

# U Are Well

## U Are Well's Notice of Privacy Practices

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### THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

U Are Well understands the importance of privacy and are committed to maintaining the confidentiality of your medical information. As our patient, we want you to know that we respect the privacy of your personal medical records and will do all we can to secure and protect that privacy. Please carefully read our "Welcome to U Are Well" packet *that* outlines more details.

We strive to always take reasonable precautions to protect your privacy. When appropriate, we provide the minimum necessary information to only those we feel are in need of your health care information. We use these records to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to you as allowed by your health plan and to enable us to meet our professional and legal obligations to operate our medical corporation.

We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information and to notify affected individuals following a breach of unsecured protected health information. This notice describes how we may use and disclose your medical information. It also describes your rights and our legal obligations with respect to your medical information. If you have any questions about this notice, please contact our HIPAA Compliance Officer listed above.

#### A. HOW WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION:

U Are Well may use or share your information for reasons directly connected to your treatment or for payment pertaining to your treatment. Our practice collects health information regarding your treatment and stores it in a chart. This is your medical record. This medical record is the property of our 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 reasons:

- ❖ Treatment: We use medical information about you to provide your medical care. We will share information with doctors, hospitals, and others in order to provide the care you need.
- ❖ Payment: We use and disclose medical information about you to obtain payment for the services we have provided. In addition, we may forward bills to other health plans or organizations for payment.
- ❖ Health Care Operations: We may use the information about your medical care to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. We may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detections and compliance programs and business planning and management.

#### B. OTHER USES FOR YOUR HEALTH INFORMATION:

- ❖ We may receive an order from a court to give out your health information. We also may give information to a court, investigator and/or lawyer under certain circumstances.
- ❖ You or your doctor and other health care providers may appeal decisions made about claims for your health care. Your information may be used to make these appeal decisions.
- ❖ We may share your health information with the federal government, as requested, in relation to privacy rules.

- We may disclose health information, when necessary, to prevent a serious threat to your health/safety or the health/safety of another person, or the public. Such disclosure would be made only to someone able to help prevent the threat.
- We may use and disclose medical information to contact and remind you about future appointments. We may leave this information on your answering machine or with the individual answering the phone at the number you have provided.

C. WHEN WE MAY NOT USE OR DISCLOSE YOUR HEALTH INFORMATION:

Except as described in this Notice of Privacy Practices, U Are Well will, consistent with its legal obligations, not use or disclose health information which identifies you without your written authorization. If you authorize U Are Well to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

D. YOUR PRIVACY RIGHTS

- You have the right to ask us not to use or share your personal health care information in the ways described in this notice. We will abide by your request, unless we must disclose the information for treatment or legal reasons.
- You have the right to ask us to contact you in a specific way or at a specific location, e.g. only in writing or at a different address. We will comply with all reasonable requests when necessary to protect your safety.
- You have the right to inspect and copy your health information, with limited exceptions. You must submit a written request to U Are Well, 591 Camino De La Reina, Ste. 918, San Diego, CA 92108, detailing what information you want access to, and if you would like to inspect or copy your records. There may be a fee for the cost of copying and mailing records. We may keep you from seeing certain parts of your records for reasons allowed by law. If we deny your request to access a child's records or an incapacitated adult you are representing it is because we believe allowing access would likely cause substantial harm to the patient, you have a right to appeal this decision.
- You have the right to ask that information in your records be amended if it not correct or complete. We may refuse your request if: (a) the information is not created or kept by U Are Well, or (b) we believe it is correct and complete. If we do not make the changes as requested by you, you may ask that we review our decision. You also may send a statement as to why you disagree with our records and this statement will be kept with your records.
- When we share your health information, you have the right to request a list of what information was shared, with whom it was shared, when it was shared, and for what reasons. This list will NOT include when we share information with you relating to your treatment, payment, medical group operation, or requests as required by law.
- You have the right to be informed of a breach within 60 days of the date a breach has been discovered. We will notify you of any breach by first class mail by including the following information in the notification: Circumstances of the breach, date of the breach, date of the discovery, type of information involved, the steps taken to mitigate harm and to protect against future breaches and how you can obtain additional information about the breach.
- You have the right to request an additional copy of U Are Well's Notice of Privacy Practices Policy.

E. HOW TO CONTACT US TO USE YOUR RIGHTS:

If you would like to use any of the privacy rights explained in this notice, please call or write us at: U Are Well. HIPAA Compliance Officer, 591 Camino De La Reina, Ste. 918, San Diego, CA 92108, or phone (858) 414-0411.

F. CHANGES TO THIS NOTICE OF PRIVACY PRACTICES:

We reserve the right to amend this Notice of Privacy Practices at any time in the future. We will keep a current copy posted in our reception area, a copy is avail. by request each appointment and we will post the current notice on our website.

G. COMPLAINTS:

If you believe that we have not protected your privacy and you wish to file a complaint/grievance, please call or write to U Are Well, HIPAA Compliance Officer, 591 Camino De La Reina, San Diego, CA 92108, or phone (858) 414-0411. For additional information you may call the U.S. Department of Health and Human Services at (619) 515-4243 or the Office of Civil Rights at (877) 696-6775.

A formal complaint form may be found at [new.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf](http://new.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf). You will not be penalized in any way for filing a complaint.