

Notice of Privacy Practices Handout

Ujima Adult and Family Services

"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."

I. Understanding Your Health Record/Information

Each time you visit the Ujima Adult and Family Services, Inc. (UJIMA) for services, a record of your visit is made. Typically, this record contains your symptoms, examination, test results, diagnosis, treatment, and a plan for future care. This information, often referred to as your health record, serves as a:

- Plan for your care and treatment
 - Communication source between health care professionals
 - Tool with which we can check results and continually work to improve the care we provide
 - Means by which Medicare, Medicaid or private insurance payors can verify the services billed.
 - Tool for education of health care professionals
 - Source of information for public health authorities charged with improving the health of the people
 - Source of data for medical research, facility planning and marketing
 - Legal document that describes the care you receive
- Understanding what is in your health record and how the information is used helps you to:
- Ensure its accuracy
 - Better understand why others may review your health information
 - Make an informed decision when authorizing disclosures of your information

II. Your Health Information Rights

Although your health record is the physical property of the UJIMA, the information belongs to you.

You have the right to:

- **Inspect and receive a copy of your health record**
- **Request a restriction on certain uses and disclosures of your health information.** For example, you could ask that we not disclose your health information about the treatment you received to a family member. UJIMA is not required to agree to your request, but if we do, we will comply with your request unless the information is needed to provide you with emergency services.
- **Request an amendment to your health record** if you believe the health information we have about you is incorrect or incomplete.
- **Request confidential communications about your health information.** You may ask that we communicate with you at a location other than your home or by a different means of communications such as telephone or mail.
- **Receive a listing of certain disclosures UJIMA has made of your health information upon request.** This information is maintained for six years or the life of the record, whichever is longer.
- **Revoke your written authorization to use or disclose health information.** This does not apply to health information already disclosed or used or in circumstances where we have taken action on your authorization or the authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contact a claim under the policy or the policy itself.
- **Obtain a paper copy of the UJIMA Notice of Privacy Practices** (this handout) upon request.

Effective Beginning April 14, 2003

Appointment Reminders: UDMA may contact you with a reminder that you have an appointment for medical care at our facility or to advise you of a missed appointment.

Food and Drug Administration (FDA): UDMA may disclose your health information to the FDA in connection with an FDA-regulated product or activity. For example, we may disclose to the FDA information concerning adverse events involving food, dietary supplements, product defects or problems, and information needed to track FDA-regulated products or to conduct product recalls, repairs or replacements, or post-marketing surveillance.

Workers Compensation: UDMA may disclose your health information for workers compensation purposes as required by law.

Public Health: UDMA may disclose your health information, as required by law to public health or other appropriate government authorities: (1) authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or conducting public health surveillance, investigations, and interventions; (2) authorized by law to receive reports of child abuse or neglect, and (3) authorized by law to receive reports of other abuse, neglect, or domestic violence (other than child abuse). Where authorized by law, UDMA may disclose your health information to an individual who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition. In some situations (for example, if you are employed by UDMA or another component of the Department of Health and Human Services, or in compelling circumstances affecting the health and safety of an individual), UDMA may disclose to your employer health information concerning a work-related illness or injury or a workplace-related medical surveillance.

Correctional Institution: If you are an inmate of a correctional institution, UDMA may disclose to the institution, health information necessary for your health and the health and safety of other individuals.

Law Enforcement: UDMA may disclose health information for law enforcement purposes as required by law or in response to an order from a court of competent jurisdiction, or in response to a valid request from an authorized law enforcement official, as permitted under federal law.

Members of the Military: If you are a member of the military services, UDMA may disclose your health information to your military command authorities.

Health Oversight Authorities: Where required by law or necessary for an employee of the Department of Health and Human Services (DHHS) to perform the or her official duties, UDMA may disclose your health information to health oversight agencies for activities authorized by law. These oversight activities include: investigations, audits, inspections and other actions. These are necessary for the government to monitor the health care system, government benefit programs, and entities subject to government regulatory programs and/or civil rights laws for which health information is necessary to determine compliance. UDMA is required by law to disclose protected health information to the Secretary of DHHS to investigate or determine compliance with the Health Information Portability and Accountability Act (HIPAA) privacy standards.

Compelling Circumstances: UDMA may use or disclose your health information in certain other situations involving compelling circumstances affecting the health or safety of an individual. For example, in certain circumstances: (1) we may disclose limited protected health information where requested by a law enforcement official for the purpose of identifying or locating a suspect, fugitive, material witness or missing person; (2) if you are believed to be a victim of a crime, a law enforcement official requests information about you and we are unable to obtain your

agreement because of incapacity or other emergency circumstances, we may disclose the requested information if we determine that such disclosure would be in your best interests; and (3) we may use or disclose protected health information as we believe is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person.

Note-Violation of this Notice: UDMA is not in violation of this Notice or the HIPAA Privacy Rule if any of its employees or its contractors (Business Associates) discloses protected health information under the following circumstances:

1. **Disclosures by Whistleblowers:** If an UDMA employee or contractor (Business Associate) in good faith believes that UDMA has engaged in conduct that is unlawful or otherwise violates criminal and professional standards or that the care or services provided by UDMA has the potential of endangering one or more patients or members of the workforce or the public and discloses such information to:
 - a. A Public Health Authority or Health Oversight Authority authorized by law to investigate or otherwise oversee the relevant conduct or conditions, or the suspected violation, or an appropriate health care accreditation organization for the purpose of reporting the allegation of failure to meet professional standards or misconduct by UDMA; or
 - b. An attorney on behalf of the workforce members or contractor (business associate) or hired by the workforce member or contractor (business associate) for the purpose of determining their legal options regarding the suspected violation.
2. **Disclosures by Workforce Members Crime Victims:** Under certain circumstances, an UDMA workforce member (either an employee or contractor) who is a victim of a crime on or off the hospital premises may disclose information about the suspect to law enforcement officials provided that:
 - a. The information disclosed is about the suspect who committed the criminal act.
 - b. The information disclosed is limited to identifying and locating the suspect.

Any other uses and disclosures will be made only with your written authorization, which you may later revoke in writing at any time. (Such revocation would not apply where the health information already has been disclosed or used or in circumstances where UDMA has taken action in reliance on your authorization or the authorization was obtained as a condition of obtaining insurance coverage and the member has a legal right to contest a claim under the policy or the policy itself.)

To exercise your rights under this Notice, to ask for more information, or to report a problem contact the Executive Director or the UDMA's Privacy Officer in writing at:

Executive Director/Privacy Officer
Ulina Adult and Family Services, Inc.
1898 The Alameda
San Jose CA 95136
(408) 928-1700

If you believe your privacy rights have been violated, you may file a written complaint with the above individual(s) or the Secretary of Health and Human Services, U.S. Department of Health and Human Services, Washington, D.C. 20201. There will be no retaliation for filing a complaint.

Effective Beginning: April 14, 2003