

Patient Privacy Policy

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: 03/24/2020

If you have any questions about this notice, please contact Administration at 760 949-1231.

Our Pledge Regarding Medical Information

We understand that medical information about you and your health is personal, and we are committed to protecting it. A record of the care and services you receive at the Medical Center is created and maintained at this location. This notice applies to all of those records of your care.

We are required by law to:

- Make sure that medical information that identifies you is kept private
- Provide you this Notice of our legal duties and privacy practices regarding your medical information

Follow the terms of the Notice that is currently in effect. We may change our privacy practices and the terms of our Notice at any time. If we make changes, we will post a new Notice. The new Notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices.

- You may obtain a copy by calling our office at 760 949-1231. and requesting that a revised copy be sent to you in the mail or by asking for one at the time of your next stay. The new Notice will also be posted on our website, www.mgmc.org.

Purpose of This Privacy Notice

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, initiate payment, or conduct health care operations and for other purposes that are permitted or required by law. The Notice 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 relates to your past, present or future physical or mental health condition and related health care services.

Who Will Follow This Notice

This Notice describes the practices regarding the use of your medical information by our office:

- Any health care professional authorized to enter information into your medical record at the Medical Center, including without limitation, the members of the Medical Center's medical staff, who are participants in an organized health care arrangement with our office for privacy purposes.
- All departments and clinics you may visit.
- Any member of a volunteer group we allow to help you while you are in the office.
- All employees, staff and other personnel who may need access to your information
- All entities, sites and locations, and other outpatient centers. In addition, these entities, sites and locations may share medical information with each other for treatment, payment, or health care purposes described in this Notice.

How We May Use And Disclose Medical Information About You

The following categories describe ways that we use and disclose medical information. Examples of each category are included. Not every use or disclosure in each category is listed; however, all of the ways we are permitted to use and disclose information fall into one of these categories:

- **For Treatment:** We may use medical information about you to provide, coordinate, or manage your medical treatment or services. We may disclose medical information about you to physicians or health care providers who are or will be involved in taking care of you. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. Another example is that your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. We may also disclose your medical information to your Primary Care Provider for continued care purposes. We may access, use and disclose Protected Health Information (PHI) for treatment and care coordination purposes, only via electronic queries and exchanges. Examples of this include, but are not limited to, the electronic query functionality of CaliforniaCare Next Gen, Solv.
- **For Payment:** We may use and disclose medical information about you so that the treatment and services you receive at our facility(ies) may be billed to and payment may be collected from you, an insurance company, or a third party. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, to determine whether your plan will cover the treatment, and for undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for treatment.
- **For Healthcare Operations:** We may use or disclose, as needed, your protected health information in performing certain business activities of the office. Some examples of these operations include our business and management activities, quality assessment activities, employee review activities, training of students, and conducting or arranging for other business activities. For example, we may disclose

your protected health information to medical school students that see patients at the Medical Center. We may call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment/procedure.

We may share your protected health information with third party "business associates" that perform various activities (for example, billing, transcription services) for the office. Whenever an arrangement between Dr. Mike's Walk in clinic and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information in the hands of these business associates.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. For example, your name and address may be used to send you a newsletter about our Office and the services we offer. You may contact our Privacy Officer to request that these materials not be sent to you.

Uses and Disclosures of Protected Health Information Based Upon Your Written Authorization

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that the Medical office covered by the authorization has taken an action in reliance on the use or disclosure indicated in the authorization.

Other Permitted and Required Uses and Disclosures That May Be Made With Your Consent, Authorization or Opportunity to Object

We may use and disclose your protected health information in the following circumstances. However, except in an emergency, we will inform you of our intended action prior to making such use or disclosure and will, at that time, offer you the opportunity to object. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your physician or designee may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Emergencies: We may use or disclose your protected health information in an emergency treatment situation. If this happens, your physician or designee shall try to

obtain your acknowledgement of receipt of the Notice of Privacy Practices as soon as reasonably practicable after the delivery of treatment.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunities to Object

We may use or disclose your protected health information in the following circumstances without your consent or authorization. These situations include:

Required By Law: We may use or disclose your protected health information to the extent that law requires the use or disclosure. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures. These may include but may not be limited to Public Health, Communicable Diseases, Health Oversight, Abuse or Neglect, Food and Drug Administration, Legal Proceedings, Law Enforcement, Coroners, Funeral Directors, Organ Donation, Workers' Compensation, and Inmates.

Your Rights

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that your physician and the Medical Center use for making decisions about you. You will be assessed a fee for a copy of this record per our Medical Record fee policy.

Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewed. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Officer if you have questions about access to your medical record.

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 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 request must state the specific restriction requested and to whom you want the restriction to apply.

We will consider your request, but we are not required to agree to it. If we believe it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If we do agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is required by law or needed to provide emergency treatment. You may request a restriction by contacting and discussing the issue with the Privacy Officer and placing the request in writing.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Officer.

You may have the right to amend your protected health information. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information by submitting your request in writing to our Privacy Officer and giving us a reason for your request. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer to determine if you have questions about amending your medical record.

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 request a list of certain disclosures of your protected health information made by us during a specified period of up to six years prior to the request, except disclosures: for treatment, payment or health care operations; made to you; for our facility directory; to persons involved in your care or for the purpose of notifying your family or friends of your whereabouts; for national security or intelligence purposes; made pursuant to your written authorizations; incidentals to another permissible use or disclosure; for certain notification purposes (including national security, intelligence, correctional, and law enforcement purposes); or made before March 24, 2020. If you wish to make such a request, please contact our Privacy Officer. We will tell you about these costs, and you may choose to cancel your request at any time before costs are incurred.

You will receive a paper copy of this notice from us, upon request, even if you have agreed to accept this Notice electronically. To obtain a copy, please contact our Privacy Officer.

Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us

by notifying our Privacy Officer of your complaint in writing. We will not retaliate against you for filing a complaint.

You may contact our Privacy Officer, at 760 949-1231 for further information about the complaint process.