

**WOMEN'S COMMUNITY CLINIC  
NOTICE OF HIPAA PRIVACY PRACTICES**

**THIS NOTICE EXPLAINS HOW WOMEN'S COMMUNITY CLINIC MAY USE AND SHARE MEDICAL INFORMATION ABOUT YOU AND HOW YOU CAN GET THIS INFORMATION.  
PLEASE LOOK IT OVER CAREFULLY.**

If you have any questions about this Notice, please contact the Privacy Officer, at (415) 379-7800.

This Notice of HIPAA Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). It describes how we may use or disclose your protected health information, with whom that information may be shared, and the safeguards we have in place to protect it. This notice also describes your rights to access and amend your protected health information. You have the right to approve or refuse the release of specific information outside of our clinic system, except when the release is required or authorized by law or regulation.

**ACKNOWLEDGEMENT OF RECEIPT OF THIS NOTICE.** You will be asked to provide a signed acknowledgement of receipt of this notice. Our intent is to make you aware of the possible uses and disclosures of protected health information and your privacy rights. The delivery of your health care services will in no way be conditioned upon your signed acknowledgement. If you decline to provide a signed acknowledgement, we will continue to provide your treatment, and will use and disclose your protected health information for treatment, payment, and health care operations when necessary.

**WHO WILL FOLLOW THIS NOTICE.**

The Women's Community Clinic and the following people within it follow the rules presented in this Notice:

- ◆ Any health care professional authorized to enter information into your medical record.
- ◆ All departments and units of this health center, its affiliates and contract providers that can read, use, or give out patients' personal health information.
- ◆ Members of volunteer groups who help you while you are receiving care from our health center.
- ◆ All employees, staff, and other health center personnel.
- ◆ Persons going to school to be a health worker and their teachers who help give your health care in our health center, for example medical residents, medical students, nursing students, fellows, or graduate students.

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### **WOMEN'S COMMUNITY CLINIC PLEDGE ABOUT HEALTH INFORMATION:**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the health center. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by our health center, whether made by the health center personnel or your personal doctor.

Our health center records and stores patient information in many places, both on paper and in computers. Health care workers and doctors share this information with one another in order to care for your health.

This Notice tells you about the ways that we may use and share health information about you. It also tells you about your rights and certain rules our Health Center has about how information is used and shared.

The law requires Women's Community Clinic to:

- ◆ keep a record of the care it provides you;
- ◆ make sure that health information that could be used to identify you is kept private;
- ◆ give you this Notice of legal duties and privacy practices; and
- ◆ follow the Notice that is currently in effect.

### **YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU.**

In general, you have the following rights regarding health information kept by our health center about you:

- ◆ **Right to Ask to Inspect and Copy.** You have the right to ask to see, read and obtain a copy of health information used to make decisions about your care. Usually, this includes medical and billing records, but may not include some mental health information. If you want to look at and obtain a copy of health information used to make decisions about your care, you must take or send your request in writing to the Women's Community Clinic medical records office. If you ask for a copy of the information, we may ask you to pay for copying, mailing or getting other supplies needed to respond to your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the health center will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

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- ◆ **Right to Make Corrections.** If you believe that health information stored by this health center about you is not correct or not complete, you have the right to ask us to change the information. You have the right to ask us to change your health information for as long as the information is kept. To ask for a change, send your request in writing to the Women's Community Clinic medical records office. In addition, you must explain why you want your health information changed. We may turn down your request if it is not in writing or does not explain why you want the information changed. In addition, we may turn down your request if you ask to change information that:
  - ◆ Was not created by this health center, unless the person who recorded the information is no longer available to make the change;
  - ◆ Is not part of the health information kept by or for this health center;
  - ◆ Is not part of the information that you would be allowed to look at and copy; or
  - ◆ Is found to be correct and complete.
  
- ◆ **Right to an Accounting of Disclosures.** You have the right to be informed with whom this health center has shared your health information. This right exists only for disclosures made after April 14, 2003. You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you other than our own uses for treatment, payment and health care operations, and disclosures you have authorized. To ask for this list, or "accounting of disclosures," you must send your request in writing to this clinic's medical records office. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. The first list you ask for within a 12-month period will be free. This health center may ask you to pay for additional lists. The costs will be explained to you, and you may choose to cancel or change your request at any time before the request is processed.
  
- ◆ **Right to Request Restrictions.** You have the right to ask this health center not to share your health information with certain individuals or for certain purposes. You also have the right to ask us not to share your health information with people, like a family member or friend, who may be involved in caring for you or paying for your care. For example, you could ask us not to use or share information about a surgery you had. ***The Women's Community Clinic does not have to agree to your request.*** If we do agree, this health center will not share information about you unless the information is needed to give you emergency treatment. To ask for restrictions, you must send your request in writing to the medical records office. In your request, you must explain (1) what information you want to limit; (2) whether you want to limit our use, sharing or both; and (3) to whom you want the limits to apply. For example, you may not want health information about you shared with your family.
  
- ◆ **Right to Request Confidential Communications.** You have the right to specify where and how our health center employees may contact you. For example, you can ask our staff to contact you only at work or by mail. Let us know in writing, by sending or delivering your request to this clinic's Privacy Officer, at Women's Community Clinic, 2166 Hayes, #104, San Francisco, CA 94117. Your request must tell how or where you wish to be contacted. You do not need to give a reason for your request. All reasonable requests will be approved.

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- ◆ **Right to a Paper Copy of This Notice.** You have the right to receive a paper copy of this Notice. You may ask for a copy of this Notice at any time. Even if you have agreed to receive this notice by email or have read it on a web site, you still have the right to a paper copy of this Notice. To obtain a paper copy of this notice, you may request in person or write to the Privacy Officer at 2166 Hayes, #104, San Francisco, CA 94117. You may get a copy of this notice at our web site, <http://www.thewomensclinic.org>.

### **HOW THE WOMEN'S COMMUNITY CLINIC MAY USE AND SHARE HEALTH INFORMATION ABOUT YOU.**

We want you to know of the different ways our health center uses and shares health information. We cannot describe every way it uses or shares health information in this Notice. However, most of the ways fit into one of the descriptions provided below. It is important for you to know that in California there are kinds of specially protected health care information that have to be kept and handled in special ways. Included in these protected kinds of information are mental health treatment, developmental disabilities treatment, drug/alcohol abuse treatment, sexually transmitted disease (STD), and HIV/AIDS treatment information. Information about treatment of minors over age 12 consenting for services for reproductive health, mental health, substance abuse, pregnancy, reportable diseases, rape or sexual assault are also protected. In all cases, our health workers and doctors will use the minimum amount of information necessary to give your care, obtain payment for your care, or operate our health care facilities. This health center regularly reviews the uses and disclosures that its staff makes from these records to be sure they are appropriate.

**For Treatment.** To improve the quality of care you receive, health information may be shared by providers within the health center and with its contract providers – including health information regarding mental health, developmental disabilities, substance abuse, sexually transmitted diseases (STD), and HIV/AIDS. For example, a doctor treating you for a broken leg may need to know if you have diabetes, because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes to arrange for special meals. Different departments of the health center may share information about you to provide things you need, such as medications, lab tests or x-rays. If you are also receiving care from another provider, or if your care requires that you be referred to a doctor or facility outside the health center, health information about you may be shared to provide you with quality treatment and plan your continuing care. The sharing of this information may include use of clinical computerized information systems, for example, the system that is used by San Francisco General Hospital and San Francisco Department of Public Health. Our health workers are committed, however, to only using and disclosing the minimum amount of information needed for your care.

**For Payment.** Health information about you may be used and shared so that the treatment and services you get at the health center may be billed to and payment collected from you, an insurance company or a third party claim recovery service. Information may be shared with an eligibility service so that it may look for programs to help patients pay for their care. It may also be necessary to tell your health plan about a treatment you need in order to get prior approval or to determine whether your plan will cover the treatment.

**For Health Care Operations.** Health information about you may be used and shared for health center operations. We may need to use and share this information to run our facilities and make sure that all health center patients receive quality care. For example, we may use your health

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information to review treatment and services and to check on the care you receive from our health workers. Health information about many health center patients may be combined to decide what additional services we should offer, what services are needed, and whether certain new processes are effective. Collections of information about many health center patients may be compared with information from other health care settings to see whether our care and services can be improved. Information that identifies you may be removed from health information to study health care and health care delivery. Information also may be shared with health center doctors, nurses, technicians, and other health center staff for review and learning purposes.

**Appointment Reminders.** Our health center may use information it has about you to remind you about an upcoming appointment. Remember, however, that you always have the right to ask us to contact you in other ways if you don't want to receive the appointment reminder in the mail.

**Individuals Involved in Your Care or Payment for Your Care.** Health information about you may be shared with a friend or family member who you have said is involved in and/or responsible for your medical care and who needs to know the information to help you. Information may also be given to someone who you have said will help pay for your care. Mental health clients will be asked to formally approve these types of sharing. In addition, health information about you may be shared with an organization helping in a disaster relief effort so that your family can be told about your condition, status and location.

**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.

**Fundraising Activities.** We may use medical information about you to contact you in an effort to raise money for the health center and its operation. We may disclose medical information to a foundation related to the health center so that the foundation may contact you in raising money for the health center. We would only release contact information, such as your name, address and phone number and the dates you received treatment or services at the health center. If you do not want the health center to contact you for fundraising efforts, you must notify the privacy officer in writing.

**Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. Where feasible, research information will not include information that could identify you as an individual. If research projects can identify you, those projects are subject to a special approval process. This process evaluates a proposed research project and its use of medical

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information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process.

**As Required By Law.** Health information about you may be shared when required by federal, state or local law.

**To Avert a Serious Threat to Health or Safety.** Health information about you may be used and shared to law enforcement officials, mobile crisis team, or to an intended victim when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

**SPECIAL SITUATIONS:** Information may be shared without your permission in the following situations if they apply to you.

- ◆ **Organ and Tissue Donation.** If you want to donate an organ, health information may be given to organizations that handle organ donation or organ, eye or tissue transplantation or to an organ donation bank, as needed to help with organ or tissue donation and transplantation.
- ◆ **Military and Veterans.** If you are a member of the armed forces, health information about you may be shared as required by military command authorities.
- ◆ **Workers' Compensation.** Health information about you may be given for workers' compensation claims processing or similar programs. These programs provide benefits for work-related injuries or illness.
- ◆ **Public Health Risks.** State and Federal law may require the health center share your health information for public health activities. These activities generally include the following:
  - ◆ to prevent or control disease, injury or disability;
  - ◆ to report births and deaths;
  - ◆ to report reactions to medications or problems with health care products;
  - ◆ to notify people about recalls of products they may be using;
  - ◆ to notify a person who may be catching or spreading a disease or condition;
  - ◆ to notify an authority if it is believed a patient has been the victim of abuse, neglect or domestic violence as required by law.
- ◆ **Health Oversight Activities.** The law may require the health center to share your health information with an agency that reviews our health care activities. Review activities include, for example, audits, investigations, inspections, and licensing. These activities are necessary for the government to monitor the health care system, programs paid for by taxpayers, and our adherence to civil rights laws.

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- ◆ **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, health information about you may be shared in response to a court or administrative order. Health information about you may also be shared in response to a subpoena, discovery request, or other lawful process by others involved in the dispute, but only if their attorneys have tried to tell you about the order so that you have an opportunity to object within the timelines established by law.
- ◆ **Law Enforcement.** Health information may be shared with a law enforcement official:
  - ◆ In response to a court order, subpoena, warrant, summons or similar process;
  - ◆ About a death believed to have been the result of criminal conduct;
  - ◆ About criminal conduct at the health center; and
  - ◆ In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of a person who committed a crime.
- ◆ **Coroners and Medical Examiners.** The law may require this health center to share your health information with a coroner or medical examiner. This may be necessary, for example, to identify a dead person or determine the cause of death.
- ◆ **Court-appointed Conservators & Guardians.** Without asking you, this health center may share your health information with individuals appointed by a court of law to look after your physical and/or mental health and financial well being.
- ◆ **National Security and Intelligence Activities.** Without asking you, this health center may share your health information with authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- ◆ **Protective Services for the President and Others.** This health center may share health information about you with authorized federal officials so they may provide protection to the President or foreign heads of state. We may share health information with other authorized persons to conduct special investigations.
- ◆ **Inmates.** If you are an inmate of a jail or prison or under the custody of a law enforcement official, this health center may share your health information with the jail/prison staff or its correctional officers. We would have to share this information (1) for the jail/prison to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the jail/prison staff.

### **Other Uses of Medical Information:**

Other uses and disclosures of medical information not covered by this notice or otherwise permitted by 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 reasons covered by

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your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided to you.

**IF YOU BELIEVE YOUR PRIVACY RIGHTS HAVE NOT BEEN MAINTAINED** while receiving our services, you may file a complaint with this health center or with the U.S. Secretary of the Department of Health and Human Services. All complaints must be sent in writing. To file a complaint with the health center, contact the privacy officer at 415-379-7800 located at Women's Community Clinic, 2166 Hayes, #104, San Francisco, CA 94117. To file a complaint with the Secretary, the address is U.S. Dept. of Health and Human Services, Office of Civil Rights, Attn: Regional Manager, 50 United Nations Plaza, Rm. 322, San Francisco, CA 94102.

You will not be penalized in any way for filing a complaint.

### **CHANGES TO THIS NOTICE**

The Women's Community Clinic reserves the right to change this Notice and to make the revised or changed Notice effective for health information already recorded about you as well as any information recorded in the future. A copy of the current Notice will be posted in the health center. The notice will have the effective date on the first page, in the top right-hand corner.