

AACI Notice of Privacy Practices (NOPP)

(408) 975-2730

2400 Moorpark Avenue, Suite 300/319
San Jose, CA 95128

249 Story Road, Suite 50
San Jose, CA 95122

Your Information. Your Rights. Our Responsibilities.

This notice describes how AACI may use and disclose your **Protected Health Information (PHI)**, and your rights and choices in regard to your PHI. **Please review it carefully and let us know if you have any questions.**

Your Rights

You have the right to:

- Get a copy of your medical record
- Ask us to correct your medical record
- Request confidential communications
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- File a grievance if you feel your rights under this notice are violated

➤ *See page 2 for more information on these rights and how to exercise them*

Your Choices

You have the choice to:

- Share your information with family and friends
- Choose someone to act for you
- Share your information in a disaster relief situation
- Let us use your information to market our services or raise funds

➤ *See page 3 for more information on these choices and how to exercise them*

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our health clinic
- Bill for your services
- Help with public health issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions
- If requested by the VA/corrections

➤ *See pages 3 and 4 for more information on these uses and disclosures*

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More Detailed Information

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you. You have the right to:

Get a copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. To do this, please submit a request in writing.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. To do this, please submit a request in writing and give a reason.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.
- *Please note:* We cannot change information that we did not create.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit the information we share

- You can ask us **not** to share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time. You can also obtain a copy from our website at www.aaci.org.

File a grievance if you feel your rights under this notice are violated

- You can file a grievance if you feel we have violated your rights under this notice by contacting us using the information on page 1.
- You can also file a grievance with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a grievance.

Your Choices

For certain health information, you should tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, please tell us.

In these cases, you have the choice to:

- Share your information with family, friends, or others involved in your care. *You must give us permission to do this in writing, and we will keep it on file.*
- Choose someone to act for you. *If you have given someone medical power of attorney, or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.*
- Share your information in a disaster relief situation. *If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest.*

In these cases we *never* share your information unless you give us written permission first:

- When marketing our services
 - When doing fundraising
- If we contact you, you can tell us not to contact you again.*

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information to do the following (only the minimum information necessary is shared):

Treat you

- We can use your health information and share it with other professionals who are treating you, internally and externally, including during emergencies.

Example: *A doctor treating you for an injury asks another doctor about your overall health condition.*

Run our health clinic

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: *We use health information about you to manage your treatment and services; to make appointment reminders; and for program audits/evaluations.*

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.

Example: *We give information about you to your health insurance plan so it will pay for your services.*

continued on next page

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health issues	<ul style="list-style-type: none"> We can share health information about you for certain situations such as: <ul style="list-style-type: none"> Preventing disease Helping with product recalls Reporting adverse reactions to medications
Do research	<ul style="list-style-type: none"> We can use or share your information for health research, but only after approval by AACI’s Institutional Review Board (IRB) which maintains strict privacy protocols.
Comply with the law	<ul style="list-style-type: none"> We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy laws.
Respond to organ and tissue donation requests	<ul style="list-style-type: none"> We can share health information about you with organ procurement organizations.
Work with a medical examiner or funeral director	<ul style="list-style-type: none"> We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
Address workers’ compensation, law enforcement, and other government requests	<ul style="list-style-type: none"> We can use or share health information about you: <ul style="list-style-type: none"> For workers’ compensation claims For law enforcement purposes for example to respond to a search warrant, report a crime on our premises, or report a threat. With health oversight agencies for activities authorized by law such as audits For special government functions such as military, national security, and to protect the President of the United States.
Respond to lawsuits and legal actions	<ul style="list-style-type: none"> We can share health information about you in response to a court or administrative order, or in response to a subpoena.
If requested by the Department of Veteran Affairs	<ul style="list-style-type: none"> If you are or were a member of the armed forces, we can share health information about you in response to a request by the Department of Veteran Affairs.
If requested by a correctional institution	<ul style="list-style-type: none"> If you are in custody, we can share health information about you when requested by a correctional institution or law enforcement officials.



Please note that we are required by law to report when:

- You tell us you are going to hurt yourself or someone else.
- If we suspect child or elder/dependent adult abuse.
- If you report to a medical care practitioner that you have a wound or other physical injury that is due to assaultive or abusive conduct.
- If a medical care practitioner has a reasonable suspicion that you have a wound or other physical injury that is due to assaultive or abusive conduct.

A Note on Behavioral Health Services

In regard to psychotherapy and substance abuse treatment information:

We have certain obligations regarding the use and disclosure of your information according to two federal laws, the Federal Confidentiality Law (42 C.F.R., Part 2), and the Health Insurance Portability and Accountability Act (HIPAA, 45 C.F.R., Parts 160 and 164). These laws prohibit our program from disclosing to a third party any information which identifies you as a participant. The only exception to this is if we are required by law or regulation to do so.

If your behavioral health information is requested:

- It must first be approved in writing by AACI. We will consult with our legal counsel and determine if there is a need for disclosure, and the extent of the disclosure.
- In most cases, we will ask for written authorization from your or your legal representative first.

A Note on Electronic Health Record

“Asian Americans for Community Involvement (AACI) is part of an organized health care arrangement including participants in OCHIN. A current list of OCHIN participants is available at <http://www.ochin.org>. As a business associate of Asian Americans for Community Involvement (AACI), OCHIN supplies information technology and related services to Asian Americans for Community Involvement (AACI) and other OCHIN participants. OCHIN also engages in quality assessment and improvement activities on behalf of its participants. For example, OCHIN coordinates clinical review activities on behalf of participating organizations to establish best practice standards and access clinical benefits that may be derived from the use of electronic health record systems. OCHIN also helps participants work collaboratively to improve the management of internal and external patient referrals. Your health information may be shared by Asian Americans for Community Involvement (AACI) with other OCHIN participants when necessary for health care operation purposes of the organized health care arrangement.”

For more information on AACI's privacy practices, please contact:

For the Health Center: Manager of Quality Improvement, (408) 975-2763. Fax (408) 975-2745

For Behavioral Health: Manager of Quality Improvement, (408) 975-2730. Fax (408) 975-2745

For Wellness Services: Wellness Department Director, (408) 975-2730. Fax (408) 977-1146