



AACI SUMMARY – NOTICE OF PRIVACY PRACTICES

THIS IS ONLY SUMMARY OF AACI’S NOTICE OF PRIVACY PRACTICES (NOPP), WHICH DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. ***AS A CLIENT/PATIENT OF AACI, YOU ARE REQUIRED TO SIGN THE “CONDITION OF TREATMENT” PRIOR TO RECEIVING SERVICES AT AACI. IT IS THE LAST PAGE OF AACI’S FULL VERSION OF THE NOPP.***

THE FULL VERSION OF THE NOPP IS AVAILABLE TO YOU BY OBTAINING A HARD COPY AT AACI’S FRONT DESK OR SERVICE PROVIDER, OR VIA AACI WEBSITE: www.aaci.org

For more information, please contact:

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Our Pledge to Protect Your Privacy:

AACI is committed to protecting the privacy of your medical information. So that we can best meet your needs, we share your medical information with all the healthcare providers involved in your care. Only to the extent necessary, we also use and share your information to conduct our business operations, to collect payment for the services we provide to you, and to comply with the laws that govern healthcare. We will not use or disclose your information for any other purpose without your permission.

You have the following rights to access and control your health information:

- To inspect and obtain a copy of your medical and billing records, subject to some special requirements for substance abuse and alcohol abuse, genetic, mental health and HIV-related data;
- To request restrictions on certain uses or disclosures of your medical information;
- To request an accounting of AACI's disclosures of your medical information;
- To add an addendum to your medical record;
- To request that AACI communicate with you in a certain way or at a certain location;
- To receive a copy of the full version of the AACI Notice of Privacy Practices.

Examples of how we may use and disclose your health information:

- To provide you with medical treatment and services;
- To bill and receive payment for the treatment and services you receive;
- For functions necessary to run AACI and to assure that our patients receive quality care;
- To provide only demographic information to our development office for fundraising purposes;
- To workers' compensation or similar programs;
- For required public health activities (e.g., reporting abuse or adverse reactions to medications);
- As required for healthcare oversight (e.g., California Department of Health Care Services, United State Department of Health & Human Services, Medicare, Medi-Cal and private insurance companies);
- To law enforcement in certain limited circumstances;
- To a coroner, medical examiner or funeral director as required by law;
- For organ procurement or transplantation, if you are a potential donor.