



## Help Me Help You NOTICE OF PRIVACY PRACTICES

Effective 10/1/2016

This notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully.

If you have any questions about this notice, please contact:

Privacy Officer, Help Me Help You, 121 Linden Ave Ste B107 Long Beach CA 90802

### **OUR COMMITMENT TO YOUR PRIVACY AND OUR OBLIGATIONS**

Help Me Help You is dedicated to maintaining the privacy of your Health Information. We are required by law to:

- Maintain the privacy of your protected Health Information.
- Give you this notice of our legal duties and practices regarding your Health Information.
- Follow the current terms of our notice.

### **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION**

Except for the following purposes, we will use and disclose Health Information only with your written permission. You may take back your permission at any time by writing to our practice's Privacy Officer. These are the ways we may use and disclose your protected Health Information:

- **Treatment.** We may use and disclose Health Information for your treatment and to provide you with treatment-related services. For example, we may disclose Health Information to doctors outside our office who need the information to assist us with helping you.
- **Payment.** We may use and disclose Health Information so that we or others may receive payment from you or an insurance company. For example, we may give your health plan information so that they can pay for treatment.
- **Health Care Operations.** We may use and disclose Health Information to manage our operations and make sure your medical care is of the highest quality. We also may share information with other related parties, such as your health plan, for their health care operation activities.
- **Appointment Reminders, Treatment Alternatives, and Health-Related Benefits and Services.** We may use and disclose Health Information to contact you and to remind you that you have an appointment with us. We may also use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may interest you.
- **Individuals Involved in Your Care or Payment for Your Care.** When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or close friend. We may also notify your family about your location or general condition or disclose this information to an entity assisting in a disaster relief effort.

### **SPECIAL SITUATIONS**

- **As Required by Law.** We will disclose Health Information when required to do so by law.
- **To Prevent a Serious Threat to Health or Safety.** We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. We will only disclose information to someone who may help prevent the threat.
- **Business Associates.** We may disclose Health Information to our business associates that perform services for us if the information is necessary for these services. For example, we may use another

company for our billing services. All of our business associates are required to protect the privacy of your information and are not allowed to use or disclose any information except as stated in our contract.

- **Organ and Tissue Donation.** If you are an organ donor, we may use or release Health Information to organizations that handle any part of the organ donation process.
- **Military and Veterans.** If you are a member of the armed forces, we may release Health Information as required by military authorities. If you are a member of a foreign military, we may also release Health Information to that foreign military authority.
- **Workers' Compensation.** We may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks.** We may disclose Health Information for public health activities. These activities include preventing or controlling disease, injury, or disability; reporting births and deaths; reporting child abuse or neglect; reporting abuse or neglect of a person in your care; reporting reactions to medications or problems with products; notifying people of recalls of products they may be using; informing a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease; and reporting to 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 by law.
- **Health Oversight Activities.** We may disclose Health Information 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 programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We may also disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

## **USES AND DISCLOSURES THAT REQUIRE YOUR PERMISSION**

All other uses and disclosures will be made only with your consent unless required by law. Without your permission, we are prohibited from using or disclosing your protected health information for marketing purposes. We may not sell your protected health information without your permission. We will not use or disclose any of your protected health information that contains genetic information that will be used for underwriting purposes. You may take back your permission, at any time, in writing, except if your provider has taken an action that relies on the use indicated in your permission.

## **YOUR RIGHTS**

You have the following rights regarding Health Information we have about you:

- **Right to View and Copy.** You have the right to view and copy the Health Information that Help Me Help You creates and may be used to make decisions about your care. This includes your medical and billing records. To inspect and copy this Health Information, you must submit a request to your provider using our Release of Information form. Requests must be made in person or in writing.
- **Right to Change.** If you feel that Health Information we have is incorrect or incomplete, you may ask us to change the information. You have the right to request a change for as long as our office keeps your information. To request a change, you must make your request in writing to your provider.
- **Right to a List of Disclosures.** You have the right to request a list of the ways we shared your Health Information for purposes other than treatment, payment, and health care operations or for which you

provided written permission. To request a list of disclosures, you must make your request in writing to your provider.

- **Right to Request Restrictions.** You have the right to request a limit on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we share with someone involved in your care, like a family member or friend. For example, you can ask that we not share information about a particular diagnosis with your spouse. We will honor all requests for restrictions, unless the information is needed to provide you with emergency treatment.
- **Right to Request Confidential Communication.** You have the right to request that we communicate with you about your care in a certain way or at a certain location. For example, you can ask that we contact you only by mail or at work. To request confidential communication, you must make a request in person or in writing to your provider. Your request must state how or where you wish to be contacted. We will accommodate all reasonable requests.
- **Right to Receive Notice of a Breach.** We will notify you if your unsecured protected health information has been breached.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website, [www.helpmehelpyu.org](http://www.helpmehelpyu.org). To obtain a paper copy of this notice, contact the Privacy Officer.

#### **CHANGES TO THIS NOTICE**

We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page. **COMPLAINTS** If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact: Privacy Officer, Help Me Help You, 121 Linden Avenue Ste B107, Long Beach CA 90802. All complaints must be made in writing. You will not be penalized for filing a complaint.