



NORTH EAST
MEDICAL SERVICES
東北醫療中心

a california *health+* center

NOTICE OF PRIVACY PRACTICES

Effective Date: 4/14/2003

Last Updated: 10/2/2023

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 NEMS' Compliance & Privacy Officer at (415) 391-9686.

ABOUT US

In this Notice, we use terms like "we," "us" or "our" to refer to North East Medical Services ("NEMS"). We are a licensed community clinic organization, a Health Center Program grantee under 42 U.S.C. § 254b, and a deemed Public Health Service employee under 42 U.S.C. §§ 233(g)-(n).

This Notice applies to NEMS, including all our clinic locations, clinical employees (including physicians, nurses and other clinical staff members), administrative employees and volunteers. Our health care delivery sites include the clinic facilities listed on our website at <https://www.nems.org>. We share your protected health information to provide you with our health care services, to seek payment for our services and to conduct our business operations, which include, for example, quality assurance, compliance, and utilization review.

WHAT IS PROTECTED HEALTH INFORMATION ("PHI")?

"Protected health information," or "PHI," is information that identifies who you are and relates to your past, present, or future physical or mental health or condition; the provision of health care to you; or past, present, or future payment for the provision of health care to you. PHI does not include information about you that does not identify who you are. If you are an employee of NEMS, PHI does not include the health information (if any) in your personnel file.

PURPOSE OF THIS NOTICE

As a health care provider, we gather, maintain and disclose PHI about our patients. This Notice explains our legal duties and privacy practices with respect to PHI. Your NEMS health records contain PHI, which NEMS understands is private and personal. We are committed to keeping PHI confidential and secure. We are required by law to maintain the privacy of your PHI by implementing reasonable and appropriate safeguards.

HOW WE PROTECT YOUR PHI

We restrict access to your PHI to those employees and others who need access for NEMS to provide health care services and conduct its business operations. We have established and maintain physical, electronic and procedural safeguards to protect your PHI against unauthorized use or disclosure.

HOW WE USE AND DISCLOSE YOUR PHI

Federal and state law allow us to use and disclose your PHI without your authorization in certain circumstances. Some information, such as certain substance use disorder information, HIV information, genetic information and mental health information is entitled to special restrictions related to its use and disclosure. We typically use and disclose your health information in the following ways:

- **Treatment.** We may use and disclose your PHI to provide you with treatment, including primary health care, behavioral health treatment, dental care, and care coordination. We record your treatment information in our electronic health record system, Epic. NEMS' doctors, nurses, technicians, students, and other personnel may use the information in your health record to provide you with treatment and care coordination services. For example, your primary care provider may review notes from your behavioral health provider, including your prescription history, to avoid prescription interactions.

We may also share your PHI with treatment providers, agencies, or facilities outside of NEMS to provide you with treatment and coordinate the care and services you need. For example, if we refer you to a cardiologist, we may send the cardiologist your recent laboratory test results to inform their medical decision-making; if we work with a social services agency (such as WIC or similar programs) and we believe that the services they provide will further your health care, we may share the minimum necessary PHI with them to provide you with their services.

We may share your PHI electronically, through Epic's Care Everywhere functionality which allows electronic exchange between NEMS and other organizations that use Epic. (See the HIE section below for more information.)

- **Payment.** We may use and disclose your PHI to bill and collect payment for the health care services provided to you. For example, we may need to give information about you to your health insurance plan or another responsible party to receive payment or reimbursement for the services we provide to you.
- **Health Care Operations.** We can use and share your health information to run our practice, improve your care, and contact you when necessary:
 - **Improve your care:** For example, members of our clinical staff or quality improvement team may use your PHI to assess the quality of the health care services we provide.
 - **Contact you:** We may call, text, email or mail, to the phone number, email address, and mailing address you provide, appointment reminders, registration information,

follow-up care messages, information about treatment alternatives, or other health-related benefits and services that may be of interest to you. You are responsible for updating your information. You may contact NEMS Member Services at (415) 391-9686 ext. 8160 or (650) 550-3923 ext. 8160 or (408) 573-9686 ext. 8160 to update your contact information or to opt-out of certain communication methods. We must be able to contact you through at least one of the above listed methods; you cannot opt out of all methods of communications from us.

- **When required by law.** In some circumstances, we are required by federal or state laws to disclose certain PHI to others, such as public agencies for various reasons;
- **For public health activities.** NEMS may disclose your information to public health authorities for the purposes of preventing or controlling disease, injury, or disability. This may include reports about specific disease profiles;
- **For reporting suspected abuse, neglect or domestic violence;**
- **For health oversight activities,** such as reports to governmental agencies that are responsible for licensing or disciplinary action against physicians or other health care providers;
- **For lawsuits and other proceedings.** In connection with court proceedings or proceedings before administrative agencies;
- **For law enforcement purposes.** In response to a warrant or to report a crime;
- **Reports to coroners, medical examiners, or funeral directors** to assist them in performance of their legal duties;
- **For tissue or organ donations** to organ procurement or transplant organizations to assist them;
- **For research.** We may disclose PHI to researchers when the research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI. This also may include preparing for research or contacting you about research studies that might interest you.
- **To avert a serious threat to the health or safety of you or other members of the public;**
- **For specialized government functions and activities** (e.g., military and veterans' activities);
- **In connection with services provided under workers' compensation laws;**
- **Health Information Exchange (HIE).** We may share your PHI electronically through Health Information Exchanges (HIE) in which we participate. Currently, NEMS participates in Epic Care Everywhere. Through an HIE, providers at other organizations, including hospitals, laboratories, health care providers, public health departments, health plans, can share your PHI for treatment, payment, health care operations and other purposes. Participation in HIE allows NEMS and other providers to share electronic medical record information more quickly and easily for better coordination of care and to assist in making

more informed treatment decisions. Participants in an HIE must comply with federal and state laws that protect the privacy and security of your PHI. You may opt out of HIE by contacting the HIS Department or filling out an opt-out form and returning it to the HIS Department. Opting out stops NEMS from sharing your PHI with other health care providers through the HIE; it does not stop other health care providers from sharing your PHI with NEMS, and it does not stop a health care provider that already received your PHI from keeping it. If you change your mind and want to opt back in, you may do so by contacting the HIS Department.

- **Fundraising:** We may contact you to fundraise for our own benefit. For this purpose, we may use your contact information, such as your name, address, phone number, the dates on which and the department from which you received treatment or services at NEMS, your treating physician's name, your treatment outcome and your health insurance status. If we contact you for fundraising purposes, we will provide you a clear opportunity to elect not to receive any additional fundraising communications from us.

USES AND DISCLOSURES REQUIRING YOU TO HAVE THE OPPORTUNITY TO AGREE OR OBJECT

Before we make certain uses and disclosures of your PHI without your written authorization, we must provide you with an opportunity to agree or object. Such disclosures include those made to family members or other individuals involved in your care or payment for your care, or disclosures made in emergency situations for purposes of notifying, identifying or locating a family member, personal representative, or another person responsible for your care regarding your location, general condition, or death.

SPECIAL RULES FOR PARENTAL ACCESS TO PHI OF THEIR MINOR CHILDREN

Parents and guardians can generally control PHI of their minor children. In some cases, however, we are permitted or even required by law to deny a parent or guardian access to PHI of a minor, such as when the minor can legally consent to medical services without permission of their parent or guardian. Parents or guardians can request proxy access to their minor children's MyChart accounts. When the child turns twelve, a parent or guardians proxy access will be limited to certain information. Once the child turns eighteen, the parent or guardian's proxy access will be revoked.

USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION

We must obtain your written authorization prior to the following uses and disclosures of your PHI:

- Psychotherapy Notes. Psychotherapy notes are notes made by a behavioral health professional regarding the contents of conversation during a counseling session when those notes are maintained separately from the medical record. We must obtain your authorization for most uses and disclosures of psychotherapy notes. "Psychotherapy notes" do not include medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical

tests, or summaries of your diagnosis, functional status, treatment plan, symptoms, prognosis, and progress to date.

- Marketing Activities. We must obtain your written authorization to use your PHI to send you marketing materials. We are not required to obtain an authorization for marketing information provided to you during a face-to-face communication or for promotional gifts of nominal value.
- Sale of PHI. We do not sell your PHI.

All other uses and disclosures of your PHI that are not described in this Notice require your written authorization.

YOUR RIGHTS REGARDING YOUR PHI

SUBMITTING AN AUTHORIZATION

You may access an authorization form on our website at <https://nems.org/docs/authorization-to-disclose-health-information-form-en-ch/>. You may also request a form from us in person or request that we send one to you by writing to or emailing the Health Information Services Department (“HIS Department”) as follows:

NEMS Health Information Services
1033 Clement Street
San Francisco, CA 94118
Attention: Health Information Services Manager

You may submit your authorization at the address above or email us at eroi@nems.org. Please note that email messages may not be encrypted or secure and could be intercepted, viewed, copied, or shared by an unauthorized third party. If you choose to email us, you acknowledge that NEMS has warned you of the risks and you knowingly assume such risks.

You may revoke or modify your authorization at any time by writing to us at the same address. Please note that your revocation or modification may not be effective in some circumstances, such as when we have already acted in reliance on your authorization.

ACCESS TO YOUR PHI

You may access your PHI through the NEMS patient portal at mychart.nems.org. Please note that MyChart may not display all information contained in your medical record that we have about you. To access your complete medical record and other health information we have about you, please contact the HIS Department. We will provide you a copy or summary within the time required by law. We may charge a reasonable, cost-based fee.

In limited circumstances, we may deny your request to access your PHI. We will explain in writing the reason for our denial, and you will have the opportunity, unless limited exceptions apply, to request review of the denial.

RIGHT TO REQUEST RESTRICTIONS

You have the right to request restrictions on how we use and disclose your PHI for treatment, payment, and health care operations. All requests must be made in writing. NEMS has a form titled "REQUEST FOR A RESTRICTION ON USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI)" which you may request from the HIS Department. Upon receipt, we will review your request and notify you whether we have accepted or denied your request. If we agree to your request, we will comply with the restriction unless a disclosure is required in order to provide you with emergency treatment. Please note that we are not required to accept your request for restrictions, except that we are required, based on your written request, to restrict disclosure of your PHI to a health plan if: (1) the purpose of the disclosure is to carry out payment or health care operations and is not otherwise required by law; and (2) the PHI pertains solely to a health care item or service for which you or someone other than the health plan has paid in full.

To request restrictions, you must make your request in writing to the HIS Department. In your request, you must tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply (for example, to your spouse).

RIGHT TO CONFIDENTIAL COMMUNICATIONS

You have the right to request that we provide your PHI to you in a confidential manner. For example, you may request that we send your PHI by an alternate means (e.g., sending by a sealed envelope, rather than a post card) or to an alternate address (e.g., calling you at a different telephone number, or sending a letter to you at your office address rather than your home address). We will accommodate any reasonable request, unless it is administratively too burdensome, or prohibited by law.

RIGHT TO AMEND YOUR PHI

You have the right to request amendments to your PHI for so long as the information is maintained in our medical and billing records. If you wish to have your PHI corrected or updated, please write to us and tell us what you want changed and why. NEMS has a form titled "MEDICAL RECORD REQUEST FOR CORRECTION/AMENDMENT FORM" which you may request from the HIS Department. We will respond to you in writing, either accepting or denying your request. If we deny your request, we will explain why. You may also send us an addendum that is no longer than 250 words for each item you believe is incorrect. Please clearly indicate that you want the addendum to be included in your PHI. If we accept your request, we will attach your addendum to the record(s) of your PHI. Your amended PHI will be available for your review upon request.

RIGHT TO REQUEST AN ACCOUNTING OF DISCLOSURES OF YOUR PHI

You have the right to request an accounting of certain disclosures that we make of your PHI. An accounting lists disclosures we have made prior to the date of your request. You can request an accounting by writing to the HIS Department. We will respond to your request within a reasonable period, but no later than 60 days after we receive your written request. Please note that certain disclosures need not be included in the accounting we provide to you, such as disclosures made for treatment, payment or health care operations, or disclosures made more than 6 years prior to the date of your request.

RIGHT TO RECEIVE A COPY OF THIS NOTICE

You have the right to request and receive a paper copy of this Notice, even if you have agreed to receive the Notice electronically. You may contact the HIS Department for a copy, and one will be provided to you at no charge.

RIGHT TO COMPLAIN

We must follow the privacy practices set forth in this Notice while in effect. If you have any questions about this Notice, wish to exercise your rights, or submit a complaint, please direct your inquiries to:

North East Medical Services
1520 Stockton Street
San Francisco, CA 94133
Attention: Compliance & Privacy Officer
(415) 391-9686

You may contact your Health Plan with your concerns as well. You also have the right to directly complain to the Secretary of the United States Department of Health and Human Service. We will not retaliate against you for filing a complaint against us.

BREACH

We are required to notify you in writing of any breach of your unsecured PHI without unreasonable delay and no later than 15 business days after we discover the breach.

RIGHTS RESERVED BY NEMS

We may use and disclose your PHI to the fullest extent authorized by law. We reserve the right to change this Notice and make a new Notice applicable to all PHI that we maintain, regardless of when it was received or created. If we make material or important changes to our privacy practices, we will promptly revise this Notice and make it available upon request, in our clinic locations and on our website.

North East Medical Services (NEMS) complies with applicable Federal civil rights laws and does not differentiate, exclude, or discriminate against any individual as a result your race, color, creed, religion (includes religious dress and grooming practices), age, sex/gender (includes pregnancy, childbirth, breastfeeding and/or related medical conditions), gender identity, gender expression, sexual orientation, marital status, medical condition (genetic characteristics, cancer or a record or history of cancer), military or veteran status, national origin (includes language use and possession of a driver’s license issued to persons unable to provide their presence in the United States is authorized under federal law), ancestry, disability (mental and physical including HIV/AIDS, cancer, and genetic characteristics), genetic information, retaliation for reporting patient abuse in tax-supported institutions, age (over 40), Enrollment in a Health Benefit Plan, state of health, need for health services, status as a litigant, status of a Medicare or Medicaid beneficiary, or source of payment for your care, or any other basis prohibited by law.

NEMS provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). NEMS also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact NEMS Member Services Department.

If you believe that NEMS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: NEMS Member Services Department, 1520 Stockton St, San Francisco, CA 94133, 415-391-9686 ext. 8160, Fax: 415-433-4726. You can file a grievance in person, by mail or fax. If you need help filing a grievance, NEMS Member Services Department is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-868-1019 (TDD 1-800-537-7697). Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>.

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 415-391-9686 ext. 8160 (TTY: 1-800-735-2929).

Chinese

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電

415-391-9686 ext. 8160 (TTY : 1-800-735-2929) 。

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 415-391-9686 ext. 8160 (TTY: 1-800-735-2929).

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 415-391-9686 ext. 8160 (TTY: 1-800-735-2929) 번으로 전화해 주십시오.

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 415-391-9686 ext. 8160 (TTY: 1-800-735-2929).

Japanese

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。415-391-9686 ext. 8160 (TTY:1-800-735-2929) まで、お電話にてご連絡ください。

Burmese

သတိပြုရန် - အကယ့်၍ သင့်သူ ဂျမ္ဗူဒကာ ကို ဝေ့ဟပါက၊ ဘာသာစကား အကူအညီ အခမဲ့ သင့်အကြံကု စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 415-391-9686 ext. 8160 (TTY: 1-800-735-2929) သို့မူ ဝေ့ဆိုင်ပါ။

Laotian

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 415-391-9686 ext. 8160 (TTY: 1-800-735-2929).

Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (رقم هاتف الصم والبكم: 1-800-735-2929).

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 415-391-9686 ext. 8160 (телетайп: 1-800-735-2929).

Ukrainian

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 415-391-9686 ext. 8160 (телетайп: 1-800-735-2929).

Hmong

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 415-391-9686 ext. 8160 (TTY: 1-800-735-2929).

Thai

เรียน:ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 415-391-9686 (TTY: 1-800-735-2929).

Armenian

Ուշադրութեամբ: Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվակապակց օգնություններ: Ջանապարհեք 415-391-9686 ext. 8160 (TTY (հեռախոսիչ) 1-800-735-2929):

Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 415-391-9686 ext. 8160 (TTY: 1-800-735-2929) पर कॉल करें।

Farsi

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. 415-391-9686 ext. 8160 (TTY: 1-800-735-2929)

Punjabi

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 415-391-9686 ext. 8160 (TTY: 1-800-735-2929) 'ਤੇ ਕਾਲ ਕਰੋ।

Cambodian

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 415-391-9686 ext. 8160 (TTY: 1-800-735-2929)។