

# Notice of Privacy Practices

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

## **Privacy is important to all of us**

You have privacy rights under a federal law that protects your health information. These rights are important for you to know. You can exercise these rights, ask questions about them, and file a complaint if you think your rights are being denied or your health information isn't being protected.

## **Safeguards we are taking**

We have worked to design and manage our site to meet current industry standards of privacy and security, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA). American Health Care has security measures in place to protect against the loss, misuse, unauthorized disclosure, and alteration of the information under our control. American Health Care utilizes encryption technology to ensure private and authenticated communication.

## **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

This section explains your rights and some of our responsibilities to help you.

### **Get an electronic or paper copy of your medical record or correct information.**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 60 days of your request. We may charge a reasonable cost-based fee.
- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We will review the request and let you know in writing if we will be able to complete the request or not within 60 days.

To request a copy, make changes, or you must make your request in writing and submit it to:

Privacy Office  
2351 Sunset Blvd, Suite 170-899  
Rocklin, CA 95765

### **Request confidential communications**

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. To request confidential medical communications, you must make your request in writing and submit it to:

Privacy Office  
2351 Sunset Blvd, Suite 170-899  
Rocklin, CA 95765

**We will accommodate all reasonable requests.**

### **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 are not required to agree to your request, and we may say "no" if it would affect your care.

**Request an accounting of disclosures.** You have the right to receive a list of certain disclosures we have made of your Health Information.

- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### **Right to a paper copy of this notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

### **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

### **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us at:  
American Health Care Privacy Office  
2351 Sunset Blvd, Suite 170-899  
Rocklin, CA 95762  
Email: [compliance@americanhealthcare.com](mailto:compliance@americanhealthcare.com)

You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to:

Regional Manager  
Office of Civil Rights  
U.S. Dept. of Health and Human Services  
1961 Stout Street – Room 1185 FOB  
Denver, Co 80294-3538  
Online: [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints) 

**We will not retaliate against you for filing a complaint.**

**Right to be notified of a breach.** You have the right to be notified if we or one of our Business Associates discovers a breach of unsecured health information about you.

## YOUR HEALTH INFORMATION CHOICES

If you have a clear preference for how we share your information in the situations described below, let us know what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

*We may share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

## HOW WE DISCLOSE AND USE YOUR HEALTH INFORMATION

### **To treat you**

We can use your health information and share it with other professionals who are treating you.

### **To run our organization**

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

We may use your health information to support necessary business, financial and clinical functions. Examples of these functions may include: auditing our clinical procedures, analyzing our cost of care, arranging for patient satisfaction surveys, fundraising and determining the need for new health care services.

### **To obtain payment and bill for your services**

We can use and share your health information to bill and get payment from health plans or other entities.

### ***How else can we use or share your health information?***

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For more information, visit [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### **To help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### **To do research**

We can use or share your information for health research.

### **To comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

### **To address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

### **To respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

### **To our Business Associates**

There are some services provided in our organization through contracts with business associates. When services are provided by contracted business associates, we may disclose the appropriate portions of your health information to them so they can perform the job we have asked them to do. However, our business associates are also required by law to safeguard your information.

# AMERICAN HEALTH CARE RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a data breach occurs that may have compromised the privacy or security of your information.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you give us permission to share your information, you may change your mind at any time. Let us know in writing if you change your mind.

## For more information

This is a brief summary of your rights and protections under the federal health information privacy law. You can ask your provider or health insurer questions about how your health information is used or shared and about your rights.

You can also learn more, including how to file a complaint with the U.S. Government, at the website at [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html). 

## American Health Care Contact Information

Privacy Office  
2351 Sunset Blvd, Suite 170-899  
Rocklin, CA 95765  
Email: [compliance@americanhealthcare.com](mailto:compliance@americanhealthcare.com)

## Changes to the Terms of this Notice

We can change the terms of this notice at any time, and the changes will apply to all information we have about you. The new notice will be available upon request in our facilities and on our web site.