



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION.

PLEASE READ IT CAREFULLY.

QFC Family Clinics (QFC) understands that medical information about you and your health is personal. QFC is committed to protecting medical information about you. We create a record of the care and services you receive at QFC. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to your medical information generated by QFC. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic. This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of your medical information. We are required by law to:

- Make sure that medical information that identifies you is kept confidential (with certain exceptions),
- Give you this notice of our legal duties and privacy practices with respect to medical information about you, and
- Follow the terms of the notice that is currently in effect.

HOW QFC MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give 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 information will fall within one of the categories.

Treatment: We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, healthcare students or other persons at QFC who need that information to take care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. We also may disclose medical information about you to people outside QFC who may be involved in your medical treatment such as skilled nursing facilities, home health agencies and other physicians or practitioners. For example, we may give a specialist access to your medical information to assist him/her in treating you.

Payment: We may use and disclose medical information about you so that treatment and services you receive at QFC may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about treatment you received at QFC so your health plan will pay us or reimburse you for the treatment. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

Healthcare Operations: We may use and disclose medical information about you for healthcare operations. These uses and disclosures are necessary to run QFC programs and make sure that all of our participants receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also disclose information to doctors, nurses, technicians, medical and other students and other health system personnel for review and learning purposes.

Appointment Reminders: We may contact you to remind you that you have an appointment.

Health-Related Products & Services: We may contact you about benefits or services that we provide.

Fundraising Activities: We may contact you to provide information about QFC-sponsored activities, including fundraising programs and events. We would only use contact information such as your name, address and phone number and the dates you received treatment or services at QFC.

Family Members and Others You Designate: With your specific written approval, we may disclose your medical information to designated family, friends and others who are involved in your care or in payment of your care in order to facilitate that person's involvement in caring for you or paying for your care. If you are unavailable, incapacitated or facing an emergency medical situation and we determine that a limited disclosure may be in your best interest, we may share limited medical information with such individuals without your approval. We may also disclose limited medical information to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other persons that may be involved in some aspect of caring for you.

Research: Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process that evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. We may disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, as long as the medical information they review does not leave our program site.

OTHER USES AND DISCLOSURES: We are permitted or required by law to make certain other uses and disclosures of your medical information without your consent or authorization. We may release medical information about you for the following reasons.

- any purpose required by law

- public health activities, such as required reporting of disease, injury and birth and death and for required public health investigations
- as required by law if we suspect child or elder abuse or neglect or if we believe you to be a victim of abuse, neglect or domestic violence
- to the Food and Drug Administration if necessary to report adverse events, product defects or to participate in product recalls
- to your employer when we have provided healthcare to you at the request of your employer; in all cases, you will receive notice that information is disclosed to your employer
- in extraordinary circumstances if required by law to law enforcement agents
- if required to do so by a court or administrative ordered subpoena or discovery request; in most cases, you will have notice of such release
- to coroners and/or funeral directors consistent with law
- as required by the law to warn and protect a reasonable victim(s) of a serious threat of physical violence
- when required by law to the California Department of Motor Vehicles
- to authorized officials for the provision of protective services to the President or other persons authorized by law
- if you are a member of the military as required by armed forces services or for national security or intelligence activities
- to workers' compensation agencies if necessary for your workers' compensation benefit determination

Finally, we may share your medical information with regional and national Health Information Exchanges (HIEs)—State and Federal government- and provider-sponsored initiatives that help healthcare providers share information and work together to provide better care and treatment for patients. We will only share your information for treatment purposes and will only share "sensitive individual health information" with your current healthcare providers or with your explicit authorization. You can request that we not share your health information with HIEs by writing to QFC's Corporate Compliance Officer (see below).

YOUR RIGHTS REGARDING MEDICAL INFORMATION: You have the following rights regarding medical information we maintain about you.

Access to Your Medical Information: You have the right to copy and/or inspect much of the medical information we retain on your behalf. All requests for access must be made in writing and signed by you or your representative. If you request a copy of the information, you may be charged a fee for the costs of copying, mailing or other supplies associated with your request.

Amendments to Your Medical Information: You have the right to request that medical information that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. All amendment requests, in order to be considered by us, must be in writing, signed by you or your representative, and state the reasons for the amendment/correction request. If an amendment or correction you request is made, we may also notify others who work with us and have copies of the uncorrected record if we believe that such notification is necessary.

Account for Disclosures of Your Medical Information: You have the right to receive an accounting of certain disclosures made by us of your medical information after April 14, 2003. Requests must be made in writing and signed by you or your representative. The first accounting in a 12-month period is free; for additional requests, we may charge you for the costs of providing the information.

Restrictions on Use and Disclosure of Your Medical Information: You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or healthcare operations. In your request, 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, only to you and your spouse. We are not required to agree to your request but if we do, our agreement must be in writing. We will comply with your request unless the information is needed to provide you emergency treatment.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we contact you only at home or only by mail. You must make your request in writing; your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

Right to a Paper Copy of this Notice: You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. Copies are available at our clinics or at www.queenscarefamilyclinics.org. *All requests should be directed to your service provider or in writing to QueensCare Family Clinics, 1300 N. Vermont, Suite 1002, Los Angeles, CA 90027.*

CHANGES TO THIS NOTICE: We reserve the right to change QFC's privacy practices and this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice throughout QFC. The Notice will contain the effective date on the first page in the top right-hand corner. In addition, at any time you may request a copy of the current Notice in effect.

COMPLAINTS: If you believe your privacy rights have been violated, you may file a complaint in writing with QFC or with the Secretary of the Department of Health and Human Services. To file a written complaint with QFC contact: **QueensCare Family Clinics, Attn: Corporate Compliance Officer, 1300 N. Vermont Ave., Suite 1002, Los Angeles, CA 90027.** To file a written complaint with the Secretary of the Department of Health & Human Services, contact the Office of Civil Rights, Department of Health & Human Services, S. United Nations Plaza, Room 322, San Francisco, CA 94102; 415-437-8310 (Ph); 415-437-8329 (Fax).