

Notice of Privacy Practices

Effective Date: 11/1/2024

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

By law, we must

1. Protect the privacy of your health information;
2. Tell you about your rights and our legal duties with respect to your health information;
3. Notify you if there is a breach of your unsecured health information; and
4. Tell you about our privacy practices and follow our notice currently in effect.

We take these responsibilities seriously and have put in place administrative safeguards (such as training and policies and procedures), technical safeguards (such as encryption and passwords), and physical safeguards (such as locked areas requiring keys or badges) to protect your health information, and we will continue to take appropriate steps to safeguard the privacy of your health information.

How This Medical Practice May Use or Disclose Your Health Information

The medical record is the property of this medical practice, but the information in the medical record belongs to you. The law permits us to use or disclose your health information for the following purposes:

1. **Treatment**. We use medical information about you to provide your medical care. We disclose medical information to our employees and others who are involved in providing the care you need. For example, we may share your medical information with other physicians or other health care providers who will provide services that we do not provide or we may share this information with a pharmacist who needs it to dispense a prescription to you, or a laboratory that performs a test.
2. **Payment**. We use and disclose medical information about you to obtain payment for the services we provide. For example, we give your health plan the information it requires for payment. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to you.
3. **Health Care Operations**. We may use and disclose medical information about you to operate this medical practice. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. Or we may use and disclose this information to get your health plan to authorize services or referrals.
4. **Business Associates**. We may contract with business associates to perform certain functions or activities on our behalf, such as for payment and health care operations purposes. These business associates must agree to safeguard your health information.

5. Appointment Reminders. We may use and disclose medical information to contact and remind you about appointments. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone.
6. Sign-in Sheet. We may use and disclose medical information about you by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.
7. Notification and Communication with Family or Others. There may be times when it is necessary to disclose your information to a family member or other person involved in your care because there is an emergency, you are not present, or you lack the decision-making capacity to agree or object. In those circumstances, we will use our professional judgment to determine if it's in your best interest to disclose your information. If so, we will limit the disclosure to the information that is directly relevant to the person's involvement with your health care.
8. Required by Law. As required by law, we will use and disclose your health information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning those activities.
9. Public Health. We may, and are sometimes required by law, to disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. When we report suspected elder or dependent adult abuse or domestic violence, we will inform you or your personal representative promptly unless in our best professional judgment, we believe the notification would place you at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.
10. Health Oversight Activities. We may, and are sometimes required by law, to disclose your health information to health oversight agencies during audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by federal and California law.
11. Judicial and Administrative Proceedings. We may, and are sometimes required by law, to disclose your health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.
12. Law Enforcement. We may, and are sometimes required by law, to disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.
13. Coroners and Funeral Directors. We may disclose your health information to a coroner or medical examiner to permit identification of a body, determine cause of death, or for other official duties. We may also disclose information to funeral directors.

14. Organ or Tissue Donation. We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.
15. Public Safety. We may, and are sometimes required by law, to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
16. Proof of Immunization. We will disclose proof of immunization to a school where the law requires the school to have such information prior to admitting a student if you have agreed to the disclosure on behalf of yourself or your dependent.
17. Specialized Government Functions. We may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.
18. Worker's Compensation. We may disclose your health information as necessary to comply with worker's compensation laws. For example, to the extent your care is covered by workers' compensation, we will make periodic reports to your employer about your condition. We are also required by law to report cases of occupational injury or occupational illness to the employer or workers' compensation insurer.
19. Change of Ownership. In the event that this medical practice is sold or merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.
20. Research. We may disclose your health information to researchers conducting research with respect to which your written authorization is not required as approved by an Institutional Review Board or privacy board, in compliance with governing law.

When This Medical Practice May Not Use or Disclose Your Health Information

Except for those uses and disclosures described above, we will not use or disclose your health information without your written authorization. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use of disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use of disclosure of information that occurred before you notified us of your decision. Some instances in which we may request your authorization for use or disclosure of your health information are:

1. Sale of Your Health Information. We may only sell your personal health information if we received your prior written authorization to do so.
2. Marketing. We may ask for your authorization in order to provide information about products and services that you may be interested in purchasing or using. Please note that marketing does not include contacting you with information about treatment alternatives, prescription drugs you are taking, or health-related products or services that we offer or that are available only to our patients.

Your Health Information Rights

1. Right to Request Special Privacy Protections. You have the right to request restrictions on certain uses and disclosures of your health information by a written request specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have imposed. If you tell us not to disclose information to your commercial health plan concerning health care items or services for which you paid for in full out-of-pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons. We reserve the right to accept or reject any other request, and will notify you of our decision.
2. Right to Request Confidential Communications. You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask that we send information to a particular email account or to your work address. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.
3. Right to Access Your Information. Subject to certain exceptions, you have the right to view or get a copy of your health information that we maintain in records relating to your care or payment for your care. Requests must be in writing. After we receive your written request, we may give you a summary or explanation of your information, or we may provide exact copies. We may charge you a fee for the copies, summary or explanation. If we do not have the record you asked for, but we know who does, we will tell you who to contact to request it. In limited circumstances, we may deny some or all of your request to see or receive copies of your records, but if we do, we will tell you why in writing.
4. Right to Amend Your Information. If you believe there is a mistake in your records or that important information is missing, you may request that we correct or add to the record. Requests must be in writing, and 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 health information. If we deny your request, we will tell you why and explain your right to file a written statement of disagreement. Your statement must be limited to 250 words for each item in your record that you believe is incorrect or incomplete. You must clearly tell us in writing if you want us to include your statement in future disclosures we make of that part of your record. We may include a summary instead of your statement.
5. Right to an Accounting of Disclosures. You may ask us for a list of disclosures of your information that we have made. However, this accounting of disclosures will not include certain types of disclosures. For example, disclosures:
 - To carry out treatment, payment and health care operations
 - For which you provided a signed authorization
 - Made to you or your personal representative
 - To law enforcement officials under certain circumstances
 - That are incidental made in connection with a use or disclosure otherwise permitted or required by law
6. Reproductive Health Care
We are prohibited from using or disclosing PHI for the purposes of a criminal, civil, or administrative investigation, to impose liability on any person for any reason for the mere act

of seeking, obtaining, providing, or facilitating reproductive health care, or to identify any person for the beforementioned purposes. For example:

- We are prohibited from sending law enforcement your health care records in their pursuit of criminally charging you for receiving contraceptives.
- We are prohibited from sending law enforcement your health records, if you, as resident of one state traveled to another state to receive reproductive health care, such as an abortion, that is lawful in the state where such health care was provided.

We are required to obtain signed attestations, verifying the requestor is not requesting reproductive health information for any prohibited purpose. This means the requestor must complete an attestation to obtain your PHI for the following purposes/activities: law enforcement, health oversight, judicial and administrative proceedings, or to coroners and medical examiners regarding decedents.

Once the signed attestation is approved, your PHI would no longer be protected under Health Insurance Portability and Accountability Act (HIPAA), and may be subject to redisclosure.

Changes to this Notice of Privacy Practices

We reserve the right to amend our privacy practices and the terms of this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with this Notice. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted in our reception area, and a copy will be available at each appointment. We will also post the current notice on our website.

Complaints

You may file a complaint if you feel we have violated your rights, by contacting us at the following:

Attention: Privacy Officer
Altais Medical Group
PO Box 72710
Oakland, CA 94612
415.972.4268
privacyoffice@altais.com

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights at the following:

U.S. Department of Health and Human Services Office for Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
877.696-6775

www.hhs.gov/ocr/privacy/hipaa/complaints/

We will not retaliate against you for filing a complaint