



**PREFERRED IPA OF CALIFORNIA**

**NOTICE OF PRIVACY PRACTICES**

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION.**

**PLEASE REVIEW THIS NOTICE CAREFULLY.**

**A. OUR COMMITMENT TO YOUR PRIVACY**

Preferred IPA of California (PIPA) is dedicated to maintaining the privacy of your individually identifiable health information (IIHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain as an independent physician association (IPA) concerning your IIHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your IIHI
- Your privacy rights in your IIHI
- Our obligations concerning the use and disclosure of your IIHI
- Notify you following a breach of unsecured IIHI

**The terms of this notice apply to all records containing your IIHI that are created or retained by our IPA. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our IPA have created or maintained in the past, and for any of your records that we may create or maintain in the future. We will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.**

**B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:**

**Privacy Official: Preferred IPA of California P.O. Box 4449, Chatsworth, CA 91313 (818) 265-0800.**

### **C. WE MAY USE AND DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI) IN THE FOLLOWING WAYS**

The following categories describe the different ways in which we may use and disclose your IIHI.

1. **Treatment.** Our IPA may use your IIHI as it relates to treatment you receive from PIPA network physicians. Many of the people who work for our IPA or are part of our provider network – including, but not limited to, our doctors and nurses – may use or disclose your IIHI as it relates to treatment by our network providers. Additionally, we may disclose your IIHI to others who may assist in your care, such as your spouse, children or parents. Finally, we may also disclose your IIHI to other health care providers for purposes related to your treatment.
2. **Payment.** Our IPA may use and disclose your IIHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your IIHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, if we are able under state and/or federal law, we may use your IIHI to bill you directly for services and items. We may use and disclose your IIHI to review healthcare services for medical necessity, justification of charges and utilization review activities. We may disclose your IIHI to other health care providers and entities to assist in their billing and collection efforts.
3. **Health Care Operations.** Our IPA may use and disclose your IIHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our IPA may use your IIHI to evaluate the quality of care you received from the physicians who participate in our network, or to credential the physicians who participate in our network. Additionally, we may use and disclose your IIHI to conduct quality assessment, case management and care coordination activities. We may disclose your IIHI to other health care providers and entities to assist in their health care operations.

When your IIHI is shared with outside parties (called “Business Associates”) who performs tasks on behalf of our IPA, the business associates are also required to protect and restrict use of your IIHI. Examples of these business associates include our accountants, consultants, and attorneys.

4. **Healthcare Claims Activities.** Our IPA may use and disclose your IIHI to contact you to discuss healthcare claims activities.

5. **Release of Information to Family/Friends.** Our IPA may release your IIHI to a friend or family member that is involved in your care, or who assists in taking care of you unless you instruct us not to.
6. **Health-Related Benefits and Services.** Our IPA may use and disclose your IIHI to inform you of health-related benefits or services that may be of interest to you. For example, we may contact you to discuss the replacement of or enhancements to your health plan.
7. **Disclosures Required By Law.** Our IPA will use and disclose your IIHI when we are required to do so by federal, state or local law.
8. **Disclosures to Schools of Student Immunizations.** Our IPA may disclose, without written authorization, immunization records to a school, if the IIHI is limited to proof of immunization and the school is required by state or other law to have such proof of immunization. Our IPA will obtain and document the agreement (in person, by phone, via email) of disclosure from either: a parent, guardian, other person acting in *loco parentis* of the individual, the individual, or if the individual is an adult or emancipated minor.
9. **Research.** Our IPA will obtain written authorization before using or sharing your IIHI in order to conduct research. However, under some circumstances, we may use and disclose your IIHI without written authorization. To do this, we are required to obtain approval through a special process to ensure that research without your written authorization poses minimal risk to your privacy. Under no circumstance, however, would we allow researchers to use your name or identity publicly.  
Our IPA may also use and disclose your IIHI without your written consent to people who are preparing a future research project, so long as any information identifying you does not leave our facility.
10. **Authorizations.** We will not use or disclose your IIHI without your authorization, except as described in this notice. Thus, for example, we will require your authorization before we would use or disclose your protected IIHI for marketing purposes, disclosure of psychotherapy notes and, we will not sell your IIHI in exchange for remuneration without a specific authorization from you.

#### **D. USE AND DISCLOSURE OF YOUR IIHI IN CERTAIN SPECIAL CIRCUMSTANCES**

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

1. **Public Health Risks.** Our IPA may disclose your IIHI to public health authorities that are authorized by law to collect information for the purpose of:
  - maintaining vital records, such as births and deaths
  - reporting child abuse or neglect
  - preventing or controlling disease, injury or disability

- notifying a person regarding potential exposure to a communicable disease
  - notifying a person regarding a potential risk for spreading or contracting a disease or condition
  - reporting reactions to drugs or problems with products or devices
  - notifying individuals if a product or device they may be using has been recalled
  - notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information
  - notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.
2. **Health Oversight Activities.** Our IPA may disclose your IHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
3. **Lawsuits and Similar Proceedings.** Our IPA may use and disclose your IHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your IHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
4. **Law Enforcement.** We may release IHI if asked to do so by a law enforcement official:
- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
  - Concerning a death we believe has resulted from criminal conduct
  - Regarding criminal conduct at our offices
  - In response to a warrant, summons, court order, subpoena or similar legal process
  - To identify/locate a suspect, material witness, fugitive or missing person
  - In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)
5. **Serious Threats to Health or Safety.** Our IPA may use and disclose your IHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.
6. **Military.** Our IPA may disclose your IHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
7. **National Security.** Our IPA may disclose your IHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your IHI to federal officials

in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

8. **Inmates.** Our IPA may disclose your IIHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

9. **Workers' Compensation.** Our IPA may release your IIHI for workers' compensation claims and case reviews, and similar programs.

## **E. YOUR RIGHTS REGARDING YOUR IIHI**

You have the following rights regarding the IIHI that we maintain about you:

1. **Confidential Communications.** You have the right to request that our IPA communicate with you about your health and related issues in a particular manner or at a certain location. For instance, if we need to contact you, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to **Privacy Official: Preferred IPA of California P.O. Box 4449, Chatsworth, CA 91313 (818) 265-0800** specifying the requested method of contact, or the location where you wish to be contacted. Our IPA and MSO will accommodate **reasonable** requests. You do not need to give a reason for your request.
2. **Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your IIHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your IIHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. **We are not required to agree to your request;** unless it is a request to prohibit disclosures to your health care plan relating to a service for which you have already paid in full out of pocket, however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your IIHI, you must make your request in writing to **Privacy Official: Preferred IPA of California P.O. Box 4449, Chatsworth, CA 91313 (818) 265-0800**. Your request must describe in a clear and concise fashion:
  - (a) the information you wish restricted;
  - (b) whether you are requesting to limit our IPA's use, disclosure or both; and
  - (c) to whom you want the limits to apply.
3. **Inspection and Copies.** You have the right to inspect and obtain a copy and/or an electronic copy of your IIHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You also have the right to direct that the copy of your IIHI be transmitted to another person designated by you. You

must submit your request in writing to **Privacy Official: Preferred IPA of California P.O. Box 4449, Chatsworth, CA 91313 (818) 265-0800** in order to inspect and/or obtain a copy of your IIHI. Our IPA may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our IPA may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

4. **Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our IPA. To request an amendment, your request must be made in writing and submitted to **Privacy Official: Preferred IPA of California P.O. Box 4449, Chatsworth, CA 91313 (818) 265-0800**. You must provide us with a reason that supports your request for amendment. Our IPA will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the IIHI kept by or for the IPA; (c) not part of the IIHI which you would be permitted to inspect and copy; or (d) not created by our IPA, unless the individual or entity that created the information is not available to amend the information.
5. **Accounting of Disclosures.** All of our patients have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of certain non-routine disclosures our IPA has made of your IIHI for non-treatment, non-payment or non-operations purposes. Use of your IIHI as part of the routine patient care in our IPA is not required to be documented. For example, the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to **Privacy Official: Preferred IPA of California P.O. Box 4449, Chatsworth, CA 91313 (818) 265-0800**. All requests for an “accounting of disclosures” must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our IPA may charge you for additional lists within the same 12-month period. Our IPA will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.
6. **Right to a Paper Copy of This Notice.** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact **Privacy Official: Preferred IPA of California P.O. Box 4449, Chatsworth, CA 91313 (818) 265-0800**.
7. **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our IPA or with the Secretary of the Department of Health and Human Services. To file a complaint with our IPA, contact **Privacy Official: Preferred IPA of California P.O. Box 4449, Chatsworth, CA 91313 (818) 265-0800**. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

8. **Right to be Notified Following a breach of Unsecured Protected Health Information.** If you are affected by a breach of your unsecured protected health information, you have the right to, and will, receive notice of such breach. Unsecured protected health information is health information that has not been secured through the use of technology, such as encryption, to render your protected health information unusable, unreadable, or indecipherable to unauthorized individuals.
  
9. **Right to Provide an Authorization for Other Uses and Disclosures.** Our IPA will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your IIHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your IIHI for the reasons described in the authorization. Please note, we are required to retain records of your care.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact **Privacy Official: Preferred IPA of California P.O. Box 4449, Chatsworth, CA 91313 (818) 265-0800.**

**If you need this information in another language call Preferred IPA at 1-800-536-286**