

RITTER HEALTH CENTER

Notice of Privacy Practices – Health Care Clients

We care about protecting your private information and supporting your rights. This is our new Notice of Privacy Practices which goes into effect on September 11, 2020. We hope you find it helpful and easy to understand. Please read it carefully. If you have any questions, you can contact our Privacy Officer via email privacy@rittercenter.org and we'll be happy to speak with you!

Your Rights

When it comes to your health information, you have certain rights.

Ritter Center is committed to maintaining and protecting the confidentiality of your private health information. When we use the term health we will always mean both your physical and mental health. Ritter Center is required by federal law, including the Health Insurance Portability and Accountability Act (HIPAA) to provide you with this Privacy Notice, which describes our policies, safeguards, and practices. Whenever Ritter Center uses or discloses your protected health information, we are bound by the terms of this Privacy Notice.

This section explains your rights and some of our responsibilities to help you.

You have a right to:

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Your request must be in writing. Ask us for a form.
- You can ask your staff or our Privacy Officer for any of the forms in this notice. The contact information is on the last page of this notice.
- We will provide a copy of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health information about you that you think is incorrect or incomplete.

- Your request has to be in writing. We'll give you the form and help if you need it.
- If we say "yes" and agree with your request, we will amend the information in your record.
- We may say "no" to your request, but if so, we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way. For example, you may have a different number you want us to use to leave a message, or a different address to send mail.
- We will say "yes" to all reasonable requests. If we are unable to, we'll tell you why.

Ask us to limit what we use or share

- We may use your information with other qualified professionals for treatment, payment, or our operations. You can ask us not to share certain health information for these purposes.
- 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 can ask for a list (accounting) of the times we've shared your health information for up to 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 directly 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 can 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 can 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.

Your Choices

For certain health information, you can 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 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.

Your Right to File a Complaint

- If you feel your privacy rights have been violated and wish to file a complaint, or have any questions or concerns about our privacy practices, please contact our Privacy Officer: privacy@rittercenter.org or call toll-free 888-368-4111
- You will not be penalized for filing a complaint
- You may also file a complaint directly with the USDH Office of Civil Rights
U.S. Department of Health & Human Services Office for Civil Rights 200 Independence Avenue, S.W. Washington, D.C. 20201 877-696-6775 OCRMail@hhs.gov www.hhs.gov

Our Uses and Disclosures

How do we typically use or share your health information?

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

Treatment

- For the coordination of your treatment with other health care providers who are treating you.
- This includes other health and behavioral health care staff both within and outside of Ritter Center. Example: a discussion between your primary doctor and a mental health therapist or case manager about your treatment plan.

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities. Example: to bill Medi-Cal or Medicare for the cost of your health care.

Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary. Example: We use health information about you to manage your treatment and services.
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Ritter Center participates in system-wide health care initiatives

- **The Marin Health Gateway Health Information Exchange (HIE).** We participate in a data-sharing and integration service through a secure and confidential HIE electronic system. The HIE enables the appropriate and secure exchange of health information among HHS staff, community clinics in Marin County, Marin General Hospital, Detention Health Services, the Medi-Cal Managed Health Plan and other external partners - assisting healthcare providers and health care officials to make informed decisions, improving coordination and quality of care.
 - **You have a right to obtain a list of participating providers upon request.** You have a right to opt out of the HIE. Just ask us how and we'll help.
 - **Redwood Community Health Center Coalition (RCHC).** We participate in an “organized health arrangement” with RCHC. Through this health arrangement Ritter Center participates in utilization reviews, quality assessments and improvement activities, and payment activities.
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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 must meet many conditions in the law before we can share your information for these purposes.

Help to prevent harm to yourself or others

We can disclose your information to reasonably lessen the risk of harm if we believe you present a serious and imminent threat to your own health or safety, or there's a danger to someone else, or to the public.

Help with public health and safety issues

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

- Preventing disease
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence

Do research

- We can use or share your information to qualified personnel for health research (for example, comparing treatment outcomes of patients who received one type of treatment to those who received another) or for an audit or program evaluation.

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 laws.

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

We can use or share health information about you:

- 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 can share health information about you in response to a court or administrative order, or in response to a subpoena.
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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.
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Our Privacy Officer

You can get more information about your rights, obtain forms, and get assistance with any of your privacy rights or questions by contacting our Privacy Officer: privacy@rittercenter.org or call toll-free: 888-368-4111

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. If Ritter Center makes significant changes, you will be informed of the new Notice and offered a copy on your next visit for treatment. The new Notice will be posted on the Ritter Center website.

The privacy practices listed in this Notice are effective September 11, 2020.

Acknowledgement of Receipt of the Ritter Center Notice of Privacy Practices by Health Care Patients

I acknowledge that I have received and reviewed the Ritter Center Notice of Privacy Practices

Name/DOB: _____/_____ Date: _____