

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.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You may ask to see or get a copy of your health and billing records 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 and billing records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct or amend health and claims records

- You may ask us to correct or amend your health and billing records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You may ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests.

Ask us to limit what we use or share

- You may 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.

Get a list of those with whom we’ve shared information

- You may ask for an accounting (a list) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- 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.

Get a copy of this privacy notice

You may 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 may 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.

Ask for 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

File a complaint if you feel your rights are violated

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

**Privacy Officer
 Altais Medical Group
 601 12th Street, 16th Floor
 Oakland, CA 94607
 415-972-4268
 privacyoffice@altais.com**

- You may 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.

Your Choices

For certain health information, you may tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us 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 payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also 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

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways:

Help manage the health care treatment you receive

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

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

We use and disclose your information to run our organization and contact you when necessary.

Pay for your health services

We use and disclose your health information to pay for your health services.

Example: We use your health information to bill your insurance company for services that have been provided to you.

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 see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

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

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

Do research

We may use or share your information for health research.

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.

Address workers' compensation, law enforcement, and other government requests

We may 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

Respond to lawsuits and legal actions

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

Additional Uses of Information

Appointment reminders. Your health information will be used by our staff members to send or call you regarding appointment reminders.

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.

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.

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.

Organ or Tissue Donation. We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.

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.

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.

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.

Change of Ownership. In the event 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.

Marketing. We may ask for your authorization in order to provide information about products and services 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 we offer or that are available only to our patients.

Our 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 breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Questions or Requests Related to this Notice

If you have any questions related to this notice or would like to make a request as permitted under this notice, please contact the following:

Privacy Officer
Altis Medical Group
601 12th Street, 16th Floor
Oakland, CA 94607
415-972-4268
privacyoffice@altais.com

Changes to the Terms of this Notice

We may change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will notify you of the change.