



**Notice of Privacy Practices**  
**for Protected Health Information**

***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.***

**A. Introduction**

*During the course of providing services and care to you, Radiant Health Centers (RHC) gathers, creates, and retains certain personal information about you that identifies who you are and relates to your past, present, or future physical or mental condition, the provision of health care to you, and payment for your health care services. This personal information is characterized as your "protected health information." This Notice of Privacy Practices describes how RHC maintains the confidentiality of your protected health information and informs you about the possible uses and disclosures of such information. It also informs you about your rights with respect to your protected health information.*

**B. RADIANT HEALTH CENTERS 's Responsibilities**

*RHC is required by federal and state law to maintain the privacy of your protected health information. RHC is also required by law to provide you with this Notice of Privacy Practices that describes the agency's legal duties and privacy practices with respect to your protected health information. RHC will abide by the terms of this Notice of Privacy Practices. The agency reserves the right to change this or any future Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that it maintains, including protected health information already in its possession. If RHC changes its Notice of Privacy Practices, it will personally deliver or mail a revised notice to you at your current address.*

**C. If A Breach Occurs**

*RHC will do everything it reasonably can to prevent unauthorized access, acquisition, use or disclosure of your personal health information, but it is nonetheless possible that such a breach may occur. In the event of such a breach, RHC will take steps to secure your personal health information and protect you from potential negative effects. In addition, RHC will comply with all applicable state and federal laws regarding breach notification, which will result in your being personally notified in the case of a breach of your personal health information.*

## **D. Use and Disclosure with Your Authorization**

RHC will require a written authorization from you before it uses or discloses your protected health information unless a particular use or disclosure is expressly permitted or required by law without your authorization. RHC has prepared an authorization form for you to use that authorizes RHC to use or disclose your protected health information for the purposes set forth in the form. Once you sign the authorization, RHC's use or disclosure of the protected health information that is the subject of the authorization must be consistent with the authorization. You are not required to sign the form as a condition of receiving services/treatment or having your care paid for. If you sign an authorization, you may revoke it at any time by written notice. RHC then will not use or disclose your protected health information, except where it has already relied on your authorization.

### **1. Specific Disclosures Requiring Your Written Authorization**

RHC will request your written authorization before using or disclosing the following portions of your personal health information or before using or disclosing your health information for the following purposes:

a. Psychotherapy Notes

RHC will not use or disclose your psychotherapy notes without first obtaining your written authorization unless the psychotherapy notes are used by the originator of the psychotherapy notes for treatment, the notes are used or disclosed by RHC for its own mental health training programs, the notes are used or disclosed by RHC to defend against a legal action brought by you, or otherwise permitted by law.

b. Marketing

RHC will not use or disclose your personal health information for marketing purposes without first obtaining your written authorization. However, RHC does not need to obtain your written authorization to use your personal health information for marketing purposes if your personal health information is disclosed by RHC in a face-to-face communication, your personal health information is communicated in the form of a promotional gift of little value, or unless otherwise permitted by law.

c. Sale of Information

Unless otherwise permitted by law, RHC will not sell your personal health information, as is defined in 45 C.F.R. § 164.501, without first obtaining your written authorization. Such written authorization will state that the sale of your protected health information will result in remuneration to RHC.

**E. How Radiant Health Centers May Use and Disclose Your Protected Health Information Without Your Authorization**

**1. Mandatory Disclosures**

RHC will disclose protected health information to outside persons or entities without your written authorization as required by law in the following circumstances:

a. Legal Process

1. Court Order; Order of Administrative Tribunal-RHC will disclose protected health information in accordance with an order of a court or of an administrative tribunal of a governmental agency, but only to the extent expressly authorized by such order.
11. Subpoena - RHC will disclose protected health information in accordance with a valid subpoena, discovery request, or other process issued by a party to adjudication before a court, an administrative tribunal, or a private arbitrator. The subpoena and attachments must show compliance with federal and state laws requiring that the subpoenaing party (1) make reasonable efforts to notify the Client of the subpoena, or (2) a qualified protective order must have been obtained prohibiting the parties from disclosing the information for purposes other than the proceeding and requiring the return or destruction of the information at the end of the proceeding.
- m. Law Enforcement Agencies - RHC will disclose protected health information to law enforcement agencies as required by law and in accordance with (1) a court order or court-ordered warrant, or a subpoena or summons issued by a judicial officer, (2) a grand jury subpoena, or (3) an administrative request, such as an administrative subpoena or summons, a civil or an authorized investigative demand, or similar process authorized under law, provided that: (1) the information sought is relevant and material to a legitimate law enforcement inquiry; (2) the request is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought; and (3) de-identified information could not reasonably be used.

b. Coroner

RHC will disclose protected health information to a coroner where the coroner requests the information to identify a decedent, to determine cause of death, or for the purpose of other duties authorized by law; to notify next of kin; or to investigate deaths that may involve public health concerns, suspicious circumstances, elder abuse, or organ or tissue donation. RHC may choose, at its discretion, to disclose protected health

information to a coroner in other circumstances as permitted by applicable law.

c. When Compelled by a Client or Personal Representative

RHC will disclose a Client's protected health information when the Client or the Client's personal representative compels disclosure pursuant to applicable law.

d. For Compliance Purposes

RHC will disclose protected health information when legally required to do so as requested by the Secretary of Health and Human Services for the purpose of an investigation or determination of RHC's compliance with HIPAA.

e. Elder Abuse Reporting

RHC will disclose protected health information about a Client who is suspected to be the victim of elder abuse to the extent necessary to complete any oral or written report mandated by law. Under certain circumstances, RHC may disclose further protected health information about the Client to aid the investigating agency in performing its duties. RHC will promptly inform the Client about any disclosure unless the agency believes that informing the Client would place the Client in danger of serious harm, or would be informing the Client's personal representative, whom the agency believes to be responsible for the abuse and believes that informing such person would not be in the Client's best interest.

f. Other Disclosures Required by Law

RHC will use or disclose protected health information about a Client when otherwise required by law, so long as such use or disclosure is limited to the relevant requirements of such law.

2. Permissive Disclosures

RHC may, in its discretion, use or disclose your protected health information without your written authorization in the following circumstances:

a. Your Care and Treatment

RHC may use or disclose your protected health information to provide you with or assist in your treatment, care, and services. For example, RHC may disclose your health information to health care providers who are involved in your care to assist them in your diagnosis and treatment, as necessary. RHC may also disclose your protected health information to

individuals who will be involved in your care if you disenroll from the center.

b. Billing and Payment

1. Medicare, Medi-Cal and Other Public or Private Health Insurers - RHC may use or disclose your protected health information to public or private health insurers (including medical insurance carriers, HMOs, Medicare, and Medi-Cal) in order to bill and receive payment for your treatment and services that you receive at the RHC. The information on or accompanying a bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

11. Health Care Providers- RHC may also disclose your protected health information to health care providers in order to allow them to determine if they are owed any reimbursement for care that they have furnished to you and, if so, how much is owed.

c. Health Care Operations

RHC may use your protected health information for health care operations at the center. These uses and disclosures are necessary to manage RHC and to monitor our quality of services and care. For example, we may use your protected health information to review our services and to evaluate the performance of our staff in caring for you.

d. Licensing and Accreditation

RHC may disclose your protected health information to any government or private entity, such as the California Department of Health Services or the California Department of Aging, responsible for licensing or accrediting the center, so that the government or private entity can carry out its oversight activities. These oversight activities include audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight.

e. Individuals Involved in Your Care or Payment for Your Care

Unless you specifically object, RHC may disclose to a family member, other relative, a close personal friend, or to any other person identified by you, all protected health information directly relevant to such person's involvement with your care or directly relevant to payment related to your care. RHC may also disclose your protected health information to a family member, personal representative, or other person responsible for your care to assist in notifying them of your location, general condition, or death.

f. Disaster Relief

RHC may disclose your protected health information to a public or private entity authorized to assist in disaster relief efforts.

g. Disclosures within Provider Community

Unless you specifically object, RHC may disclose certain general information about you (e.g., past activities, present interests, birthday) to members of its community, including other Clients and staff, by means such as newsletter or bulletin board.

h. Business Associates

RHC may contract with certain individuals or entities to provide services on its behalf. Examples include data processing, quality assurance, legal, or accounting services. RHC may disclose your protected health information to a business associate, as necessary, to allow the business associate to perform its functions on RHC's behalf. RHC will have a contract with its business associates that obligate the business associates to maintain the confidentiality of your protected health information.

i. Fundraising

RHC may use certain protected health information to contact you in an effort to raise money for the center and its operations, and you have the right to opt-out of such fundraising communications. RHC may disclose the protected health information to business associates or to related foundations that it uses to raise funds for its own benefit. RHC will disclose only your name, address, and phone number and the dates you receive health care services. You may notify RHC in writing if you object to such disclosures.

J. Research

RHC may disclose your protected health information for research purposes, provided that an outside Institutional Review Board overseeing the research approves the disclosure of the information without a written authorization.

k. Public Health Activities

RHC may disclose protected health information to: (1) any public health authority that is authorized by law to collect it for purposes of preventing or controlling disease, injury, or disability; (2) a public health authority or other appropriate government authority authorized by law to receive reports of abuse or neglect; (3) a person subject to the jurisdiction of the Food and Drug Administration ("FDA") with respect to an FDA-regulated product or activity for which that person has responsibility, for the purpose of activities related to the quality, safety, or effectiveness of such FDA-regulated product or activity; (4) a person who may have been exposed to

a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition, if ASC is authorized by law to notify such person as necessary in the conduct of a public health intervention or investigation; (5) an employer, about an individual who is a member of the workforce of the employer, but only in the specific circumstances provided at 45 C.F.R. § 164.512(b)(1)(v); or (6) a school, about an individual who is a student or prospective student of the school if the protected health information that is disclosed is limited to proof of immunization and the school is required by State or other law to have such proof of immunization prior to admitting the individual.

1. Hospital Peer Review

RHC may disclose your protected health information to hospital medical staffs to aid in the credentialing of applicants and in the peer review of members.

m. Coroner, Medical Examiners, and Funeral Directors

RHC may disclose protected health information to the coroner or a medical examiner to allow them to perform their duties. RHC may also disclose protected health information to funeral directors, consistent with applicable law, as necessary for the directors to carry out their duties with respect to a decedent.

n. Members of Workforce

It is RHC's policy to allow members of its workforce to share Clients' protected health information with one another to the extent necessary to permit them to perform their legitimate functions on the center's behalf. The center's workforce includes all employees, volunteers and trainees, and board and committee members. At the same time, RHC will work with and train its workforce members to ensure that there are no unnecessary or extraneous communications that will violate the rights of its Clients to have the confidentiality of their protected health information maintained.

o. Incident to a Permitted or Required Use or Disclosure

RHC may, use or disclose protected health information when such use or disclosure is incident to a use or disclosure otherwise permitted or required by applicable law or this Notice of Privacy Practices, provided that it has complied with all applicable legal requirements.

p. To Avert a Serious Threat to Health or Safety

Under certain circumstances, RHC may, consistent with applicable law and standards of ethical conduct, use or disclose protected health information if it believes in good faith that the use or disclosure: (1) is

necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public; or (2) is necessary for law enforcement authorities to apprehend an individual.

q. For Specialized Government Functions

Under certain circumstances (as further described at 45 C.F.R. § 164.512(k)), RHC may, consistent with applicable law, use or disclose protected health information in connection with military and veterans activities, national security and intelligence activities, protective services for the President and others, medical suitability determinations, and correctional institutions and other law enforcement custodial situations.

r. For Workers' Compensation

RHC may disclose protected health information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

**F. Your Rights Regarding Protected Health Information**

You have the following rights with respect to your protected health information. To exercise these rights, contact RHC at the following address: RHC, 17982 Sky Park Circle, Suite J, Irvine, CA 92614-6482. Attention: Compliance Officer OR (949) 809-5753.

a. Right to Receive a Copy of the Notice of Privacy Practices

You have the right to request and receive a copy of RHC's Notice of Privacy Practices for Protected Health Information in written or electronic form.

b. Right to Request Access

You have the right to inspect and copy your health records maintained by RHC. In certain limited circumstances, RHC may deny your request as permitted by law.

c. Right to Request Amendment

You have the right to request an amendment to your health records maintained by RHC. If your request for an amendment is denied, you will receive a written denial, including the reasons for such denial, and an opportunity to submit a written statement disagreeing with the denial.

d. Right to Request Use or Disclosure Restrictions or Confidential Communications

You have the right to request restrictions on the use and disclosure of your protected health information for treatment, payment or health care operations, or



providing notifications regarding your identity and status to persons inquiring about or involved in your care. RHC is not required to grant your request, but if it does, it will comply with your request, except in an emergency situation or until the restriction is terminated by you or RHC. You also have the right to request that RHC communicate protected health information to the recipient by alternative means or at alternative locations.

You also have the right to request restrictions on the disclosure of your protected health information to a health plan if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law, and the information pertains solely to a health care item or service for which you or someone other than the health plan has paid in full. Assuming an appropriate request is made, RHC will grant your request to restrict disclosures of your protected health information to a health plan pursuant to this paragraph.

e. Right to an Accounting

You have the right to receive an accounting of disclosures of your protected health information created and maintained by RHC. RHC is not required to provide an accounting of certain routine disclosures or of disclosures of which you already are aware.

G. COMPLAINTS

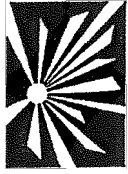
If you believe that your privacy rights have been violated, you may file a complaint with RHC at the following address: RHC, 17982 Sky Park Circle, Suite J, Irvine, CA 92614-6482. Attention: Senior Program Director. You also have the right to submit a complaint to the Secretary of the U.S. Department of Health and Human Services, 50 United Nations Plaza - Room 322, San Francisco, CA 94102, Attention OCR Regional Manager. **RHC will not retaliate against you if you file a complaint.**

H. FURTHER INFORMATION

If you have questions about this Notice of Privacy Practices or would like further information about your privacy rights, contact RHC at the following address: Radiant Health Centers, 17982 Sky Park Circle, Suite J, Irvine, CA 92614-6482 Attention: Compliance Officer or Privacy Officer at (949)809-5700.

**Radiant Health Centers** is part of an organized health care arrangement including participants in OCHIN. A current list of OCHIN participants is available at [www.ochin.org](http://www.ochin.org) as a business associate of **Radiant Health Centers**. OCHIN supplies information technology and related services **Radiant Health Centers** and other OCHIN participants. OCHIN also engages in quality assessment and improvement activities on behalf of its participants. For example, OCHIN coordinates clinical review activities on behalf of participating organizations to establish best practice standards and assess clinical benefits that may be derived from the use of electronic health record systems. OCHIN also helps participants work collaboratively to improve the management of internal and external patient referrals. Your personal health information may be shared by **Radiant Health Centers** with other OCHIN participants or a health information exchange only when necessary for medical treatment or for the health care operations purposes of the organized health care arrangement. Health care operation can include, among other things, geocoding your residence location to improve the clinical benefits you receive.

The personal health information may include past, present and future medical information as well as information outlined in the Privacy Rules. The information, to the extent disclosed, will be disclosed consistent with the Privacy Rules or any other applicable law as amended from time to time. You have the right to change your mind and withdraw this consent, however, the information may have already been provided as allowed by you. This consent will remain in effect until revoked by you in writing. If requested, you will be provided a list of entities to which your information has been disclosed.



**Radiant  
Health Centers**  
*Compassionate Care for All*

The effective date of this Notice of Privacy Practices is \_\_\_\_\_

I hereby acknowledge receipt from RHC of a copy of its Notice of Privacy Practices for Protected Health Information effective on the date set forth above.

**CLIENT:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Date: \_\_\_\_\_

**CLIENT'S PERSONAL REPRESENTATIVE:**  
(if signed on Client's behalf)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Date: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_