



Privacy Policy

The notice describes how medical information about you may be used and disclosed and how you can get access to this information

Our Pledge to Protect Your Privacy

We know that medical information about you is personal, and we are committed to protecting the privacy of your information. As our patient, the care and treatment you receive is recorded in an electronic medical record. So that we can best meet your medical needs, we must share your medical record with the health care providers involved in your care. We share your information only to the extent necessary to collect payment for the services we provide you, to conduct our business operations, and to comply with the laws that govern health care. We will not use or disclose your information for any other purposes without your permission.

We are required by law to:

- Make sure that your medical information is kept private;
 - Give you this Notice of our legal duties and privacy practices with respect to medical information about you.
 - Follow the terms of the Notice that is currently in effect. We have a responsibility to safeguard the privacy and integrity of your records. This Notice explains our privacy practices and your rights regarding your medical information.
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Who will follow This Notice?

All our employees and health care professionals share our commitment to protect your privacy and will comply with this Notice.

You have the following rights regarding your medical information

The right to Inspect and Obtain a Copy of Your Medical Records.

The right to inspect and obtain a copy of the medical records that we use to make decisions about you and your treatment, subject to certain limited exceptions. This information includes your medical and billing records, but may not include some mental health information. We reserve the right to charge a fee to cover the cost of providing your records to you.

- Correction: If you believe that medical information our office has on file about you is incorrect or incomplete, you may ask us to correct the medical information in your records. We can only correct information that we created or that was created on our behalf. If your medical information is accurate and complete, or if the information was not created by us, we may deny your request; however, if we deny any part of your request, we will provide you a written explanation of our reasons for doing so.
- Addendum: In addition, an adult patient of ours who believes that an item or statement in his/her medical record is incorrect or incomplete has the right to provide us with a written addendum to his/her record.

The right to An Accounting of Hospital Disclosures of Your Medical Information: You have the right to request an "accounting of disclosures" which is a list describing how we have shared your medical information with outside parties.

The right to Request Restrictions: You have the right to request restrictions on certain uses or disclosures of your medical information. Requests for restrictions must be in writing; the appropriate instructions and forms are available at registration desk. We are not required to agree to your requested restriction. However, if we do agree, we will comply with the law. If we cannot accept your request, we will explain to you in writing why we cannot do so.

How We May Use and Disclose Medical Information About You

The following sections describe different ways that we use and disclose your medical information. For each category of uses or disclosures we will provide examples. To respect your privacy, we will try to limit the amount of information that we use or disclose to that which is the "minimum necessary" to accomplish the purpose of the use or disclosure. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information will fall within one of these categories.

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, residents, nurses, technicians, medical students, or other Hospital personnel who are involved in your care.

For Payment: We may use and disclose medical information about you to bill and receive payment for the treatment and services you receive.

For Health Care Operations: We may use and disclose medical information about you for functions that are necessary to run the medical practice and assure that all of our patients receive quality care. We may also share your medical information with affiliated health care providers so that they may jointly perform certain business operations along with our office.

Business Associates: We contracts with outside companies that perform business services for us, such as billing companies, management consultants, quality assurance reviewers, accountants or attorneys. In certain circumstances, we may need to share your medical information with a business associate so it can perform a service on our behalf. We will limit the disclosure of your information to a business associate to the amount of information that is the "minimum necessary" for the company to perform services for us. In addition, we will have a written contract in place with the business associate requiring her/him to protect the privacy of your medical information.

Appointment Reminders: We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at our office.

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.

Individuals Involved in Your Care: We may release medical information about you to a family member or friend who is involved in your medical care. We may also give information to someone who helps pay for your care. Unless there is a specific written request from you to the contrary, we may also notify a family member, personal representative or another person responsible for your care about your location and general condition. This does not apply to patients who are receiving treatment for certain conditions, such as mental health problems or substance/alcohol abuse.

To Prevent a Serious Threat to Health or Safety: We may use and disclose certain information about you when necessary to prevent a serious threat to your health and safety or the health and safety of others. However, any such disclosure will only be to someone able to help prevent the threat, such as law enforcement, or to a potential victim.

Additional Situations That Do Not Require Us To Obtain Your Authorization

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 include, but are not limited to, 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 you of the recall of products you 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 you have been the victim of abuse, neglect or domestic violence; we will only make this disclosure when required or authorized by law;
- to notify appropriate state registries, such as the Northern California Cancer Center or the California Emergency Medical Services Authority, when you seek treatment at our office for certain diseases or conditions.

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, legally enforceable discovery request, or other lawful process by someone else involved in the dispute.

Law Enforcement: We may release medical information if asked to do so by law enforcement officials in the following limited circumstances:

- 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, the victim is unable to consent;
- about a death we believe may be the result of criminal conduct;
- about criminal conduct at our office;
- 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 to identify a deceased person or determine the cause of death. We may also release medical information about patients of ours to funeral directors as necessary to carry out their duties with respect to the deceased.

Organ and Tissue Donation: We may release medical information to organizations that handle organ, eye, or tissue procurement or transplantation, as necessary to facilitate organ or tissue donation. The procurement or transplantation organization needs your authorization for any actual donations.

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.

National Security and Intelligence Activities: Upon receipt of a request, we may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. We will only provide this information after the Privacy Officer has verified the validity of the request and reviewed and approved our response.

Other Uses or Disclosures Required by Law: We will also disclose medical information about you when required to do so by federal, state or local laws that are not specifically mentioned in this Notice.

Changes To This Notice

We reserve the right to change our privacy practices and update this Notice accordingly. 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. We provide copies of the current Notice in our office and on our website (www.gonzagahealth.com). If the Notice is changed, we will provide you the new Notice in our registration area and upon your request.

Comments or Complaints

We welcome your comments about our Notice and our privacy practices. If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services (200 Independence Avenue, S.W., Washington D.C. 20201). To register a comment or file a complaint with our office, please call (301) 729-9475. Please be assured that no one will retaliate or act against you 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 authorization. If you provide us authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the activities covered by the authorization, except if we have already acted in reliance on your permission. We are unable to take back any disclosures we have already made with your authorization, and we are required to retain our records of the care that we provided to you.

Telehealth Privacy Notice

We are following the Centers for Disease Control and Prevention (CDC) guidelines to ensure we do not contribute to additional risk of exposure to COVID-19 and this may impact the traditional ways you receive care. The HHS Office for Civil Rights (OCR) announced on March 17, 2020, that it will allow for good faith use of telehealth during the nationwide public health emergency due to COVID-19. As we work to minimize risk and exposure to COVID-19 new and evolving federal policies/guidance have emerged allowing covered healthcare providers, like us, to use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype, to provide telehealth without risk that OCR might seek to impose a penalty for noncompliance with the HIPAA Rules related to the good faith provision of telehealth during the COVID-19 nationwide public health emergency. This notice serves as your notification that these third-party applications potentially introduce privacy risks and that we will continue to implement reasonable safeguards to protect patient information against intentional or unintentional impermissible uses and disclosures. Under this new Notice, however, Facebook Live, Twitch, TikTok, and similar video communication applications are public-facing, and will not be used in the provision of telehealth at our practice.

Patient Signature: _____

Date: _____

4
Patient Name: _____ DOB _____