

SHINGLE SPRINGS

Health & Wellness Center

Healthcare for All



Notice of Privacy Practices

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

Who Follows the Privacy Practices in this Notice?

All employees, including medical, behavioral health, pharmaceutical and dental staff, trainees, students, volunteers, business associates and all other agents of the Shingle Springs Health and Wellness Center.

Our Commitment to Your Privacy

Shingle Springs Health and Wellness Center is committed to maintaining the privacy of your health information in all formats (electronic, paper or verbal). We will only use or disclose (share) your health information as described in this notice.

How We May Use and Share Your Health Information with Others?

- We may use and disclose Health Information for your treatment(s), health related benefits and services and appointment reminders. This may include any and all treatment(s) that may be of interest to you. (i.e. appointment reminders).
- We may use and disclose Health Information so that we or our business associate(s) may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. This includes obtaining prior authorization for recommended treatment(s). All business associates are **required** to protect the privacy and security of your Health Information.
- We may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that all our patients receive quality care and to operate and manage all healthcare activities, including practitioner or provider performance, or to educate healthcare professionals.
- We may use and disclose your Health Information with other healthcare providers involved in your treatment or with a pharmacy that is filling your prescription(s).
- We may use and disclose Health Information to tell you about treatment alternatives, research programs or for health-related benefits and services that may be of interest to you.
- When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.
- We may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Special Circumstances:

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- For public health activities (for example, to report injuries, diseases, births, child abuse, neglect, medication reactions, malfunctioning of products/equipment, obtain recall information, domestic violence and deaths to a public health official authorized to receive such information).
- We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only after you have been notified or obtain an order protecting the information requested.
- We may release Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.
- We may release Health Information to a coroner or a medical examiner to aid in activities such as identification of a deceased person, or aid in determining cause of death. In some cases, we may release information to a funeral director as necessary for their duties.
- If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.
- If you are an organ donor, we may use or release Health Information to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes, or tissues to facilitate organ, eye or tissue donation and transplantation.
- We may share your health information to authorized federal officials for intelligence, counterintelligence, and other national security activities as authorized by law. As otherwise required by Federal Law.

Other Uses and Disclosures

The following uses and disclosures will only be made with your expressed written authorization:

- Use and disclosures of your Protected Health Information for marketing purposes; and
- Disclosures that constitute a sale of your Protected Health Information

Other uses and disclosures of Protected Health Information not covered by this notice or the laws that apply to us will be made only with your written authorization. You may revoke written authorization at any time. To revoke authorization, please submit your written request to our Privacy Officer, and we will no longer disclose Protected Health Information under the authorization.

Revised 10/31/22

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What Rights do you have About Your Health Information?

Although your health record is the property of Shingle Springs Health and Wellness Center, you have the right to:

- Request restriction or limitation on the health information we use or disclose for treatment, payment, or healthcare operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your care or the payment for your care, like a family member or friend. To request this restriction, submit a written request to the Privacy Officer, listed below. We are not required to agree to your request, unless you are asking for a restriction for use and disclosure of your Protected Health Information to a health plan for payment, or healthcare operation purposes and such information you wish to restrict pertains solely to a healthcare item or service which was paid to us “out of pocket” and in full. If we agree, we will comply with your request, unless it is needed for emergent treatment.
- Request confidential communications of your health information.
- Review and copy health information in your medical and billing records upon written request. If you request a paper copy of your health information, one will be provided to you within 30 days of your request.
- Request an Electronic Copy of Medical Records. If your Protected Health Information is maintained in an electronic format (known as an electronic medical record), you have the right to request your records be electronically transmitted to you, or another individual or entity.
- Request amendment (changes) to information in your medical and billing records. You must make your request to change, in writing and provide a reason for the request. We are not required to agree to your request, but will let you know in writing, and state a reason, when we do not agree. If we agree, your suggested amendment will be added to your record.
- Receive an accounting of disclosures. An “accounting of disclosures” is a report that identifies certain other people or organizations to which we have disclosed your health information without your authorization. (See the section on “We may also use and disclose your health information for the following reasons” for an explanation of who might be included.) You have a right to receive one accounting of disclosures every 12 months without charge; however, we may charge you for the cost of providing any additional accounting in the same 12-month period.
- Name a personal representative who may act on your behalf to control the privacy of your health information. Parents and guardians will generally have the right to control the privacy of health information of minors (children under 18 years old) unless the minors are permitted by law to act on their own behalf. There may also be exceptions to this per individual state law.
- Request and receive a paper copy of this notice.
- Request additional privacy protections with respect to your Protected Health Information. These requests must be sent to the Privacy Officer at the address below.

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What are Our Duties about Your Health Information and this Notice?

- We are required by Federal law to keep the privacy and security of health information that may tell your identity. We will notify you in writing or by email if there is a breach of privacy that compromises your identifiable health information.
- We are required to provide you with a copy of this notice and agree to the terms of this notice. We reserve the right to change the terms of this notice; the revised notice will be effective for all health information that we keep. We will post any revised notices in our public waiting room areas. You may also request a paper copy of the revised notice at the time of your next visit.

If you have any questions about this notice or believe your privacy rights have been violated, please contact us at:

**Shingle Springs Health and Wellness Center
Attention: Privacy Officer
5168 Honpie Road
Placerville, CA 95667
PH: (530) 387-8063**

You may also contact the Secretary of the United States Department of Health and Human Services. This information is as follows:

- Submit in writing by mail, fax, e-mail, or via the [OCR Complaint Portal](#)
 - Name the covered entity or business associate involved, and describe the acts or omissions, you believed violated the requirements of the Privacy, Security, or Breach Notification Rules

REQUEST FOR ACKNOWLEDGMENT

An acknowledgement of receipt of the Shingle Springs Health and Wellness Notice of Privacy Practices is included in your New Patient Registration Packet. By signing the Notice of Privacy Practices Acknowledgment Form, you are confirming that you have received a copy of this notice.