

NOTICE OF PRIVACY PRACTICES

Effective Date: 3/18/2021

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 PACE 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 of our clinic locations, the Program of All-Inclusive Care for the Elderly (PACE), 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> and the NEMS PACE program. 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, and NEMS understands that medical information about you is private and personal. We understand the importance of keeping this information

confidential and secure. As required by law, we are committed to maintaining the privacy of your PHI by implementing reasonable and appropriate safeguards. We are also required by law to notify affected individuals following a breach of unsecured PHI.

HOW WE PROTECT YOUR PHI

We restrict access to your PHI to those employees and others who need access in order 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.

TYPES OF USE AND DISCLOSURE OF PHI WE MAY MAKE WITHOUT YOUR AUTHORIZATION

TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

Federal and state law allow us to use and disclose your PHI without your authorization in order to provide health care services to you, as well as to bill and collect payment for the health care services provided to you. For example, results of laboratory tests ordered by your health care provider will be recorded in your medical record and reported to the ordering provider.

We may also disclose your PHI to health plans or other responsible parties to receive payment for the services we provide to you.

Federal and state law also allow us to use and disclose your PHI as necessary in connection with our health care operations. Members of our clinical staff or quality improvement team may use the PHI in your health record to assess the quality of the health care services we provide. We may also disclose your PHI to our business associates, who must also agree to safeguard your PHI as required by law.

OTHER TYPES OF USE AND DISCLOSURE (YOUR AUTHORIZATION IS NOT REQUIRED)

Federal law permits health care providers who are governed by HIPAA, including NEMS, to use and disclose PHI without authorization for the following purposes:

- 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, such as reports about specific disease profiles;
- Reports about victims of 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 use and disclose your PHI for research purposes. We specifically may allow researchers to review your PHI for purposes of preparing a research protocol or similar purposes preparatory to research, so long as a special committee determines that the research activity poses a minimal risk to individual privacy, there is an adequate plan to safeguard the PHI, the research could not practicably be conducted without access to and use of the PHI, and the researchers do not remove any PHI from our facility while they review it. If the research requires PHI relating to a deceased individual, the researchers must provide us with assurances that the PHI is necessary for the research and will be used only as part of the research. If these requirements are not satisfied, we may disclose health information to the researchers that does not identify you (see "Use and Disclosure of 'De-Identified' PHI," below);
- 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;
- Appointment reminders. We may use your PHI to contact you about appointments for treatment or other health care needs; and
- Contacting you. We may contact you through a number of different ways. We may contact you through phone calls, including through pre-recorded voice messages or voicemail messages; text messages; e-mail; or by postal mail. You may contact the NEMS PACE program at (415) 352-5050, 1-800-508-4578, or (415) 213-1973 (TTY) to tell us how you would like us to communicate with you, or to opt-out of receiving certain communications from us. NEMS must be able to contact you through at least one of the above listed methods; you cannot opt out of all 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 who are 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.

USE AND DISCLOSURE OF "DE-IDENTIFIED" PHI

We may disclose "de-identified" health information about you without your authorization if we first remove all numbers, characteristics, codes and other identifiers that reasonably could identify you.

USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION

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

- **Psychotherapy Notes.** We are required to obtain your written authorization prior to our use or disclosure of any notes made by a behavioral health professional provider regarding the contents of conversation during a counseling session. "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.

We are not required to obtain your prior authorization to use or disclose psychotherapy notes for certain treatment, payment and health care operations purposes. These purposes include (1) use of the psychotherapy notes for treatment purposes by the behavioral health professional who originally created the notes, (2) use by NEMS in connection with supervised training programs for individuals to practice or improve their counseling skills, and (3) use or disclosure by NEMS to defend itself in the event of a lawsuit or other legal proceeding brought by you.

We are also not required to obtain your authorization prior to using or disclosing psychotherapy notes (1) when required by the Secretary of the U.S. Department of Health and Human Services in an investigation of NEMS' compliance with HIPAA, (2) if the use or disclosure is required by law, (3) requested by a health oversight agency in connection with oversight of the behavioral health professional who created the notes, (4) to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law, or (5) to prevent or lessen a serious and imminent threat to your health or safety or the health or safety of some other member of the public.

- **Marketing Activities.** We must obtain your written authorization in order to use your PHI to send you marketing materials. No authorization is required for marketing information provided to you during a face-to-face communication, or for promotional gifts of nominal value.
- **Sale of PHI.** We must obtain your written authorization prior to any sale of your PHI. You should not infer that NEMS has any plans to 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

If you need an authorization form, we will send you one for you or your personal representative to complete. When you receive the form, please fill it out and send it to the following address:

North East Medical Services
1520 Stockton Street
San Francisco, CA 94133
Attention: Health Information Services Manager
Or email to eroi@nems.org

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 taken action relying on your authorization.

ACCESS TO YOUR PHI

You may request to inspect and obtain a copy of your PHI that we maintain in medical and billing records, for as long as we maintain such records. If you wish to access your PHI, please provide a detailed written description of the PHI you wish to review at the address given above. NEMS has a form titled "AUTHORIZATION TO DISCLOSE HEALTH INFORMATION" which you may request from NEMS Health Information Services. If you would like a copy of the information we have, your request should be made in writing and sent to the same address.

We will respond to your request and tell you when and where you can review your PHI in our possession within our normal business hours. If we provide you with a copy of your PHI, we may charge a reasonable administrative fee for copying your PHI to the extent permitted by applicable law. If we don't have your PHI, but know who does, we will tell you whom to contact.

In limited circumstances, we may deny your request to inspect or obtain copies of 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. We will comply with the outcome of the review. In addition, federal law does not entitle individuals to have access to certain kinds of PHI, including (1) information compiled in reasonable anticipation of, or use in, legal proceedings, and (2) other PHI to which access is prohibited by federal law.

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 NEMS Health Information Services to complete. 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; (2) the disclosure 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 without any contribution from your health plan.

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 NEMS Health Information Services. 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 in length 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 us. We will respond to your request within a reasonable period of time, 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 our San Francisco office 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 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.

RIGHTS RESERVED BY NEMS

We may use and disclose your PHI to the fullest extent authorized by law. We reserve the rights as expressed in this Notice. We reserve the right to revise our privacy practices consistent with law and make them applicable to all of your 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 our Notice. Unless the changes are required by law, we will not implement material changes to our privacy practices before we revise our Notice.



PACE 行健

長者照護計劃

728 Pacific Avenue, Suite 200, San Francisco, CA 94133

PACE #:

NAME:

DOB:

PACE NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT FORM

東北行健保護隱私條例通知確認表格

NAME: _____ **PACE ID #:** _____
 姓名 *Last 姓氏* *First 名字* *Middle 中間名字* 東北行健會員號碼

I acknowledge that I have received a copy of NEMS PACE'S Notice of Privacy Practices. I understand that I may exercise my rights as described in the notice.

本人確認我已經收到東北行健長者照護計劃的保護隱私條例通知副本。本人明白我有權行使通知書上列明的會員權利。

 Signature of Patient or Legal Representative
 參加者或合法代表人簽名

 Relationship to Patient
 與參加者的關係

 Signature of Witness
 見證人簽名

 Date
 日期

STAFF USE ONLY 僅限職員使用: If the patient refused to sign, please check box, initial and date:

REFUSAL TO SIGN

Staff Initials: _____

Date: _____