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CHINESE COMMUNITY HEALTH CARE ASSOCIATION

Notice of Privacy Practices

Effective Date: April 14, 2003

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

The Chinese Community Health Care Association (CCHCA) was organized in 1982 as a mutual benefit association. Its specific and primary purpose is to promote social welfare within the meaning of Section 501(c)(4) of the Internal Revenue Code of 1986 by making health services more accessible to the Chinese Community of San Francisco. The CCHCA is non-profit tax-exempt association.

At Chinese Community Health Care Association (CCHCA), we respect the confidentiality of your health information and will protect your information in a responsible and professional manner. We are required by law to maintain the privacy of your health information and to provide you this notice. We must follow the terms of this notice while it is in effect. Additional policies and procedures are outline within CCHCA's Compliance Policy (COMP 18) – Release of Information Policy.

This notice explains how we use information about you and when we can share that information with others. It also informs you of your rights with respect to your health information and how you can exercise those rights.

WHAT IS PROTECTED HEALTH INFORMATION (PHI)?

Protected Health Information (PHI) is information created or received by CCHCA that identifies an individual applying for or enrolled in a health benefits program in which CCHCA is a provider, the person's participation in the program, the person's past, present or future physical or mental health condition, the provision of health care to that person, or payment for the provision of health care to that person. PHI does not include publicly available information or information that is available or reported in a summarized or aggregate fashion that does not identify any individual person.

HOW CCHCA MAY USE OR SHARE INFORMATION

The following are ways we may use or share PHI:

- CCHCA may use the information to help pay patient's medical bills that have been submitted to us by doctors and hospitals for payment.



- We may share patient’s information with doctors or hospitals to help them provide medical care. For example, if a patient is in the hospital, we may give them access to any medical records sent to us by the patient’s doctor.
- We may use or share patient information with others to help manage the patient’s health care. For example, we might talk to the patient’s doctor to suggest a disease management or wellness program that could help improve the patient’s health.
- We may share patient information with others who help us conduct our business operations. For example, we may contract with a disease management company to offer services to improve the patient’s health status. **We will not share your information with these outside companies unless they have proper securities in place and agree to keep the provided information protected.**
- We may use or share patient information for certain types of public health or disaster relief efforts.
- We may use or share patient information to send reminders if the individual has an appointment with your doctor.
- We may use or share patient information to give information about alternative medical treatments and programs or about health related products and services that the patient may be interested in. For example, we might send the patient information about smoking cessation or weight loss programs.
- We may use or share patient information with an employee benefit plan through which the patient receive health benefits. **We will not share detailed health information with the patient’s benefit plan unless they have proper securities in place and agree to keep it protected.**

There are also state and federal laws that may require us to release patient health information to others. We may be required to provide information for the following reasons:

- We may report information to state and federal agencies that regulate us such as the US Department of Health and Human Services and the California Department of Managed Health Care.
- We may share information for public health activities. For example, we may report information to the Food and Drug Administration for investigating or tracking of prescription drug and medical device problems.
- We may report information to public health agencies if we believe there is a serious health or safety threat.



- We may share information with a health oversight agency for certain oversight activities (for example, audits, inspections, licensure and disciplinary actions.)
- We may provide information to a court or administrative agency (for example, pursuant to court order, search warrant or subpoena).
- We may report information for law enforcement purposes. For example, we may give information to a law enforcement official for purposes of identifying or locating a suspect, fugitive, material witness or missing person.
- We may report information to a government authority regarding child abuse, neglect or domestic violence.
- We may share information with a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law. We may also share information to a funeral director as necessary to carry out their duties.
- We may use or share information for procurement, banking or transplantation of organs, eyes, or tissue.
- We may share information relative to specialized government functions, such as military and veteran activities, national security and intelligence activities, and the protective services for the President and others.
- We may report information on job-related injuries because of requirements of your state worker compensation laws.

If one of the above reasons does not apply, ***we must get a patient's written permission to use or disclose their health information.*** If the patient provides written permission and change their mind, the patient may revoke their written permission at any time.

WHAT ARE THE PATIENT'S RIGHTS

The following are patient's rights with respect to their health information. If a patient would like to exercise the following rights, please contact the ***CCHCA Compliance Officer, c/o Chinese Community Health Care Association, 445 Grant Ave, Suite 300, San Francisco, CA 94108, Phone: 415-216-0095.***

- ***Patients have the right to ask us to restrict*** how we use or disclose information for treatment, payment, or health care operations. Patients also have the right to ask us to restrict information that we have been asked to give to family members or to others who are involved in your health care or for payment for your health care. Please note that while we will try to honor the patient's request, we are not required to agree to these restrictions.
- ***Patients have the right to ask to receive confidential communications*** of information. For example, if a patient believes that they would be harmed if we send information to their current mailing address (for example, in situations involving domestic disputes or violence), patients can ask us to send the



- information by alternative means (for example, by fax) or to an alternative address. We will accommodate reasonable requests as explained above.
- ***Patients have the right to review or obtain copies of their own protected health information records, with some limited exceptions.*** Usually the records include enrollment, billing, claims payment and case or medical management records. Requests to review and/or obtain a copy of protected health information records must be made in writing. A fee for the costs of producing, copying and mailing a patient's requested information may be applicable, and patients should be notified of the cost in advance.
 - ***However,*** patients do not have the right to access certain types of information and we may decide not to provide patients with copies of the following information:
 - Contained in psychotherapy notes;
 - Compiled in reasonable anticipation of, or for use in a civil criminal or administrative action or proceeding; and
 - Subject to certain federal laws governing biological products and clinical laboratories.

In certain other situations, we may deny request to inspect or obtain a copy of information. If we deny a patient's request, we will notify the patient in writing and may provide the patient with a right to have the denial reviewed.

CCHCA will deny requests to inspect or obtain a copy of the information if there is reasonable doubt or question to the following:

- Identity of the person presenting the authorization
 - Status of the individual as the duly appointed representative of a minor, a deceased, or an incompetent patient
 - Legal age or status as an emancipated minor
 - Patient's capacity to understand the meaning of the authorization to disclose PHI
 - Authenticity of the patient's signature
 - Current validity of the authorization
- ***Patients have the right to ask us to make changes*** to information we maintain about them in their records. These changes are known as amendments. We may require that the patient's request be in writing and that the patient provide a reason for the request. We will respond to the request no later than 60 calendar days after we receive it. If we are unable to act within 60 days, we may extend that time by no more than an additional 30 days. If we need to extend this time, we will notify the patient of the delay and the date by which we will complete action on the patient's request.



If we make the amendment, we will notify the patient that it was made. In addition, we will provide the amendment to any person that we know has received the patient's health information. We will also provide the amendment to other persons identified and authorized by the patient.

If we deny a patient's request to amend, we will notify the patient in writing of the reason for the denial. The denial will explain the patient's right to file a written statement of disagreement. We have a right to respond to the patient's statement. However, the patient have the right to request that their written request, our written denial and statement of disagreement be included with the patient's information for any future disclosures.

- ***Patients have the right to request and receive an accounting of certain disclosures*** of PHI made by us during the six years prior to the request. Please note that we are not required to provide patients with an accounting of the following information:
 - Any information collected prior to April 14, 2003.
 - Information disclosed or used for treatment, payment, and health care operations purposes.
 - Information disclosed to the patient or pursuant to their authorization.
 - Information that is incident to a use or disclosure otherwise permitted.
 - Information disclosed for a facility's directory or to persons involved in the patient's care or other notification purposes.
 - Information disclosed for national security or intelligence purposes.
 - Information disclosed to correctional institutions, law enforcement officials or health oversight agencies.
 - Information that was disclosed or used as part of a limited data set for research, public health, or health care operations purposes.

We may require that the patient's request be in writing. We will act on the patient's request for an accounting within 60 days. We may need additional time to act on the patient's request. If so, we may take up to an additional 30 days. The patient's first accounting will be free. We will continue to provide the patient with one free accounting upon request every 12 months. If the patient requests an additional accounting within 12 months of receiving the free accounting, we may charge a fee. We will inform the patient in advance of the fee and provide the patient with an opportunity to withdraw or modify the request.



CAPACITY TO AUTHORIZE: WHO CAN SUBMIT REQUESTS FOR HEALTH INFORMATION

CCHCA requires a written, signed, current, and valid authorization to release Protected Health Information (PHI) as follows:

Member Category	Required Signature
Adult Member	The Member or a duly authorized representative, such as court-appointed guardian or attorney. Proof of authorized representation required, such as notarized power of attorney.
Deceased Member	Next of kin or executor/administrator of estate.
Un-emancipated Minor	Parent or legally appointed guardian /attorney (proof of relationship required)
Emancipated Minor	Same as Adult Member above.
Members for Psychiatric, Drug, Alcohol Treatment	Same as Adult Member above.
Members for AIDS/HIV or other Sexually Transmitted Disease Treatment	Same as Adult Member above.
Members for Abnormal Birth, Fetal Death, or Other Deformity Treatment	Same as Adult Member above.

Written authorization is required for all uses and disclosures. Written authorization must contain detailed, specific information directing the release of member information. Authorizations must include the following information:

- Name and address of CCHCA
- Name of the member
- Person or organization, included complete address, to whom the information is to be released
- Information to be released
- Purpose of Disclosure
- Signature of the member or duly authorized representative
- Date signed
- Signature of witness (if applicable)

EXERCISING PATIENT’S RIGHTS

Patients have a right to receive a copy of this notice upon request at any time. Patients can also view a copy of the notice on our web site at www.cchca.com. Should any of our privacy practices change, we reserve the right to change the terms of this notice and to make the new notice effective for all protected health information we



maintain. Once revised, we will provide the new notice to patients upon request and post it on our website.

If a patient have any questions about this notice or about how we use or share information, please contact CCHCA Compliance Officer at 415-216-0092. That office is open Monday through Friday from 8:30 am to 5:00 pm. Patients can also send us questions by e-mail to: Provider.Relations@cchca.com.

If a patient believe their privacy rights have been violated, they may file a complaint to **CCHCA Compliance Officer c/o Chinese Community Health Care Association, 445 Grant Avenue, Suite 300, San Francisco, CA 94108.** If the patient is not satisfied with the manner in which this office handles a complaint, the patient may submit a formal complaint to:

**Department of Health and Human Services
Office of Civil Rights
Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201**

The patient may also address a compliant to one of the regional Offices for Civil Rights. A list of these offices can be found online at:

<http://www.hhs.gov/about/agencies/regional-offices/#>

All complaints must be submitted in writing. **WE WILL NOT TAKE ANY ACTION AGAINST ANY PATIENTS FOR FILING A COMPLAINT.**

We reserve the right to change our practices and to make the new provisions effective for all individual identifiable health information that we maintain. If we change our privacy practices, we will post a revised notice within 60 days of the revision and provide a copy upon request.