



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.



Dear WellSpace Health Patient:

Your medical and behavioral health treatment information and records are personal and private. WellSpace Health is committed to protecting your health information. The medical and behavioral health information we create and maintain is known as Protected Health Information or PHI. We are required by Federal and State laws to protect the privacy of your medical and behavioral health information and obtain a signed authorization by you for certain disclosures.

We are required by law to provide you with this Notice of our legal duties and privacy practices concerning your medical and behavioral health information. This notice explains how we may legally use and disclose your PHI and your rights regarding your PHI privacy. We are required to follow all the terms of this notice. We reserve the right to change the provisions of this Notice and make it effective for all PHI we maintain.

If you have any questions and/or would like additional information, you may contact WellSpace Health Compliance Officer at compliance@wellspacehealth.org

Thank you for placing your care and trust in WellSpace Health.

Your Rights Regarding Your Protected Health Information

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

1. Right to get an electronic or paper copy of your medical record

Subject to certain exceptions, you have the right to view or get a copy of your PHI that we maintain in records in relation to your care, decisions about your care, or payment for your care. You have the right to view your records in any format that WellSpace Health maintains them in. Your request must be submitted in writing and a fee may be charged for the cost of copying, mailing, and for any other supplies used in fulfilling your request.

We will give you a copy or a summary of your health information, usually within 15 days of your request. We may charge a fair fee for labor plus \$0.25 per page. (Health and Safety Code Section 123110)

You can ask WellSpace Health to send your electronic health record to a third party. WellSpace Health may only charge for labor costs.

In limited situations, we may deny some or all your requests to see or receive copies of your records. If denied, we will tell you why in writing and explain your right, if any, to have our denial reviewed.

2. Right to ask us to correct your health record

You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.

We may say “no” to your request, but we’ll tell you why in writing within 60 days.

3. Right to request confidential communications

You can ask us to contact you in a specific way (for example, home or office home) or to send mail to a different address.

We will say “yes” to all reasonable requests.

4. Right to ask us to limit what we use or share

You can ask us **not** to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may so “no” it if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.

We will say “yes” unless a law requires us to share that information.

5. Right to 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 six years before the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, health care operations, and certain other disclosures (such as any you 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.

6. Right to 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 copy of the paper promptly.

7. Right to 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.

8. Right to file a complaint if you feel we have failed to protect your rights

You can complain if you feel we have failed to protect your rights by contacting us at compliance@wellspacehealth.org or by calling 916-469-4690 x 9039. You can file a complaint in writing within 180 days (6 months) of when you suspect it happened. Give as much detail as you can.

You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights in one of three ways:

- a. Mail: Send a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201
- b. Phone: Calling 1-877-696-6775
- c. Online: Visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

We will not retaliate against you for filing a complaint.

Your Choices Regarding Your Protected Health Information

For certain health information, you can tell us your choices about what we share. You can tell us how you want us to share your information in the situations listed below. Let us know 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:

1. Share information with your family, close friends, or others involved in your care.
2. Take away this consent at any time. This can be done by telling us verbally or in writing.

3. Share information in a disaster relief situation
4. Appointment Reminders - If we call you to remind you of an appointment at one of our Health Centers, we will only leave the name of the center and the time of appointment. Please let us know if you do NOT wish to be called or contacted by mail.

You may ask to be contacted in other ways like a text message or email.

If you are not able to tell us what you like, for example, if you are unconscious, we may share your information if we believe it is in your best interest. We may also share your information when needed to help with a serious and impending threat to your health or safety

We never share your information unless you give us written permission for these reasons only:

1. Marketing purposes
2. Sale of your information
3. Most sharing of psychotherapy notes
4. HIV Status
5. Substance Use

In case of fundraising: We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses & Disclosures Regarding Your Protected Health Information

How We May Use and Disclose Your Protected Health Information

Your confidentiality is important to us. Our providers, clinicians, and employees are required to maintain the confidentiality of our patients' and clients' PHI, and we have policies and procedures and other safeguards to help protect your PHI from improper use and disclosure. We briefly describe these uses and disclosures of your PHI below and provide you with some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose your PHI will fall within one of the categories. We will separately describe the ways we use and disclose HIV/AIDS and substance and/or alcohol abuse information later in this Notice.

1. Treatment

We may use and disclose your PHI to provide treatment, case management, care coordination, or direct or recommend health care and any related services such as government services or housing. We may also disclose your health information to community resources and providers who may be treating you or involved in your care.

2. Payment

We may use or disclose your Protected Health Information (PHI) to assess WellSpace Health's financial responsibility for your treatment and health-related services, or to facilitate billing and payment collection. For example, we may share your information with Medi-Cal, Medicare, or your health insurance provider, including your identity, diagnosis, and the services provided, to receive payment.

3. Health Care Operations

We may use and disclose your PHI to support the business activities of WellSpace Health. For example, we may use your PHI to review and evaluate our treatment and services or improve our care and services. In addition, we may disclose your health information to other staff or business associates who perform billing, consulting, behavioral health and health services, auditing, licensing, accreditation, investigations, and other services for WellSpace Health.

4. Required by Law

We may use and disclose your PHI when required by Federal, State, or local law. For example, the Department of Health and Human Services (DHHS) Secretary may review our compliance efforts, including seeing your PHI.

5. Business Associates

Some services are provided through the use of contracted entities called “business associates.” We may contract with business associates to perform certain functions or activities on our behalf such as payment, health care operations, and/or treatment services. These business associates must agree to safeguard your PHI. We release the minimum amount of PHI necessary so that the business associate can perform the identified services. We require business associates to appropriately safeguard your information.

Examples of business associates include subcontractors that create, receive, maintain or transmit PHI for or on behalf of billing companies, E-Prescribing Gateways, Health Information Exchanges, behavioral health service providers, and Electronic and Personal Health Record Vendors.

6. Health Oversight Activities

We may disclose your PHI to Federal, State, or local agencies that may conduct audits, investigations, oversight activities, and inspect government health benefit programs.

7. Public Health Activities

We may use and disclose your PHI to public health authorities or government agencies for reporting certain diseases, injuries, conditions, illnesses, and events as required by law. For example, we may disclose your health information to a local government agency to assist the agency during the investigation of an outbreak of the disease in the area or to comply with laws that govern workplace safety. We may also share your information to prevent disease, help with product recalls, report bad reactions to medications, or prevent serious health or safety risks.

8. Victims of Abuse, Neglect, or Domestic Violence

We may disclose your PHI to government agencies to report suspected abuse, neglect, or domestic violence. We will only disclose this information if you agree, if the law requires us to, or when it is necessary to protect you or someone from serious harm.

9. Lawsuits and Legal Actions

We may use and disclose your PHI in response to a court or administrative order, certain subpoenas, or other legal processes. We may also use and disclose PHI to the extent permitted by law without your authorization such as defending against a lawsuit or arbitration.

10. Law Enforcement

We may disclose your PHI to help locate or identify a missing person, suspect, or fugitive, when there is suspicion that death has occurred as a result of criminal conduct, to report a crime that happens at our centers or offices, or to report certain types of wounds, injuries or deaths to authorized officials such as the police, sheriff, or FBI for law enforcement purposes and in response to legal processes, such as a search warrant or court order.

11. Coroners, Medical Examiners, and Funeral Directors

We may disclose your PHI to funeral directors, coroners, and medical examiners when an individual die in order to permit the identification of a body, determine what caused the death, or for other official duties.

12. Organ and Tissue Donation

We may use or disclose your PHI to organizations that take care of organ, eye, or tissue donations and transplants.

13. Research

We may use and disclose your PHI for research if approved by an Institutional Review Board (IRB). An IRB is a committee responsible, under federal law, for reviewing and approving human subjects research to protect the safety of the participants and confidentiality of PHI.

14. To Stop a Serious Threat to Health or Safety

We may use or disclose your PHI if we believe there is an immediate danger to your health or safety or someone else's.

15. Inmates

Inmates are not required to receive a notice of privacy practices. If you are an inmate of a correctional institution or in custody of a law enforcement official, we may disclose your PHI to the correctional institution or the law enforcement official for certain purposes such as to protect your health and safety or someone else's.

16. Military Activity and National Security

We may use or disclose the PHI of armed forces personnel to the applicable military authorities when they believe it is necessary to properly carry out military missions. We may also disclose your PHI to authorized federal officials as necessary for national security and intelligence activities or the protection of the President of the United States and other government officials and dignitaries.

17. Government Programs for Public Benefits

We may use or disclose your PHI to help you qualify for government benefit programs such as Medicare, Medicaid, Supplemental Security Income, or other benefits or services available. We may also contact you to tell you about possible treatment options or health-related benefits or services.

18. Workers' Compensation

We may use and disclose your PHI to comply with workers' compensation laws or similar programs that provide benefits for work-related injuries or illnesses. For example, we may disclose your medical information regarding a work-related injury or illness to claims administrators, insurance carriers, and others responsible for evaluating your claim for worker's compensation benefits.

19. Family and Friends Involved in or Paying for Your Care

We may disclose your PHI to a friend, family member, or any other person who is involved with your care or payment for your care. For example, you may bring a friend or family member to your appointment and have that person in the exam room while talking with a health care provider. You may inform us verbally or in writing if you object to disclosures to your family and friends.

20. Disclosures in Case of Disaster Relief

We may disclose your name, city of residence, age, gender, and general condition to a public or private disaster relief organization to provide needed medical care or to help you find members of your family.

21. Disclosures to Parents as Personal Representatives of Minors

In most cases, we may disclose your minor child's PHI to you. In some situations, however, we are permitted and sometimes required by law to deny you access to your minor child's PHI. An example of when we must deny such access, based on the type of health care, is when a minor who is 12 years old or older seeks care for a communicable disease or condition. Another situation when we must deny access to parents is when minors have adult rights to make their own health care decisions. This includes minors who were or are married, who have a declaration of emancipation from a court, or who otherwise have legal authority.

22. Appointment Reminders

We may use PHI that you provided us to remind you of your upcoming appointments for treatment or other health care you may need.

23. Immunization Records

With written or verbal authorization from a parent, guardian, or other person acting in lieu of the parent or of an emancipated minor, we may disclose proof of your child's immunization to a school and/or information about a child who is a student or prospective student of the school as required by State or other law.

24. Identity Verification

We may photograph you for identification purposes. Your photo may be stored in your medical record. You may decline to have your photograph taken, if you wish, by contacting your provider.

25. Health Information Exchange

We may share your health information electronically with other healthcare providers outside of our facility who are involved in your care.

We may participate in a Health Information Exchange (HIE) for treatment purposes. The HIE is an electronic system that allows participating health care providers to share patient information in compliance with federal and state privacy laws. Unless you notify us otherwise that you object, we will share your health information electronically with your participating health care providers as necessary for treatment. Patient health information that, currently by law, requires a signed authorization for release will not be transmitted to the HIE without your consent. *If you would like to "opt-out" of being included in an HIE at any time, you may contact your provider.*

26. Electronic Health Records

We may use an electronic health record to store and retrieve your health information. One advantage of the electronic health record is sharing and exchanging health information among personnel and other community health care providers involved in your care. When we enter your information into the electronic health record, we may share that information by using shared clinical databases or health information exchanges. We may also receive information about you from other health care providers in the community who are involved with your care by using shared databases or health information exchanges. If you have any questions or concerns about the sharing or exchange of your information, please discuss them with your provider.

WellSpace Health is part of an organized health care arrangement including participants in OCHIN. A current list of OCHIN participants is available at www.ochin.org. As a business associate of WellSpace Health, OCHIN supplies information technology and related services to WellSpace Health and other OCHIN participants. OCHIN also engages in quality assessment and improvement activities on behalf of its participants. For example, OCHIN coordinates clinical review activities on behalf of participating organizations to establish best practice standards and access clinical benefits derived from electronic health record systems. OCHIN also helps participants work collaboratively to improve the management of internal and external patient referrals. Your health information may be shared by WellSpace health with other OCHIN participants when necessary for health care operation purposes of the organized health care arrangement.

27. Communications with Family and Others When you are Present

Sometimes a family member or other person involved in your care will be present when we are discussing your PHI with you. If you object, please tell us and we won't discuss your PHI while that person is present.

28. Communications with Family and Others When you are Not Present

There may be times when it is necessary to disclose your PHI to a family member or others involved in your care because there is an emergency, or you lack the decision-making capacity to agree or object. In those instances, we will use our professional judgment to determine if it's in your best interest to disclose your PHI. If so, we will limit the disclosure to the PHI that is directly relevant to the person's involvement with your health care. For

example, we may disclose your potential exposure to an infectious disease that warrants immediate attention.

Uses and Disclosures of Your Protected Health Information Requiring Your Written Authorization

We will obtain your written permission through authorization for other uses and disclosures of your PHI not covered by this Notice. You may revoke the authorization in writing at any time and we will stop disclosing PHI about you for the reasons stated in your written authorization. Any disclosures made before the revocation are not affected by the revocation.

Uses and Disclosures of HIV/AIDS Information

California law gives heightened protections to HIV/AIDS information. Generally, we must obtain your written authorization specifically permitting disclosure of the results of an HIV/AIDS test for each separate disclosure made. We may disclose your HIV/AIDS test results without your authorization and as required under State reporting laws for purposes of public health investigation, control, or surveillance. Additionally, disclosures to health care providers may be made without specific patient authorization for the direct purposes of diagnosis, care, or treatment of the patient.

Your physician who orders an HIV test on your behalf may disclose the result of your HIV test to your health care providers for purposes related to your diagnosis, care, or treatment.

Uses and Disclosures of Your Substance and Alcohol Use Disorder Records

The confidentiality of your substance and alcohol use disorder records is protected by 42 USC 290dd-2 and the Department of Health and Human Services (HHS) regulations at 42 CFR Part 2 – Confidentiality of Substance Use Disorder Patient Records. We are not allowed to acknowledge your enrollment, disclose your participation in the program, or identify you as having a substance use disorder to an outside person unless:

1. You consent in writing;
2. The disclosure is to prevent multiple 42 CFR Part 2 program enrollments;
3. The disclosure is allowed by a court order;
4. The disclosure is made to medical personnel to the extent necessary to meet a bona fide medical emergency;
5. The disclosure is to conduct scientific research; or
6. The disclosure is made for certain audit and/or evaluation purposes.

Federal law and regulations allow communication of personally identifying information about you by our program to law enforcement agencies or officials about a crime committed by you either at our program or against any person who works for the program premises or about any threat to commit such a crime.

Federal laws and regulations allow our program to report under state law personally identifying information about you in connection with incidents of suspected child abuse or neglect to appropriate State or local authorities.

If you believe that the privacy of your information protected by 42 USC 290dd-2 and 42 CFR Part 2 has been violated, you may contact the U.S. Attorney's Office, Central District of California, Santa Ana Branch Office at 411 W. Fourth Street, Suite 8000, Santa Ana, CA 92701 or by phone at (855) 898-3957.

Our Responsibilities Regarding Your Protected Health Information

We must follow the terms of this notice while it is in effect. We reserve the right to change this notice and our privacy practices at any time. Changes in our privacy practices will apply to any PHI we already have and to PHI we create or receive in the future. If WellSpace Health is providing services to you, we will mail a new notice to you if material changes are made. We will also post and make the new notice available at our Centers in the waiting or lobby areas.

1. We are required by law to keep the privacy and security of your PHI (PHI).
2. It is our duty to protect the privacy of all our patients. We must also protect our employees' privacy. It is against WellSpace Health policy and California law to purposely record or take pictures of confidential information by way of an electronic device or recording device (including cell phones) unless express consent is given by your clinician.
3. We will let you know right away if a breach occurs that may have compromised the privacy or security of your information.
4. WellSpace Health is including HITECH (Health Information Technology for Economic and Clinical Health) Act provisions in its Notice as follows:

Under HITECH, WellSpace Health is required to notify you if your PHI has been breached. This notice has to be made by certified mail within 60 days of the event. A breach occurs when an unauthorized use or disclosure that compromises the privacy or security of PHI poses a significant risk for financial, reputational, or other harm to the individual. In other words, a breach is when someone gains access to or shares your PHI without your consent. This could put you at greater risk for fraud, harm your identity, or could impact you in other harmful ways. This notice must:

- a. Give details of what happened, including the date of the breach and the date of the discovery
 - b. Have the steps that you should take to protect yourself from any harm that might result from the breach
 - c. Give details of what WellSpace Health is doing to investigate the breach, reduce losses, and protect against further breaches
5. We must follow the duties and privacy practices listed in this notice and give you a copy of it.
6. We will not use or share your information other than as listed here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time.
7. For more information visit: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website www.wellspacehealth.org

Other Instructions for this Notice

This notice is effective January 18, 2025

For questions regarding this notice, contact:

Compliance Officer
1500 Expo Pkwy



Sacramento, CA 95815

Phone: 916-469-4690 x 9039

compliance@wellspacehealth.org

The use and disclosure of your Protected Health Information (PHI) is regulated by HIPAA (1996). Healthcare providers must provide a Notice of Privacy Practices and make a good faith effort to obtain written acknowledgment of receipt.

I have read and fully understand the information provided in this document, including accompanying materials, if applicable. Any questions I had were answered to my satisfaction. I acknowledge, agree, and accept by signing below.

Signature of Patient/Client (or Parent/Guardian)

Date