

**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.**

A federal law called the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) creates new rights for clients of health care organizations. One of those rights is to information regarding the provider’s privacy practice. *Under federal regulations, L.A. Gay & Lesbian Center (LAGLC) must provide you with a copy of this Notice of Privacy Practices and ask that you sign a document stating that we gave the notice to you.*

You may review the Notice of Privacy Practices immediately or at a later time. At some point, you should read the notice carefully.

**SUMMARY**

The Notice of Privacy Practices explains:

- generally how we use health care information about you;
- that we, like other health care providers, may use and disclose health information about you as part of your treatment, to arrange for payment for services provided, and for our internal operations—we are not required to have separate permission for these uses and disclosures;
- other circumstances where we may use or disclose information about your health where we are not required to get your permission first;
- the rights you have with respect to health information we have about you, namely, your rights to
  - receive a copy of this privacy notice;
  - review and copy health information that we may have about you;
  - receive an accounting for how we use and disclose your health information, other than for treatment, payment or health care operations;
  - request that we communicate with you at alternative locations, mailing addresses or telephone numbers;
  - request restrictions on how we use your health care information;
  - request an amendment to information in our records that you think is in error;
  - receive written notification if there is a breach of your health care information; and
  - file a complaint if you think your privacy rights have been violated.

At LAGLC, we take your privacy very seriously. We encourage you to read this notice and keep a copy of this notice for your records.

**EFFECTIVE DATE: APRIL 14, 2003**

**REVISION DATE: FEBRUARY 17, 2010**

## ***RESPONSIBILITIES OF L.A. GAY & LESBIAN CENTER (LAGLC)***

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), LAGLC must take steps to protect the privacy of your "protected health information" (PHI). PHI includes information that we have created or received regarding your health or payment for your health. It includes both your medical records and personal information such as your name, social security number, address, and phone number.

### **Under federal law, we are required to:**

- Protect the privacy of your PHI. All of our staff members are required to maintain the confidentiality of PHI and receive appropriate privacy training.
- Provide you with this Notice of Privacy Practices explaining our duties and practices regarding your PHI.
- Follow the practices and procedures set forth in the Notice.

### ***USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION BY LAGLC THAT DO NOT REQUIRE YOUR AUTHORIZATION***

LAGLC uses and discloses PHI in a number of ways connected to your treatment, payment for your care, and our health care operations. Some examples of how we may use or disclose your PHI without your authorization are listed below.<sup>1</sup>

#### **We may use or disclose your protected health information without your authorization as follows in relation to your health care and treatment:**

- To our physicians, nurses, and others involved in your health care.
- To our different departments to coordinate such activities as prescriptions and lab work.
- To other health care providers treating you who are not on our staff, such as dentists, emergency room staff, and specialists. For example, if you are being treated for an injured knee we may share your PHI among your primary physician, the knee specialist, and your physical therapist so they can provide proper care.

#### **We may use or disclose your protected health information without your authorization as follows in relation to payment:**

- To bill your health insurance company for health care we provide you.
- To other organizations and providers for payment activities, unless disclosure is prohibited by law.

#### **We may use or disclose your protected health information without your authorization as follows in relation to health care operations:**

- To administer and support our business activities or those of other health care organizations (as allowed by law) including providers and plans. For example, we may use your PHI to review and improve the care you receive and to provide training.

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<sup>1</sup> Use and disclosure of some information (such as certain drug and alcohol information, HIV information, mental health information, and genetic information) are entitled to special restrictions. LAGLC abides by all applicable state and federal laws related to the protection of such information.

- To other individuals (such as consultants and attorneys) and organizations that help us with our business activities. (Note: If we share your PHI with other organizations for this purpose, they must agree to protect your privacy.)

**We may use or disclose your protected health information without your authorization for legal and/or governmental purposes in the following circumstances:**

- **Required by law**—When we are required to do so by state and federal law, including workers' compensation laws.
- **Public health and safety**—To an authorized public health authority or individual to:
  - protect public health and safety.
  - prevent or control disease, injury, or disability.
  - report vital statistics, such as births or deaths.
  - investigate or track problems with prescription drugs and medical devices (under the Food and Drug Administration).
- **Abuse or neglect**—To government entities authorized to receive reports regarding abuse, neglect, or domestic violence.
- **Oversight agencies**—To health oversight agencies for certain activities such as audits, examinations, investigations, inspections, and licensures.
- **Legal proceedings**—In the course of any legal proceeding in response to an order of a court or administrative agency and, in certain cases, in response to a subpoena, discovery request, or other lawful process.
- **Law enforcement**—To law enforcement officials in limited circumstances for law enforcement purposes. For example disclosures may be made to identify or locate a suspect, witness, or missing person; to report a crime; or to provide information concerning victims of crimes.
- **Military activity and national security**—To the military and to authorized federal officials for national security and intelligence purposes or in connection with providing protective services to the President of the United States.

***WE MAY ALSO USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION IN THE FOLLOWING MISCELLANEOUS CIRCUMSTANCES:***

- **Family and friends**—To a member of your family, a relative, a close friend—or any other person you identify who is directly involved in your health care—when you are either not present or unable to make a health care decision for yourself and we determine that disclosure is in your best interest. For example, we may disclose PHI to a friend who brings you into an emergency room.
- **Appointment reminders**—To you, to remind you in writing or by phone/voicemail that you have a health care appointment with us. These reminders may be made by postcard, phone, or voicemail unless you specifically ask us to communicate with you through a different method as described later in this Notice.
- **Treatment alternatives and plan description**—To communicate with you about treatment services, options, or alternatives, as well as health-related benefits or services that may be of interest to you.

- **Fundraising**—To contact you for LAGLC fundraising purposes. (We would only release information such as your name, address, phone number, and dates that you received treatment or service from us.) You will be given the opportunity to instruct us to not contact you for this purpose.
- **Research**—For LAGLC or another organization's research purposes provided that certain steps are taken to protect your privacy. Note: Generally in these cases a research review board will review the research project to ensure adequate privacy protections before LAGLC uses or discloses your PHI.
- **De-identify information**—To "de-identify" information by removing information from your PHI that could be used to identify you.
- **Coroners, funeral directors, and organ donation**—To coroners, funeral directors, and organ donation organizations as authorized by law.
- **Disaster relief**—To an authorized public or private entity for disaster relief purposes. For example, we might disclose your PHI to help notify family members of your location or general condition.
- **Threat to health or safety**—To avoid a serious threat to the health or safety of yourself and others.
- **Correctional facilities**—If you are an inmate in a correctional facility we may disclose your PHI to the correctional facility for certain purposes, such as providing health care to you or protecting your health and safety or that of others.
- **Business associates**—For third-parties who provide services or functions that are essential to our business. Our business associates are required, under contract with us, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract. Our business associates also are directly subject to federal privacy laws.
- **Data breach notification purposes**—We may use your contact information to provide legally required notices of unauthorized acquisition, access, or disclosure of your information.

### ***USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION BY LAGLC THAT REQUIRE US TO OBTAIN YOUR AUTHORIZATION***

Except in the situations listed in the sections above, we will use and disclose your PHI only with your written authorization. If you sign an authorization you may revoke it at any time in writing, although this will not affect information that we disclosed before you revoked the authorization.

If you would like to ask us to disclose your PHI, you may obtain an Authorization for Use or Disclosure of Health Information form at LAGLC's Jeffrey Goodman Special Care Clinic, 1625 Schrader Blvd., Los Angeles, CA 90028 or by calling 323-993-7500.

### ***YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION***

You have the right to:

- **Inspect and obtain a copy of PHI.** You have the right to access and copy PHI about you for as long as we maintain the PHI. To inspect or copy PHI about you, you must send a written request to the LAGLC Privacy Office, Jeffrey Goodman Special Care Clinic, 1625 Schrader Blvd., Los Angeles, CA 90028. If we have all or any portion of your health information in an electronic format, you may request an electronic copy of those records or

request that we send an electronic copy to any third party that you designate in writing. We will respond to your request in writing. We may charge you a fee for the costs of copying, mailing, or other supplies that are necessary to grant your request. We may deny your request to inspect and copy in certain limited circumstances. We may deny your request if (i) we have reasonably determined that providing access to PHI would endanger your life or safety or cause substantial harm to you or another person; (ii) the PHI references another person, and we do not have the required permission to disclose; or (iii) some other legal requirement prohibits us from disclosing this information to you. If we deny your request, we will notify you in writing and provide you with the opportunity to request a review of the denial.

Note: You may obtain any of the forms described below at LAGLC's Jeffrey Goodman Special Care Clinic, 1625 Schrader Blvd., Los Angeles, CA 90028 or by calling 993-7500. Mail completed forms to the LAGLC Privacy Office, Jeffrey Goodman Special Care Clinic, 1625 Schrader Blvd., Los Angeles, CA 90028.

- **Request a restriction on certain uses and disclosures of PHI.** You have the right to request a restriction or limitation on our use or disclosure of PHI about you. You must obtain a Request for Special Restriction on Use or Disclosure of PHI form and identify (i) what particular information you would like to limit; (ii) whether you want to limit use, disclosure, or both; and (iii) to whom you want the limits to apply. Although we will consider your request carefully, we are not required to agree to those restrictions (however, we are required to agree to your request to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations if the PHI pertains solely to a health care item or service that you have already paid out of pocket in full). We will provide you with a written response to your request. If we do agree to restrict use or disclosure of your PHI, we will not apply these restrictions in the event of an emergency. We also have the right to terminate the restriction if (i) you agree orally or in writing; or (ii) we inform you of the termination, which becomes effective only with respect to your PHI created or received after we inform you of the termination.
- **Request communications of PHI by alternative means or at alternative locations.** You have the right to request that we communicate with you in a certain way or at a certain location. For example, you may request that we contact you about medical matters only in writing at a specific address. You must obtain a Request for Restriction on the Manner/Method of Confidential Communications form and state how, where, or when you would like to be contacted. We will accommodate all reasonable requests.
- **Request an amendment of PHI.** If you feel that PHI about you maintained by us is incomplete or incorrect, you may request that we amend it. You may request an amendment for as long as we maintain the PHI. You must obtain a Request to Amend Protected Health Information form and identify (i) which information you seek to amend, (ii) what corrections you would like to have made, and (iii) why the information needs to be amended. We will respond to your request in writing. In our response we will either (i) agree to make the amendment; or (ii) inform you of our refusal to make the amendment, explain our reason and outline any procedure that is available for you to appeal. We may deny your request to amend for certain reasons. If we deny your request for amendment, you also have the right to file a statement of disagreement with the decision and we will provide you with a rebuttal to your statement.
- **Receive an accounting of disclosures of PHI.** You have the right to request an accounting of the disclosures we have made of PHI about you after April 14, 2003, for most purposes other than treatment, payment, or health care operations. Beginning January 1,

2011, accounting of disclosures from your electronic health record includes disclosures for treatment, payment, or operations. The accounting will exclude disclosures we have made directly to you, disclosures made with your authorization, incidental uses and disclosures, disclosures to friends or family members involved in your care, disclosures for notification purposes and certain other exceptions. You must obtain a Request for Accounting of Disclosures form and specify the time period, which may not be longer than six years (three years for disclosures from your electronic health record of treatment, payment, or operations). We will respond to your request in writing. The first accounting you request within a 12 month period will be provided free of charge, but you may be charged for the cost of any subsequent accountings. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time.

- **Receive written notification of a breach.** We will investigate any discovered unauthorized use or disclosure that compromises the privacy or security of PHI by posing a significant risk of financial, reputational, or other harm to you. If we determine that such a breach has occurred, we will notify you by first-class mail and (i) describe what happened; (ii) steps you should take to protect yourself from potential harm resulting from the breach; and (iii) what we are doing to investigate the breach, mitigate any damages, and protect against future breaches.
- **Obtain a copy of the Notice upon request.** You may request a copy of this Notice at any time. To obtain a copy, visit [www.laglc.org](http://www.laglc.org), contact LAGLC's Jeffrey Goodman Special Care Clinic, 1625 Schrader Blvd., Los Angeles, CA 90028, or call 323-993-7500.

### ***CHANGES TO PRIVACY PRACTICES***

LAGLC may change the terms of this Notice at any time. The revised Notice would apply to all PHI that we maintain. If we change any of the practices described in this Notice, we will post the revised Notice on our web site [www.laglc.org](http://www.laglc.org), at LAGLC's Jeffrey Goodman Special Care Clinic (1625 Schrader Blvd., Los Angeles, CA), and The Spot (745 N. San Vicente Blvd., West Hollywood, CA).

### ***QUESTIONS AND COMPLAINTS***

If you have any questions about this Notice, please contact George Gati, RN, Privacy Officer, at 323-993-7500.

If you think that we may have violated your privacy rights or you disagree with a decision we made about access to your PHI, you may file a written complaint with the LAGLC Privacy Office, Jeffrey Goodman Special Care Clinic, 1625 Schrader Blvd., Los Angeles, CA 90028. For more information on how to file a written complaint, please call George Gati, RN, at 323-993-7500. You also may file a complaint with the Secretary of the U.S. Department of Health and Human Services. You will not be penalized if you file a complaint about our privacy practices with us or with Health and Human Services.