

## A Message from AltaMed Health Services Corporation:

This Notice of Privacy Practices (“Notice”) explains how we may use your medical information, who we may share it with, and how to get a copy of your medical records.

## Our promise regarding your health information

AltaMed Health Services Corporation (“AltaMed”) is committed to safeguarding your protected health information (“PHI”). We comply with all applicable laws to properly use, disclose, and maintain your PHI. We are also in compliance with California laws requiring us to keep and handle protected categories of health information appropriately. These protected categories include: mental health treatment, developmental disabilities treatment, drug/alcohol abuse treatment, and HIV/AIDS treatment information. There are also special ways of handling PHI for minors receiving services for reproductive health or pregnancy, mental health, substance abuse, sexually transmitted diseases, rape, or sexual assault-related services.

This Notice explains:

- Laws to protect your PHI
- Your rights about your PHI
- How to file a privacy-related complaint

We will always notify you of any breach (unauthorized use) of unsecured PHI that affects you.

## Changes to Notice of Privacy Practices

AltaMed follows all the privacy practices in this Notice. We also have the right to change these practices. If we make important changes, we will provide you with an updated Notice during your next visit to AltaMed. You can get a copy of this Notice from any AltaMed site or get it online at [www.altamed.org](http://www.altamed.org).

## How does AltaMed use and disclose protected health information?

AltaMed will only use or share your health information if it is needed to provide you with health services. Some of the information AltaMed uses and shares is: your name, address, email, telephone numbers, health care history, health care provided to you, and the cost of your health care. The following are other examples of how AltaMed may use or disclose your PHI.

**Treatment:** AltaMed will use and share your PHI with doctors, hospitals, and others to provide, coordinate, or manage your health care and any related services. For example, we may need to use your information to get prior approval for certain services, to call you as a reminder about an upcoming appointment, or to follow your health changes.

**Payment:** AltaMed will use and share your PHI, as needed, to obtain or provide payment for your health care services. This may include sharing information with your insurance, provider, or personal representative who is responsible for making decisions about payment of services.

**Health care operations:** Your information may be used for general administrative purposes. For example, we may need to check how well we are providing services, as part of audits, to participate in programs to stop fraud, and for AltaMed planning needs.

## Other uses of your health information

**Marketing:** Most uses and sharing of your PHI for marketing purposes would require your prior written authorization. There are some exceptions to marketing such as when a communication describes a health-related product or service, or an announcement of new providers or equipment.

**Fundraising:** AltaMed may contact you to provide information about AltaMed sponsored activities such as fundraising programs and events. The funds raised are used to expand and improve the services and programs AltaMed can provide to the community.

If you do not want to receive fundraising materials or communications, and would like to opt-out, please contact the AltaMed Patient Service Center at (888) 499-9303, or respond to any communication with a request to opt-out. You are free to opt-out of fundraising communications at any time, and your decision will have no impact on your treatment or payment for services.

**To individuals involved in your care or payment for your care:** AltaMed may share PHI with family members or friends involved in decisions about your care, payment for care, or in the case of an emergency. You have the right to request that AltaMed not share some or all of this information. Please contact the AltaMed Privacy Officer at [altamedprivacyoffice@altamed.org](mailto:altamedprivacyoffice@altamed.org) or the AltaMed site where you receive services to make a written request to not share PHI.

**Required by law:** AltaMed may use or share your PHI if required by federal, state, or local law, or by court order or subpoena.

**Public health activities:** AltaMed may share your PHI with a public health authority in order to prevent or control disease, injury, or disability. For example, AltaMed may share proof of vaccines with a patient's school.

**Research:** AltaMed may share health information for research projects. All research projects follow state and federal laws that protect patient privacy. All research projects that require sharing PHI must be approved through a special review process to protect patient safety, welfare, and confidentiality. If the special review process approves sharing health information for a research project, other studies may also use this same information. Researchers may contact patients to participate in certain research studies. Patients will only be contacted if the special review process has given their approval. You do not need to participate in any research project. If you agree to participate, you will need to sign an authorization form.

**To avert a serious threat to health or safety:** AltaMed may use and share your PHI if we believe it is necessary to avoid abuse, neglect, or a serious threat to your health or safety or to someone else's. We limit the information that is shared to that which is needed to respond to the emergency.

**Deceased individuals:** AltaMed may use or share the PHI of a deceased individual after the individual has been deceased for 50 years.

**When written permission is needed:** If AltaMed needs to share your PHI for a reason not explained in this Notice, we will first need your written permission unless required by law. You may cancel your authorization in writing at any time. If you cancel your authorization, we will no longer use or disclose your PHI for the purposes covered by your written authorization.

If you cancel your authorization, it will only effect new disclosures. You may contact the site that collected your authorization or the Privacy Officer at [AltaMedPrivacyOffice@AltaMed.org](mailto:AltaMedPrivacyOffice@AltaMed.org), to cancel the authorization.

## What are your privacy rights?

The following is a statement of your rights about your PHI and a brief description on how to exercise these rights.

### You have the right to receive and review a copy of your PHI.

- You may receive and review a copy of your paper and electronic health records. Your health records include medical and billing records and any other records that we use for making medical decisions about your care.
- You have the right to receive your PHI in the format requested. If it is not available in that format, we will give it to you in another format.
- Please submit your requests to receive or review a copy of your PHI to AltaMed Health Information Management at [RecordRequest@AltaMed.org](mailto:RecordRequest@AltaMed.org) or the AltaMed site where you receive services.
- There may be a fee for providing you with your health records.
- Under some circumstances, your request to inspect or obtain a copy of your PHI may be denied. If your request is denied, you may request that the decision be reviewed.

## You have the right to request a restriction on disclosures of your PHI.

- You may request that we limit our use of your PHI for treatment, payment, and health care operations purposes. We will review and consider your request.
- AltaMed does not have to agree to your request, unless it is to a health plan or insurer and you or someone on your behalf will be paying for all services out-of-pocket.
- To request a restriction or to revoke your authorization, you must make your request in writing to AltaMed Health Information Management at [RecordRequest@AltaMed.org](mailto:RecordRequest@AltaMed.org). Your request must include what information you want to be restricted, whether you want to limit the use, disclosure, or both, whether you paid for services in-full, and/or to whom you want the limits to apply.

## You have the right to request to receive confidential communications from us by alternative means or at an alternative location.

- You have the right to ask AltaMed to contact you only in writing at a different address or post office box, or by email, text message, or telephone.
- To request a change in how you receive confidential communications, send a written request to the AltaMed Privacy Officer and specify how you wish to receive confidential communications.

Attention: Privacy Officer  
AltaMed Health Services Corporation  
2040 Camfield Avenue  
Los Angeles, CA 90040

- AltaMed will accommodate all reasonable requests when necessary to protect your safety.

## You have the right to request an amendment to your PHI.

- If you believe there is a mistake in your PHI or that important information is missing, you may request that we correct or add to the record.
- To request a change, send a written request to AltaMed Health Information Management at [RecordRequest@AltaMed.org](mailto:RecordRequest@AltaMed.org). You must tell us what corrections or additions you are requesting, and why the corrections or additions should be made. We will respond in writing after reviewing your request.
- If we approve your request, we will make the correction or addition to your PHI. If we deny your request, we will tell you why and explain your right to file a written statement of disagreement.
- AltaMed cannot change records that were not created by AltaMed, are not part of your health record, or have been gathered for legal purposes.
- AltaMed cannot change information that is determined to be accurate and complete.

## You have the right to receive a list of when your PHI was shared.

- You have the right to request a list of organizations and places with whom we shared your PHI with.
- This list will include whom we shared the information with, when we shared the information, the reason the information was shared, and a description of the information shared.
- This list will not include when information was shared with you, shared with your permission, shared for treatment, payment, or health care operations, and other exceptions authorized by law.
- To request an accounting of disclosures, you must submit your request in writing to AltaMed Health Information Management at [RecordRequest@AltaMed.org](mailto:RecordRequest@AltaMed.org). Your request must include a time-frame that is less than six-years old.
- You may receive one list every 12-months for no charge. If you require additional lists, there may be a fee. AltaMed will inform you of this fee at the time you make your request.

## You have the right to request a paper copy of this Notice of Privacy Practices.

- An electronic version of this Notice is on our website at [www.AltaMed.org](http://www.AltaMed.org).
- For a paper copy of this Notice, you may contact the Privacy Officer at [AltaMedPrivacyOffice@AltaMed.org](mailto:AltaMedPrivacyOffice@AltaMed.org) or the site where you received outpatient care.

## How do you contact AltaMed to use your rights?

If you want to use any of the privacy rights explained in this Notice, you may contact the AltaMed program or site from which you receive care or services. You may need to fill out a form to use your rights; if needed, we can help you fill out the form. Alternatively, you can call or write to us for assistance at:

Attention: Privacy Officer  
AltaMed Health Services Corporation  
2040 Camfield Avenue  
Los Angeles, CA 90040  
(888) 499-9303  
AltaMedPrivacyOffice@AltaMed.org

## How do you contact AltaMed about your protected health information?

If you have questions about your PHI, call or write to us at:

Attention: Privacy Officer  
AltaMed Health Services Corporation  
2040 Camfield Avenue  
Los Angeles, CA 90040  
(888) 499-9303  
AltaMedPrivacyOffice@AltaMed.org

## How do you contact the AltaMed Patient Service Center?

Call the Patient Service Center at (888) 499-9303.

## Complaints/questions

If you believe that we have not protected your privacy, you have the right to complain. You may file a complaint (or grievance) by calling or writing to us at the AltaMed address below. If you have any questions about this Notice and want further information, please contact our Privacy Officer:

Attention: Privacy Officer  
AltaMed Health Services Corporation  
2040 Camfield Avenue  
Los Angeles, CA 90040  
(888) 499-9303  
AltaMedPrivacyOffice@AltaMed.org

### You may also file a complaint by contacting:

U.S. Department of Health and Human Services  
Office for Civil Rights - Pacific Region  
90 7th Street, Suite 4-100  
San Francisco, CA 94103  
Toll-Free Center: (800) 368-1019  
Fax: (202) 619-3818 | TDD: (800) 537-7697  
Email: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)  
[www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)

Use your rights without fear. We will not take retaliatory action against you if you file a complaint about our privacy practices.

To view the most current Notice of Privacy Practices, visit [www.AltaMed.org/regulatory-notice](http://www.AltaMed.org/regulatory-notice) or scan this QR code:

Notice of Privacy Practices Effective Date 6/15/23

