



東北醫療中心

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NORTH EAST MEDICAL SERVICES (NEMS) NOTICE OF PRIVACY OF INFORMATION PRACTICES

Effective Date: 4/14/2003 Revised Date: 10/01/2008

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.

If you have any questions about this notice, please contact the Member Services Department at 415-391-9686 ext. 8160 or Health Information (HIS) Department at 415-391-9686 ext. 5801.

WHO WILL FOLLOW THIS NOTICE

This notice describes North East Medical Services' (NEMS) practice and that of:

- Any health care professional authorized to enter information into your NEMS health record.
- All NEMS entities, clinic locations, and departments.
- Any member of a volunteer group we allow to help you while you are at NEMS.
- All employees, staff, and other health care personnel we do business with such as the California Pacific Medical Center (CPMC), other hospitals, outside specialists, etc.
- All companies we do business with who handle NEMS protected health information (PHI), such as storage companies, transcription services, or copying services.

OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION (PHI)

Your protected health information (PHI) is information that contains such things as your name, Social Security number, birth date, or other information that reveals who you are. Your NEMS health records are considered PHI because it identifies who you are and contains information regarding health services you received.

NEMS understands that your PHI is personal, and we are committed to protecting your PHI. We must keep record of your PHI in order to provide you with quality care and to comply with legal requirements.

This notice will tell you about the ways in which we may use and disclose your PHI. We also describe your rights and certain obligations we have regarding the use and disclosure of PHI.

We are required by the State and Federal laws to:

- Make sure that PHI that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to your PHI.
- Follow the term of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Your confidentiality is important to NEMS. Our physicians and employees are required to maintain the confidentiality of your PHI. NEMS has policies, procedures and other safeguards to help protect your PHI from improper use and disclosure.

Sometimes we are allowed by law to use and disclose certain PHI without your written permission. How much PHI is used or disclosed without your permission will vary depending, for example, on the intended purpose of the use or disclosure. Sometimes we may only need to use or disclose a limited amount of information in order to send you an appointment reminder or to confirm that you are a NEMS patient. At other times, we may need to use or disclose more information when we are providing medical treatment.

The following categories describe different ways that we may use and disclose PHI. For each category of uses or disclosure, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of these categories.

1. **For Treatment:** We may use your PHI to provide you with medical treatment or services. We may disclose your PHI to doctors, nurse practitioners, nurses, dentists, technicians, medical students, or other clinic personnel who are involved in your health care. Different departments of NEMS may also share your PHI in order to coordinate the different things you need, such as dental care, prescriptions, lab work, and x-rays. We may also disclose your PHI to people outside the clinic who may be involved in your care or providing services for your care, such as specialists or other agencies you were referred to for services or care. For example, your children's immunization history may be included in the California Automated Immunization Registry (CAIR) so that NEMS may ensure coordinated care. Health care professionals, using their best judgment, may disclose your PHI to a family member, other relative, close personal friend, or any other person you identify. Information will only be disclosed if it is relevant to involvement in your care.
2. **For Payment:** We may use and disclose your PHI so that the treatment and services you receive at NEMS may be billed to and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about a surgery you received at an affiliated hospital so that your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
3. **For Health Care Operations.** We may use and disclose your PHI for NEMS operations or to another health care provider or health plan with which you have a relationship. These uses and disclosures are necessary for NEMS to operate and to make sure that all of our patients receive quality care. For example, we may use PHI to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine PHI about many patients to decide what additional services NEMS should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, dentists, social workers, therapists, psychologist, technicians, medical students, and other personnel for review and learning purposes. We may also disclose information to pharmaceutical companies for Patient Assistance Programs so that we can provide you with free or low cost medications. We may also combine the health information we have with information from other health care providers to compare how we are performing and to see where we can make improvements in the care and

services we offer. Information that identifies you may be removed from this set of information so that others may use it without learning who the specific patients are.

4. **Appointment Reminders/Result Letters.** We may use and disclose your PHI to contact you as a reminder that you have an appointment for treatment or care at NEMS. We may also disclose information to send you letters, such as Pap and Mammography results or welcome letters for new members. Attempts to remind you of an appointment or needed care may also be made by phone. For instance, our Dental Department may make a phone call to remind you to come in for a scheduled appointment. If you are not at home, then a discrete message may be left on your answering machine or with your relatives. The message may identify the clinic location at NEMS calling you and the time of your appointment.
5. **Treatment Alternatives.** We may use and disclose your PHI to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
6. **Health-Related Benefits and Service.** We may use and disclose your PHI to tell you about health-related benefit or services that may be of interest to you, such as announcements about free or reduced-fee for special tests. Also, our Pharmacy Department may do a drug consult at the pharmacy window. If you wish to have greater privacy for this consult, you may request that it be done in a separate private area.
7. **Health Education and Newsletters.** We may use information about you to send you the latest literature on preventable diseases or upcoming events that we sponsor, such as health fairs.
8. **Individuals Involved in Your Care or Payment for Your Care.** We may release certain limited information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition. In addition, we may disclose your PHI to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
9. **Research.** Under certain circumstances, we may use and disclose your PHI 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 different medication for the same condition. All research projects are subject to a special approval process. This process evaluates a proposed research project and its use of PHI, trying to balance the research needs with patients' need for privacy. Before we use or disclose your PHI for research, the project will be approved through this process. We may, however, disclose your PHI to people preparing to conduct a research project to help them look for patients with specific medical needs, as long as the PHI they review does not leave NEMS. We may ask for your specific permission if the researcher will have access to your name, address, or other information that reveals who you are or who is involved in your care at the clinic.
10. **As Required by Law.** We will disclose your PHI when required to do so by federal, state or local law.
11. **Disclosures to Parents as Personal Representatives of Minors.** In most cases, we may disclose your minor child's PHI to you. In some situations, however, we are permitted or even required by law to deny your access to your minor child's PHI. An example of when we must deny such access,

based on the type of health care, is when a minor who is age 12 or older seeks care for a communicable disease or condition.

12. **To Avert a Serious Threat to Health or Safety.** We may use and disclose your PHI 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:

13. **Military and Veterans.** If you are a member of the armed forces, we may disclose your PHI as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.
14. **Workers' Compensation.** We may disclose your PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
15. **Public Health Risks.** We may disclose your PHI regarding public health activities. These activities generally include the following to:
 - Prevent or control disease, injury or disability;
 - Report birth and deaths;
 - Report the abuse or neglect of children, elder, and dependent adults;
 - Report reaction to medication or problems with products;
 - Notify people of recalls of products they may be using;
 - Notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
 - Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by laws.
16. **Health Oversight Activities:** We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government program, and compliance with civil rights laws. For instance, you may be part of a program like Medicare, Medi-Cal, or the Cancer Detection Program, and we will be required to disclose information in response to their requests. Other health oversight activities may involve professional associations like the Medical, Dental, or Pharmacy Board of California.
17. **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we will disclose your PHI when properly ordered to do so by a court of law.
18. **Law Enforcement.** We may release PHI if asked to do so by law enforcement officials:
 - In response to a court order, subpoena, warrant, summons, or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - About a death we believe may be the result of criminal conduct;

- About criminal conduct at NEMS;
 - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description, or location of the person who committed the crime.
19. **Coroners, Medical Examiners and Funeral Directors.** We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release PHI to funeral directors as necessary to carry out their duties.
 20. **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your PHI to the correctional institution or law enforcement official. This release would be necessary: (1) for the institution 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 correctional institution.
 21. **National Security and Intelligence Activities.** We may release your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
 22. **Protective Services for the President and Others.** We may disclose your PHI to authorized federal officials so that they may provide protection to the President of the United States, other authorized persons, or foreign heads of State, or to conduct special investigation.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding PHI we maintain about you:

Right to Inspect and Copy. You have the right to request to inspect and copy PHI that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include outpatient psychotherapy notes.

To inspect and copy PHI that may be used to make decisions about you, you must submit your request in writing to the HIS Department or come to the HIS Department and complete an *Authorization to Disclose Health Information Form*. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy in certain limited circumstance. If you are denied access to your PHI, you may request that the denial be reviewed. The Member Services Department 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.

Right to Amend. If you feel that PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for NEMS.

To request an amendment, please come to the HIS Department and complete a *Medical Record Correction/Amendment Form*.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the PHI kept by or for NEMS;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request an “Accounting of Disclosures.” This is a list of the disclosures we made of your PHI other than our own uses for treatment, payment, and health care operations, as those functions are described above.

To request an Accounting of Disclosures list, you must submit your request in writing to the HIS Department. 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 request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the costs involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operation. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a specific treatment you had. You may also choose to not be included in our automated telephone reminder system or immunization registry, by making your request known to the HIS Department in writing.

NEMS is not required to agree to Your Request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. If you do not want an accompanying family member to be present when health questions are asked, then you must not bring the family member into the exam room with you. Bringing a family member with you is an implied consent to share information.

To request restrictions, you must make your request in writing to the HIS Department. In your request, you must tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply; for example, to your spouse.

Right to Request Confidential Communications. You have the right to request that we communicate with you about health matters in a certain way or a certain location. For example, you can ask that we only contact you at work or by mail

To request confidential communications, you must make your request in writing to the HIS Department. We will not ask you the reason for your request, and will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to Provide an Authorization for Uses and Disclosures. Other uses and disclosures of PHI not covered by this notice or the laws that apply to use will be made only with the written permission of you, your legal representative, or surrogate. Sensitive information of minor patients age 14 and older will not

be given to parents pursuant to California State Law. If you give us permission to use or disclose your PHI, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your PHI for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Right to a Paper Copy of this Notice. You may ask us to give you a copy of this notice at any time.

CHANGES TO THIS NOTICE

We reserve the right to change this notice at any time. We reserve the right to make the revised or changed notice effective for PHI we already have about you as well as any information we receive in the future. We place a copy of the current notice in the waiting area of each of our clinics and post on the NEMS website. The notice will contain the effective date on the top of the first page. In addition, each time you register at NEMS for health care services, you will be offered a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the NEMS Privacy Official. To file a complaint, please contact Linda Kline at 415-352-5058. If you are not satisfied with our response, you may file a complaint with the Secretary of the United States Department of Health and Human Services. All complaints must be submitted in writing.

**** You will not be penalized for filing a complaint.**