

## **Notice of Privacy Practices for the Use and Disclosure of Protected Health Information (“PHI”)**

### **THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

We are committed to using your health information consistent with State and Federal law. Santa Lucia protects your electronic, written, and oral health information throughout our organization.

#### **Your Rights**

**Get a copy of health and claims records** (except psychotherapy notes and information to be used in a lawsuit or administrative proceedings). California law requires access to records to be provided within five business days. We will provide a copy upon your request for a reasonable, cost-based fee.

**Ask us to correct health and claims records.** We may say “no” to your request, but we will tell you why in writing within 60 days.

**Request confidential communications.** You can ask us to contact you in a specific way.

**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 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 plan or insurance company. We will say “yes” unless a law requires us to share that information.

**Get a list of those with whom we have shared information** (for up to six years prior to the date you ask, who we shared it with, and why). We will provide one accounting a year for free.

**Get a copy of this Privacy Notice.** You can ask for a paper copy of this Notice at any time.

**Choose someone to act for you.** If you have given someone power of attorney or if someone is your legal guardian or personal representative, that person can exercise your rights and make choices about your health information.

**File a complaint if you feel your rights are violated.** You can also file a complaint with the federal government. We will not retaliate against you for filing a complaint.

#### **Your Choices**

**For certain health information, you can tell us your choices about what we share.** In these cases, you have both the right and choice to authorize us to share information:

- with others involved in your care
- in a disaster relief situation
- include your information in a hospital directory, if applicable

#### **Our Uses and Disclosures**

We must disclose your PHI to you or your personal representative; and to the Secretary of the Department of Health and Human Services, if necessary, to make sure your privacy is protected.

You have the right to authorize or deny the release of PHI for purposes beyond treatment, payment, and health care operations. We may use and disclose your health information without your authorization as permitted or required by Federal, State, or local law.

**Treatment.** We may use and disclose medical information about you for your treatment. We may also share your health information with others who provide you care such as hospitals, nursing homes, doctors, nurses, or others involved in your care. Also, we may use your medical information to recommend possible treatment options or alternatives or tell you about health-related products or services.

Your written authorization will typically be required for most uses and disclosures of HIV test results, outpatient psychotherapy information, involuntary commitment records, and alcohol and drug abuse treatment information.

**Payment.** We may use and disclose medical information about you to obtain payment.

**Run our organization.** We may use and disclose medical information about you to support our health care operations. We can also use and disclose your information to contact you when necessary. We are not allowed to use genetic information to discriminate against you.

**Health Information may also be shared for the following:**

- Help with public health and safety issues and research.
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director.
- Address workers' compensation, law enforcement, and other government requests.
- Respond to lawsuits and legal actions to comply with the law.

**Health Information Exchange.** Santa Lucia may participate in electronic exchange networks and some of the uses and disclosures of information described above may be done through electronic means, such as a Health Information Exchange ("HIE").

**Our Responsibilities.** We will promptly let you know 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 authorize us in writing.

As part of normal business, Santa Lucia shares your information with other health care providers and payers and business associates that perform functions on our behalf. In all cases where your PHI is shared with business associates, we have a written contract that contains language designed to protect the privacy of your health information. All of these individuals and entities are required to keep your health information confidential and protect the privacy of your information in accordance with State and Federal laws.

**We can change the terms of this Notice, and the changes will apply to all information we have about you.**

**This Notice is effective January 1, 2019 and remains in effect until changed.**

**If you want to file a Complaint you can write or call us at:**

Santa Lucia Medical Group, Inc.  
1336 Natividad Road  
Salinas, CA 93906  
(831) 754-4444

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Signature below is only acknowledgement that you have received this Notice of our Privacy Practices.

Patient Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If signed by someone other than patient, indicate relationship: \_\_\_\_\_