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AACI Notice of Privacy Practices (NOPP)

Your Information. Your Rights. Our Responsibilities

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.**

YOUR RIGHTS

You have the right to:

- Get a copy of your paper or electronic medical record.
- Correct your paper or electronic medical record.
- Request confidential communication.
- 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.
- Choose someone to act for you.
- File a complaint if you believe your privacy rights have been violated.
    - ***See page 2*** *for more information on these rights and how to exercise them.*

YOUR CHOICES

You have choices in the way that we use and share information as we:

- 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 rights and how to exercise them.*

OUR USES AND DISCLOSURES

We may use and share your information as we:

- Treat you and run our health and behavioral health clinic.
- Bill for your services.
- Help with public health issues and 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, legal actions and if requested by the VA/corrections.
    - ***See page 3*** *for more information on these uses and disclosures.*

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.

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 medical records release request in writing. You can specify the mode in which you would like to receive your medical records.
- 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 will 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.
- If your preference is communication via email, then please be aware of the possible risks of using unencrypted email. You, using unencrypted email may carry the risk of exposing your communication and/or medical records to unauthorized entities and/or individuals.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or 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.

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.

File a complaint if you feel your rights 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 your Health Plan, the U.S. Department of Health and Human Services and/or 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 can 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 tell us to:

- Share information with your 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 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 in the following ways (only the minimum information necessary is shared):

Treat you (in-person, Telehealth and/or Video)

- We can use your health information and share it with other professionals who are treating you, internally and externally, including during emergencies including Public Health Emergencies and/or Public Health Mandated Reporting. Example: A doctor treating you for an injury asks another doctor about your overall health Condition.
- For Telehealth and/or Video visits, we will try to verify that the person we are speaking to is you or someone to whom you have given permission to act on your behalf to make medical decision and/or talk to your care teams. We will also verify your location for Telehealth visits.
- Please be aware that residents or behavioral health interns and trainees in training may be involved in your care under the supervision of licensed physicians and behavioral health clinicians.

Run our health and Behavioral 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.

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 and safety issues
- We can share health information about you for certain situations such as:
  - Preventing disease
  - Helping with product recalls
  - Reporting adverse reactions to medications

Do research
- 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
- 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
- We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director
- 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
- We can use or share health information about you:
  - 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
- 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
- If you are or were a member of the armed forces, we can share health information about you in a response to a request by the Department of Veteran Affairs.

If requested by a correctional institution
- If you are in custody, we can share health information about you when requested by a correctional institution or law enforcement officials.

Special Protections for Reproductive Health Care Information
Under the **2024 HIPAA Privacy Rule Final Rule**, we are **prohibited** from using or disclosing your protected health information (PHI) for the following purposes:

- To investigate or impose liability on any person for seeking, obtaining, providing, or facilitating **lawful reproductive health care**.
- To identify any person for such purposes.

We will **not disclose** your reproductive health information to law enforcement or other third parties **without your explicit, signed attestation** confirming that the request is not for one of the prohibited purposes.

A NOTE ON BEHAVIORAL HEALTH SERVICES

Regarding 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 164.524) and as amended by 21st Century Cures Act in 2016 and CARES Act in 2020. These laws provide guidelines for disclosing sensitive information to members of your care team. The only exception to these are noted under Uses and Disclosures.
- If your behavioral health information is requested:
    - It must be requested in writing to AACI. We will consult with our legal counsel and determine if there is a need for disclosure, and the extent of the disclosure.
    - we will ask for written authorization from you or your legal representative first.

ELECTRONIC HEALTH RECORDS AND CARE COORDINATION

AACI is part of an organized health care arrangement including participants in OCHIN. A current list of OCHIN participants is available at www.ochin.org. As a business associate of AACI, OCHIN supplies information technology and related services to 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 assess 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 personal health information may be shared by AACI with other OCHIN participants or a health information exchange only when necessary for medical treatment or for the health care operations purposes of the organized health care arrangement. Health care operation can include, among other things, geocoding your residence location to improve the clinical benefits you receive. The personal health information may include past, present, and future medical information as well as information outlined in the Privacy Rules. The information, to the extent disclosed, will be disclosed consistent with the Privacy Rules or any other applicable law as amended from time to time. You have the right to change your mind and withdraw this consent; however, the information may have already been provided as allowed by you. This consent will remain in effect until revoked by you in writing. If requested, you will be provided a list of entities to which your information has been disclosed.

CARE EVERYWHERE

OCHIN's Electronic Health Record is part of the EPIC system. Outside of OCHIN, other providers on your care team within EPIC can identify that you are open in our clinics and access your patient records for the purpose of coordinating care. You may choose to opt out of Care Everywhere. If you

do this, providers outside of OCHIN cannot access your records. If you opt out of Care Everywhere, certain limited information would still be visible to providers within your Care Team on the Epic system, including clinical notes, allergies, immunizations, medications, lab, and imaging results. Also, if you opt out of Care Everywhere, providers at our clinic won't be able to see your medical records from other places during your visit, whichmay make it harder for them to give you the best care since they don't have all the information about your past health care.

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

For the Health Center: Practice Administrator, (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

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html**.**

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.