



NOTICE OF PRIVACY PRACTICES

Original effective date 04/14/03; revision effective date 01/19/08
(This notice is also available in Spanish. *Este aviso es disponible en Español.*)

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

UNDERSTANDING YOUR HEALTH RECORD INFORMATION

WHO MUST FOLLOW THIS NOTICE?

MCHC provides you (the patient) with healthcare by working with doctors and many other healthcare providers (referred to as we, our or us). This is a joint notice of our information privacy practices. The following people or groups will follow this notice:

- Any healthcare provider who comes to MCHC to care for you. These professionals include doctors, nurses, technicians, physician assistants and others.
- All clinics of our organization, including our employees, contractors, students and volunteers.

OUR PLEDGE TO YOU

We understand that medical information about you is private and personal. We are committed to protecting it. All doctors and other staff make a record each time you visit. This notice applies to the records of your care at MCHC, whether created by clinic staff or your doctor. Your doctor and other healthcare providers may have different practices or notices about their use and sharing of medical information in their own offices. We will gladly explain this notice to you or your family member.

We are required by law to:

- Keep medical information about you private.
- Give you this notice describing our legal duties and privacy practices for medical information about you.
- Follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND SHARE YOUR MEDICAL INFORMATION

This section of our notice tells how we may use medical information about you. In all cases not covered by this notice, we will get a separate written permission from you before we use or share your medical information. You can later cancel your permission by notifying us in writing.

We will protect medical information as much as we can under the law. Sometimes state law gives more protection to medical information than federal law. Sometimes federal law gives more protection than state law. In each case, we will apply the laws that protect medical information the most.

Mendocino Community Health Clinic, Inc. is a health system. We may use or share medical information about you (in electronic or paper form) with providers at any MCHC facility for treatment, payment and healthcare operations. Please contact the Facility Privacy Office (at the address below) for a list of all MCHC facilities.



MENDOCINO COMMUNITY HEALTH CLINIC, INC.

HILLSIDE HEALTH CENTER • LAKESIDE HEALTH CENTER • LITTLE LAKE HEALTH CENTER

NOTICE OF PRIVACY PRACTICES *(Continued)*

EXAMPLES:

Treatment: We will use and share medical information about you for purposes of treatment. An example is sending medical information about you to your doctor or to a specialist as part of a referral.

Payment: We will use and share medical information about you so we can be paid for treating you. An example is giving information about you to your health plan or to Medicare.

Healthcare operations: We will use and share medical information about you for our healthcare operations. Examples are using information about you to improve the quality of care we give you, for disease management programs, patient satisfaction surveys, compiling medical information, de-identifying medical information and benchmarking.

Appointment reminders: We may contact you with appointment reminders.

Treatment options and health-related benefits and services: We may contact you about possible treatment options, health-related benefits or services that you might want.

Fund-raising activities: We may use limited information to contact you for fundraising. We may also share such information with our fundraising foundation.

Research: We may share medical information about you for research projects, such as studying the effectiveness of a treatment you received. We will usually get your written permission to use or share medical information for research. Under certain circumstances we may share medical information about you without your written permission. These research projects, however, must go through a special process that protects the confidentiality of your medical information.

Public Health: We may disclose your health information as required or permitted by law to public health authorities or government agencies whose official activities include preventing or controlling disease, injury, or disability. For example, we must report certain information about various diseases to government agencies. We may use your health information in order to report to monitoring agencies any reactions to medications or problems with medical devices. We may also disclose, when requested, information about you to public health agencies that track outbreaks of contagious diseases or that are involved with preventing epidemics.

Required by Law: We are sometimes required by law to report certain information. For example, we must report abuse or neglect. We also must give information to your employer about work-related illness, injury or workplace-related medical surveillance. Another example is that we will share information about tumors with state tumor registries.

Public Safety: We may, and sometimes have to share medical information about you in order to prevent or lessen a serious threat to the health or safety of a particular person or the general public.

Health Oversight Activities: We may share medical information about you for health oversight activities, audits or inspections.

Coroners, Medical Examiners and Funeral Directors: We may share medical information about deceased patients with coroners, medical examiners and funeral directors.

Organ and Tissue Donation: We may share medical information with organizations that handle organ, eye or tissue donation or transplantation.



NOTICE OF PRIVACY PRACTICES *(Continued)*

Military, Veterans, National Security and Other Government Purposes: We may use or share medical information about you for national security purposes. We may share medical information about you with the military for military command purposes when you are a member of the armed forces.

Judicial Proceedings: We may use or share medical information about you in response to court orders or subpoenas only when we have followed procedures required by law.

Law Enforcement California: We may share medical information about you with police (or other law enforcement personnel) without your written permission:

- If the police bring you to the clinic and ask us to test your blood for alcohol or substance abuse
- If the police present a search warrant
- If the police present a court order
- To report abuse, neglect, or assaults as required or permitted by law
- To report certain threats to third parties
- If you are in police custody or are an inmate of a correctional institution and the information is necessary to provide you with healthcare, to protect your health and safety, the health and safety of others or for the safety and security of the correctional institution.

Family Members and Others Involved in Your Care: Unless you tell us otherwise, we may share medical information about you with friends, family members, or others you have named who help with your care. We may use or share medical information about you with disaster organizations so that your family can be notified of your location and condition in case of disaster or other emergency.

YOUR RIGHTS REGARDING MEDICAL INFORMATION

Requesting Information about You: In most cases, when you ask in writing, you can look at or get a copy of medical information about you. We will give you a form to fill out to make the request. You can look at medical information about you for free. If you request copies of the information we may charge a fee for the cost of copying, mailing or other related supplies. If we say no to your request to look at the information or get a copy of it, you may ask us in writing for a review of that decision.

Correcting Information about You: If you believe that information about you is wrong or missing, you can ask us in writing to correct the records. We will give you a form to fill out to make the request. We may say no to your request to correct a record if the information was not created or kept by us or if we determine the record is complete and correct. If we say no to your request, you can ask us in writing to review that denial.

Obtaining a List of Certain Disclosures of Information: You can ask in writing for a listing of every time we have shared medical information about you, other than for treatment, payment, healthcare operations or where you have given us written permission for the sharing. Your request must state the time period for the listing, which must be less than 6 years starting after April 14, 2003. The first request in a 12-month period is free. We will charge you for any additional requests for our cost of producing the list. We will give you an estimate of the cost when you request the additional list.



MENDOCINO COMMUNITY HEALTH CLINIC, INC.

HILLSIDE HEALTH CENTER • LAKESIDE HEALTH CENTER • LITTLE LAKE HEALTH CENTER

Restricting How We Use or Share Information about You: You can ask that medical information be given to you in a confidential manner. You must tell us in writing of the exact way or place for us to communicate with you.

You also can ask in writing that we limit our use or sharing of medical information about you. For example, you can ask that we use or share medical information about you only with persons involved in your care. We will consider your request but we may not be able to agree to it. We are not legally required to agree to your request. We will tell you of our decision on your request.

All written requests or requests for review of denials should be given to our Facility Privacy Office listed at the end of this notice.

CHANGES TO THIS NOTICE

We may change our privacy practices from time to time. Changes will apply to current medical information, as well as new information after the change occurs. If we make an important change, we will change our notice. We will also post the new notice in our facilities and on our Web site at: www.MCHCINC.org. You can ask in writing for a copy of this notice at any time by contacting the Facility Privacy Office. If our notice has changed, we will give you a copy of the notice the next time you register for treatment.

DO YOU HAVE CONCERNS OR COMPLAINTS?

If you think your privacy rights may have been violated, you may contact our Facility Privacy Office (listed below). You may also contact our Corporate Compliance Officer at (707) 472.4529 or our Compliance Hotline at (707) 472.4544. Finally, you may send a written complaint to the U.S. Department of Health and Human Services, Office of Civil Rights. Our Privacy Office can provide you the address. We will not take any action against you for filing a complaint.

MCHC Privacy Office
333 Laws Avenue
Ukiah, CA 95482
(707) 472.4633
www.MCHCINC.org

The MCHC Mission

Mendocino Community Health Clinic provides access to excellent healthcare services for the most vulnerable people in our community.



Mendocino Community Health Clinic, Inc.

Safeguarding health at three locations

UKIAH: Hillside Health Center, 333 Laws Ave. 468-1010

LAKEPORT: Lakeside Health Center, 5335 Lakeshore Blvd. 263-7725

WILLITS: Little Lake Health Center, 45 Hazel St. 456-9600