

## NOTICE OF PRIVACY PRACTICES

**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.**

If you have any questions about this notice, please contact Redwood Community Health Coalition at: [RCHIE@rchc.net](mailto:RCHIE@rchc.net)

### WHO WILL FOLLOW THIS NOTICE

All entities, sites, and locations of Redwood Community Health Coalition shall follow the terms of this notice. In addition, the entities, sites and locations who access the information available on the RCHC HIE may share medical information with each other for treatment, payment or health care operations purposes described in this notice.

### OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. This notice applies to all of the records of your care that are accessible through the Redwood Community Health Information Exchange.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept private (with certain exceptions);
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

### HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories. Uses and disclosures not described in this Notice of Privacy Practices will be made only with authorization by you.

### *BREACH NOTIFICATION*

If a breach of any of your protected health information occurs, you have a right to receive notice; we will notify you and provide instruction for further actions you should take, if any.

*FOR TREATMENT, PAYMENT, AND OPERATIONS*

We allow the access to your medical information to other participating members so that they can provide you with medical treatment or services. The medical information about you may be disclosed to doctors, nurses, technicians, health care students, or other personnel who are involved in taking care of you, operating their business, and payments for your treatments.

*AS REQUIRED BY LAW*

We will disclose medical information about you when required to do so by federal, state, and/or local law.

SPECIAL SITUATIONS

*PUBLIC HEALTH ACTIVITIES*

Medical information about you may be disclosed for public health activities as permitted by federal, state, and local laws, rules, and regulations.

*HEALTH OVERSIGHT ACTIVITIES*

We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, and/or inspections.

*LAWSUITS AND DISPUTES*

If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

*RIGHT TO AN ACCOUNTING OF DISCLOSURES*

You have the right to request an "accounting of disclosures." This is a list of the disclosures that have been made of medical information about you for the purposes of treatment, payment and health care operations, and with other exceptions pursuant to the law.

To request this list or accounting of disclosures, you must submit your request in writing to Redwood Community Health Coalition, [RCHIE@rchc.net](mailto:RCHIE@rchc.net). Your request must state a time period which may not be longer than six years. Your request should indicate in what

form you want the list (for example, on paper or electronically). In addition, we will notify you as required by law if your health information is unlawfully accessed or disclosed.

#### *RIGHT TO A PAPER COPY OF THIS NOTICE*

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our website: [www.rchc.net](http://www.rchc.net)

To obtain a paper copy of this notice: send an electronic message to: [RCHC@rchc.net](mailto:RCHC@rchc.net) and be sure to include the address to mail it back to.

#### CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice on our website: [www.rchc.net](http://www.rchc.net) The notice will contain the effective date on the footer on each page.

#### COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Redwood Community Health Coalition or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with Redwood Community Health Coalition, please send your complaint to: 1310 Redwood Way Ste 135, Petaluma CA 94954 All complaints must be submitted in writing.

*You will not be penalized for filing a complaint.*