

# Notice of Privacy Practice

Revised: 2/8/18

## **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 TO UNDERSTAND USES AND RELEASES OF PROTECTED HEALTH INFORMATION (PHI)**

*Remita Health ("Remita") believes in protecting the privacy of your health information. We may use or disclose your Protected Health Information (PHI) only for very specific reasons. PHI is any information related to health that identifies an individual. This information can be electronic or in any other format. Different types of uses and disclosures are listed and explained below. Note: An example is not given for every use or disclosure reason.*

*When disclosing or using PHI, we will use the least amount of information necessary. If we need to use or release information in a way that is not generally described in this notice, we will contact you for your written permission before the proposed use or disclosure.*

## **Types of Uses or Releases of Information**

### **Treatment**

We may use and disclose PHI about you to assist in providing treatment or services. Treatment means the provision, coordination, or management of health care and related services by one or more providers, including the following activities:

- Coordinating health care or related services by a provider with a third party
- Consultation between providers relating to a patient
- The referral of a patient from one provider to another

### **Payment**

We may use and disclose your PHI so that your treatment and services may be billed and payment collected from an insurance company or a third party payor. For example, we may submit information about you to your health plan or a claims payor, so your provider can be reimbursed for services to you.

### **Health Care Operations**

We may use or disclose PHI to carry out health care operations. Examples of health care operations include such things as:

- Activities to analyze trends relating to improving health or reducing health care costs (called population-based activities);
- Case management and coordination of health care;
- Quality assurance activities (including audits by third parties);
- Contacting you or your provider with information about other forms of care.

We may use and disclose your PHI without your consent for these or other activities:

### **Health Oversight Activities**

We may disclose PHI to a health oversight agency for compliance activities authorized by law. These activities are necessary for the government to oversee the health care system, compliance of benefits programs, and compliance with civil rights laws. Disclosures may occur through audits, investigations, licensure or disciplinary actions or civil, administrative or criminal proceedings. We will only disclose the minimum amount of information required by law.

### **Health-Related Benefits or Services**

On occasion, we may use and disclose PHI for preventive treatment reasons. Our preventive programs meet nationally recognized quality and preventive health standards.

### **Lawsuits and Disputes**

We may disclose PHI in response to a subpoena or court order in the course of any judicial or administrative proceedings. We may also disclose PHI in response to legal cases that directly involve us or the group health plan through which you receive our services.

### **Release of Information to Family Members**

In an emergency, or if you are not able to provide permission, we may disclose limited information about your general condition or location to someone who is directly involved in your care or the payment of your care, or who can make decisions on your behalf.

### **Release of Information to the Armed Forces**

If you are or were previously a member of the armed forces, we will disclose your PHI to the armed forces as required by law. We will only disclose the minimum amount of information needed to carry out the purpose of the use or disclosure.

### **Release of Information to Workers Compensation or Similar Programs**

We may disclose PHI as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law that provide benefits for work-related injuries or illness without regard to fault. We will only disclose the minimum amount of information needed and will follow specific legal guidelines.

### **As Required or Permitted by Law for Public Safety**

We will disclose PHI when required or permitted to do so by law for public safety. Disclosures may be made to protect you from a serious threat to your health or safety or to protect the health or safety of another person. Disclosures may also be made when requested by law enforcement officials, federal officials for national security or intelligence activities or for the protection of public officials. We will only disclose the minimum amount of information needed and will follow specific legal guidelines.

### **Coroner or Medical Examiner**

We may disclose PHI to a coroner or medical examiner for the purpose of identifying a deceased individual, determining a cause of death, or other duties as authorized by law.

### **Public Health Risks**

We may disclose PHI as authorized or required by law for public health activities. This includes reporting child abuse or neglect, adult abuse, unfavorable events, or product defect reporting. We will only disclose the minimum amount of information required by applicable law.

## **Other Uses of PHI with Authorization**

Other uses and disclosures of PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us with an authorization to use or disclose PHI about you,

you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose PHI about you for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your authorization and that we are required to retain our records of the care that we provided to you.

### **Psychiatric Notes**

Authorizations for psychiatric notes, genetic information, marketing & sale: In general, and subject to specific conditions, we will not use or disclose psychiatric notes without your authorization. We will not also do any of the following without your authorization: 1) use or disclose PHI that is genetic information for underwriting purposes; 2) sell your PHI, i.e. receive direct or indirect payment in exchange for your PHI; 3) use your PHI for marketing purposes; and 4) use or disclose your PHI for fundraising purposes.

### **Personal Representatives**

We may disclose your PHI to individuals authorized by you, or an individual designated as your personal representative under relevant state law, provided that we have received your authorization or some other Notice or documentation demonstrating the legal right of that individual to receive such information. Under HIPAA we do not have to disclose PHI to a personal representative if we have a reasonable belief that:

- You have been or may be subjected to domestic violence, abuse, or neglect by such person; or
- Treating such person as your personal representative could endanger you; and
- In the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

## **Rights Related to PHI**

You have certain rights under federal privacy laws relating to your PHI. To exercise these rights, you must submit your request in writing to our Privacy Official. The Privacy Official can be contacted at:

Privacy Officer  
Remita Health  
19900 Mac Arthur Blvd., Suite 950  
Irvine, CA 92612

For further information, you can also reach our Privacy Official by telephone at: 714-612-0408

### **Right to Request Restrictions on Uses and Disclosures**

You have the right to request a restriction or limitation on the PHI we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the PHI we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular claim with your spouse. To request a restriction, you must make your request, in writing, to the Privacy Officer above. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your PHI to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid the health care provider “out-of-pocket” in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

### **Right to Receive Confidential Communications**

You have a right to request that you receive confidential information relating to your PHI at an alternative location or by an alternative means if sending this information to your address in our file could put you in danger. All such requests must be made in writing by contacting the Privacy Officer listed above. All reasonable requests will be granted. If you have a situation that requires that notices of your PHI be sent in a different form or to a different address, you may contact the Privacy Officer.

### **Right to Inspect and Copy Protected Health Information**

You have a right to review and ask for a copy of your PHI that is part of our designated record set. This right does not apply to psychotherapy notes, information gathered to prepare for civil, criminal or administrative actions or proceedings, or where law does not permit the release. There are also circumstances where we may deny your request. For example, there are situations in which a licensed health care professional may determine that disclosing the information could have an adverse effect on you or another person.

### **Right to Amend Protected Health Information**

You have the right to request that we change the information that we have in our records if you believe that the information is incorrect or incomplete. We may deny this request if we determine that the records are complete and accurate, or that we did not create the information you are requesting to change. We may also deny the request if the information is not part of our official records or access is otherwise restricted by law.

### **Right to Receive Notice of Breach**

You have a right to be notified upon a breach of your unsecured PHI. A breach is, generally, an impermissible use or disclosure under the Privacy Rule that compromises the security or privacy of the protected health information.

### **Right to an Accounting of Disclosures**

You have the right to request an "accounting of disclosures" of PHI made in the six (6) years prior to the date on which the accounting is requested, except for disclosures: To carry out treatment, payment and health care operations; To individuals of PHI about them; Incident to a use or disclosure otherwise permitted; Pursuant to an authorization; to persons involved in the individual's care or other notification purposes; For national security or intelligence purposes; To correctional institutions or law enforcement officials; As part of a limited data set. In case of electronic medical records, you have the right to request an "accounting of disclosures" of PHI in the three (3) years prior to the date on which the accounting is requested and this accounting would include disclosures for treatment, payment and health care operations.

### **Right to Obtain a Paper Copy of this Notice**

You have a right to receive a paper copy of this notice even if you have received a copy of this notice electronically. To request a paper copy of this notice, contact our Privacy Officer.

### **Our Responsibilities under this Notice**

The law requires us to maintain the privacy of your PHI. The law also requires us to provide you with this notice of our legal duties and privacy practices with respect to your PHI. We are required to follow the terms of the privacy notice that is currently in effect. We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. Should the terms of this notice change in any way that would also change your rights, we will send you a notice of this change within 60 days.

### **Question and Comments**

Your opinion about our services is very important to us. We want to make sure that you fully understand your privacy rights. If you want more information about Protected Health Information you can go to the Department of Health and Human Services HIPAA Privacy web site, [www.hhs.gov/ocr/privacy/](http://www.hhs.gov/ocr/privacy/). If you have questions about this notice or your rights, contact our Privacy Officer listed above.

### **Complaints**

You may file a complaint with us if you feel that your privacy rights have been violated. All complaints must be submitted in writing. To file a HIPAA-related complaint, contact the Privacy Officer listed above. You may also complain to the US Secretary of Health and Human Services.

U.S. Department of Health and Human Services  
Office for Civil Rights  
Centralized Case Management Operations  
200 Independence Ave., S.W., Suite 515F HHH Building  
Washington, D.C. 20201

Email: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)

You will not be subject to any retaliation or negative reaction from us because you filed a complaint.

***Please Note:*** Acknowledgement of receipt of this Notice of Privacy Practice is obtained by signature of the patient or legal representative on the Informed Consent.