



NOTICE OF PRIVACY PRACTICES

Effective July 9, 2018

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.

Community Action Partnership of Madera County (the Agency) is committed to protecting your privacy and understands the importance of safeguarding your personal health information. The law requires the Agency to:

- Keep your medical records and health information, also known as Protected Health Information (PHI) private and secure.
- Give you this Notice, which explains your rights and our legal duties with respect to your health information.
- Inform you about the Agency's privacy practices and follow the terms of this Notice.
- Notify you if there has been a breach of the privacy of your health information.

SECTION I – USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

A. Routine Use and Disclosures of Protected Health Information for Treatment, Payment, or Health Care Operation.

The following categories describe different ways that the Agency uses and discloses information. For each category of use or disclosure, we will explain what we mean and try to give some examples.

Treatment. We may use and disclose your medical information to assist your health care providers (doctors, dentists, pharmacies, hospitals and others) in your diagnosis and treatment. For example, your PHI will be used to pharmacists to fill your prescription and to counsel you about the appropriate use of your medication.

Payment. We may use and disclose your health information for payment purposes on the services you receive. For example, we may communicate your PHI to your insurance plan so that it can process payment for your prescription.

Health Care Operations. We may use and disclose your medical information in order to perform our business activities, such as quality assessment, administrative activities, and data management. For example, we may use your PHI to evaluate the quality assurance activities from medical providers.

B. Other Use and Disclosures of Protected Health Information is Permitted or Required to Make without Your Authorization.

The following situations are permitted or required to make certain uses and disclosures of your PHI without your authorization:

Required by the Secretary of Health and Human Services. We may be required to disclose your PHI to the Secretary of Health and Human Services to investigate or determine our compliance with federal privacy law.

Required by Law. We may use or disclose your PHI when required to do so by law.

Appointment Reminders. We may use and disclose your PHI to contact you as a reminder that you have an appointment at medical providers via standard mail, telephone, email or text messaging.

Public Health Activities. We may disclose your PHI for public health activities, which may include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To inform if recalled products may be accessing;
- To inform if being exposed to a disease or being at risk for contracting or spreading a disease or condition.

Abuse, Neglect or Domestic Violence. We may disclose your PHI to government agencies if you have been a victim of abuse, neglect, or domestic violence.

Health Oversight. We may disclose PHI to governmental, licensing, auditing or accrediting agencies as authorized or required by law.

Judicial and Administrative Proceedings. We may disclose PHI in response to a court or administrative order, and in some cases, in response to a subpoena or other lawful process.

Law Enforcement. We may disclose PHI for enforcement purpose, such as providing information to the police about the victim of crime.

Organ and Tissue Donation. We may disclose PHI to an organization involved in organ and tissue donations if you are an organ donor.

Coroners, Medical Examiners, Funeral Directors. We may disclose PHI to a coroner, medical examiner or funeral director if it is needed to carry out their duties.

Research. We may disclose PHI to researchers when the research is being conducted under established protocols to ensure the privacy of your information.

Serious Threat to Health or Safety. We may disclose PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person, required or permitted by laws and regulations.

National Security and Intelligence Activities. We may disclose PHI to federal officials to conduct lawful intelligence, counterintelligence and other national security actions allowed by laws. This may include special investigations or providing protection to the President, other people or foreign heads of state, or conduct an investigation.

Inmates. We may disclose PHI to a correctional institution as authorized or required by law if you are an inmate or under the custody of a law enforcement official.

Workers' Compensation. We may disclose PHI to the extent necessary to comply with California law for workers' compensation programs.

C. Other Uses and Disclosures Based Upon Your Written Authorization.

Other uses and disclosures of your PHI, not described above, will be made only with your written authorization. We are specifically prohibited from sharing your PHI without your authorization. You may revoke this authorization at any time, in writing, except for disclosures, which were being processed before we receive your revoke.

SECTION II – RIGHTS OF INDIVIDUALS

You have certain rights regarding your medical health information that we maintain about you. For the following rights, your request must be made in writing and directed to the appropriate medical records holders.

Right to Access to See and Copy Your Medical Information. You have the right to review or obtain copies of your medical information records, with some limited exceptions. We may charge a fee for the costs of producing, copying and mailing your requested information. In certain limited circumstances, we may deny your request, in writing with an explanation, to see and/or receive a copy. If you are denied access to medical information, you may have a right to have this decision reviewed.

Right to Amend Your Medical Information. If you feel that medical information we may have about you is incorrect or incomplete, you may request that we amend with correction or supplement information. Your request must include the reason you are seeking a change. We may deny your request if we determine that your PHI is accurate and complete.

Right to an Accounting of Disclosures. An accounting is a record of the disclosures that have been made of PHI. You have the right to request an accounting or list of disclosures we have made of your medical information. The list will not include our disclosures related to your treatment, payment or health care operations, or disclosures made to you or with your authorization.

Right to Request Restrictions on the Use and Disclosure of Your Medical Information. You have the right to request that we restrict or limit how we use or disclose your medical information for treatment, payment or health care operations. We may not agree to your request. If we do, we will comply with your request unless the information is needed for an emergency. In your request, you must tell us 1) what information you want to limit; 2) whether you want to limit how we use or disclose your information, and 3) to whom you want the restrictions to apply.

Right to Request Confidential Communication. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may request that we contact you at work rather than home. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

Right to Receive Notification in the Event of a Breach that Involves your PHI. We may use your PHI to provide the required notifications in the event of a breach.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice, and you may ask Human Resources personnel located at 1225 Gill Ave Madera, CA. 93637 to give you a copy of this Notice at any time. A copy of this Notice will be posted on the Agency's website, www.maderacap.org.

SECTION III – CHANGES TO THIS NOTICE

We may change this Notice when the law or our practices change. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we received in the future. You will not automatically receive a new Notice. If we change this Notice, we will post the revised Notice in our worksites and on the Agency's website. You may also obtain any revised Notice from the Human Resources Office.

SECTION IV – COMPLAINTS

If you believe your privacy rights have been violated or you want to complaint to us about our privacy practices, you may file with Agency's Privacy Officer, the Agency's Security Officer, or ethics hotline as listed below. We will not retaliate against you for filing a complaint.

CAPMC Privacy Officer
1225 Gill Ave
Madera, CA. 93637
Tel: (559) 675-5771

CAPMC Security Officer
1225 Gill Ave
Madera, CA. 93637
Tel: (559) 675-5772

CAPMC Ethics Hotline
reportlineweb.com/CAPMC
Tel: (877) 453-7244

You may also file a complaint with the US Department of Health and Human Services, Regional IX, Office of Civil Rights by sending a letter to 90 7th Street Suite 4-100, San Francisco, CA. 94103, attention OCR Regional Manager, or calling (800) 368-1019, TDD at (800) 537-7697, or email OCRComplaints@hhs.gov.