terms that will protect the privacy of your protected health information.

Appointment Reminders. We may use and disclose medical information to contact you as a reminder that you have an appointment.

Treatment Alternatives. We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services. We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you .

Fundraising Activities. We may use or disclose contact information and the dates that you received services to contact you about efforts to raise money for Clinicas de Salud. If you do not want us to contact you for fundraising, please notify our Privacy Officer, in writing and request that fundraising materials not be sent to you.

Family Members and Friends. Under certain circumstances, we may disclose medical information about you to people you identify that are involved in your care such as; family members, other relatives, or close personal friends. The information we disclose will be limited to information directly relevant to their involvement with your care or payment related to your care. For example, a patient may request that a family member be allowed to pick up a prescription or documents for them. You will be asked to provide contact information to authorize us to disclose your personal health information to a person or organization when you are not present. If you fill out a form and later change your mind, you may send a letter to us as at the address listed on the form to let us know that you would like to revoke the special authorization. In addition, we may disclose health information to an organization helping in a disaster relief effort so that your family can be told about your condition, status and location.

Research. We may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health of patients who received one set of services to those who received another, for the same condition. All research projects, however, are subject to a special approval process. The process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy. Before we use or disclose medical information for research, the project will have been approved through this research approval process.

As Required By Law. We may use or disclose your protected health information when law requires the disclosure. The disclosure will be made in compliance with the law and will be limited to the relevant requirements of the 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.

Organ and Tissue Donation. If you are an organ donor, 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.

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 Risks. We may disclose medical information about you for public health activities. The purpose of these disclosures are generally to prevent or control disease, injury or disability, to report births or deaths, to report the abuse or neglect of children, dependent adults or elders, to report domestic violence, to report to the Food and Drug Administration problems with products and reactions to medications, and to report infections or exposure to disease. We will only report suspected abuse or domestic violence if you agree or when required or authorized by law.

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.

Legal Proceedings. 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 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; 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 health center; 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 disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties.

Specialized Government Functions. We may disclose medical information about you for military or national security purposes.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (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.

Other Uses and Disclosures. Uses and disclosures not covered by this notice or the laws that apply to us will be made only with your written and signed authorization. If you authorize us to use or disclose your protected health information you may revoke that authorization, in writing, at any time. If you revoke the authorization we will no longer use or disclose your protected health information for the reasons covered by the authorization. You understand we are unable to take back any disclosures we have already made with your authorization.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.

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

Right to Inspect and Copy. This means you may inspect and obtain a copy of protected health information about you that is used to make decisions about your care. Usually, this includes medical and billing records, but does not include some mental health information. The health information of minors, who are authorized by law to consent to medical services, may only be inspected or copied by the minor or with the minors written authorization.

You must submit your request in writing. If your request a copy of the information, we may chare a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy your protected health information in certain very limited circumstances. If you are denied access to medical information because we feel it may be harmful to you or another person,

you may request the denial be reviewed by another licensed health care professional. We will comply with the outcome of the review.

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. Your request must be made in writing and submitted to the Medical Director. 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 health center;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

If we deny your request for amendment, you have the right to file a statement of disagreement with us to be placed in your record. We will provide copies of any rebuttal to your statement that we make.

Right to an Accounting of Disclosures. You have the right to request a list of the disclosures we made of your medical information, for other than treatment, payment and health care operations. As described previously. The list will not include disclosures that don't identify you or those we made to you, or that were authorized by you, or made to family members or friends involved in your care.

You must submit your request in writing. 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, 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.

Right to Request Restrictions. 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 healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices.

Your physician is not required to agree to a restriction that you may request. If your physician agrees to the requested restriction, we may not use or disclose you protected health information in violation of that restriction unless it is

needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician.

You must make your request in writing. 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 communicated 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 through a friend. We will accommodate reasonable requests that specify how and where you wish to receive these communications and we will not request an explanation from you as to the reason for the request. You must make your request in writing.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. Copies of the Notice are available at all locations or you may call and ask us to mail you a copy. You may also obtain a copy of this notice at our website, www.clinicasdesalud.org .

CHANGES TO THIS NOTICE

We reserve the right to change this notice. Changes will be effective for medical information we already have about you as well as any information we receive in the future. A copy of the current notice will be posted at all of our locations and will be available at the reception desk or you may call the office and request that a revised copy be sent to you in the mail. Or you may obtain a copy at our website, www.clinicasdesalud.org .

COMPLAINTS

If you believe your privacy rights have been violated, you may complain to us or to the Secretary of Health and Human Services. You may file a complaint with us by notifying our Privacy Officer at (760) 344-9951. All complaints must be submitted in writing. We will not retaliate against you for filing a complaint.