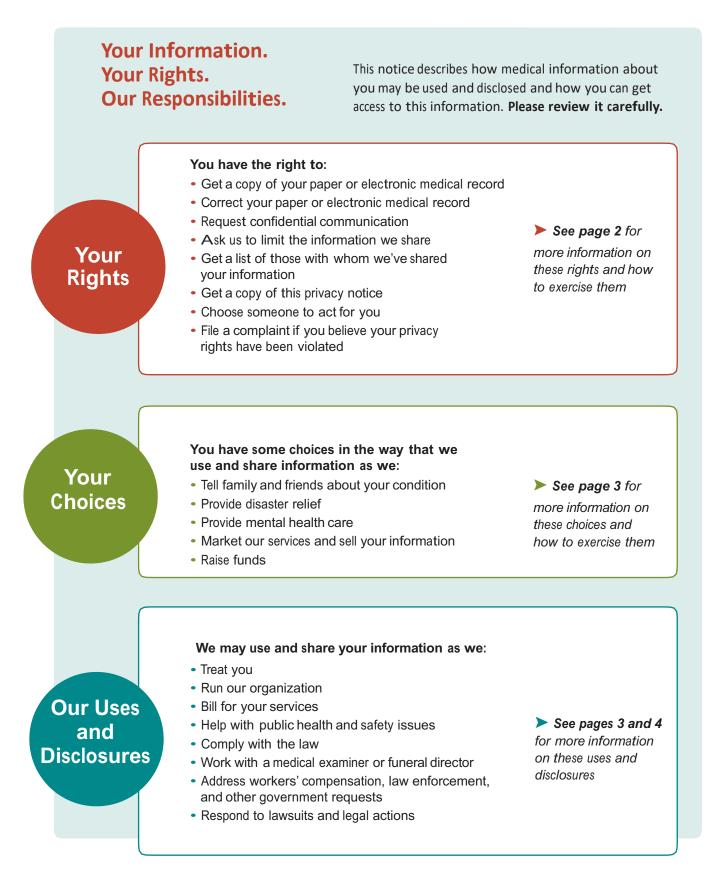
## Notice of Privacy Practices San Diego LGBT Community Center

3909 Centre Street San Diego, CA 92103 (619) 692-2077 www.thecentersd.org

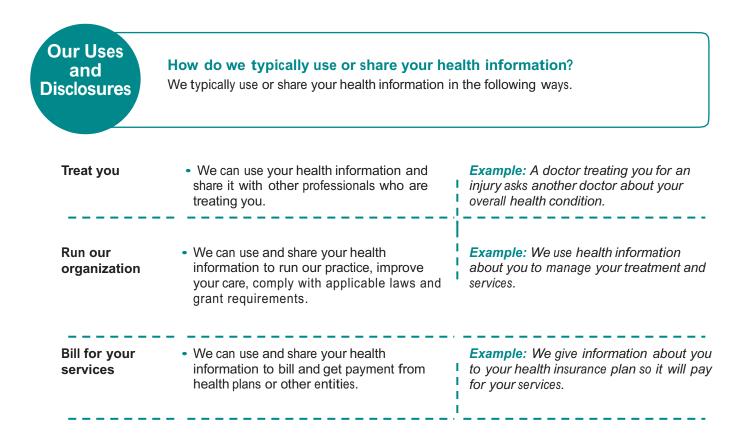


When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record	<ul> <li>You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.</li> <li>We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.</li> </ul>
Ask us to correct your medical record	<ul> <li>You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.</li> <li>We may say "no" to your request, but we'll tell you why in writing within 60 days.</li> </ul>
Request confidential communications	<ul> <li>You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.</li> <li>We will say "yes" to all reasonable requests.</li> </ul>
Ask us to limit what we use or share	<ul> <li>You can ask us <b>not</b> to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.</li> <li>If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health</li> </ul>
Get a list of those with whom we've shared information	<ul> <li>insurer. We will say "yes" unless a law requires us to share that information.</li> <li>You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.</li> <li>We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.</li> </ul>
Get a copy of this privacy notice	<ul> <li>You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.</li> </ul>
Choose someone to act for you	<ul> <li>If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.</li> <li>We will make sure the person has this authority and can act for you before we take any action.</li> </ul>
File a complaint if you feel your rights are violated	<ul> <li>You can complain if you feel we have violated your rights by contacting us using the information on page 1.</li> <li>You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.</li> <li>We will not retaliate against you for filing a complaint.</li> </ul>

Choices we situat	ertain health information, you can tell us your choices about what hare. If you have a clear preference for how we share your information in the ons described below, talk to us. Tell us what you want us to do, and we will follow instructions.
In these cases, you ha both the right and cho to tell us to:	
In these cases we <i>nev</i> share your informatio unless you give us written permission:	<ul> <li>Marketing purposes</li> <li>Sale of your information</li> <li>Most sharing of psychotherapy notes</li> </ul>
In the case of fundrais	<ul> <li>We may contact you for fundraising efforts, but you can tell us not to contact you again.</li> </ul>



**How else can we use or share your health information?** We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues	<ul> <li>We can share health information about you for certain situations such as:</li> <li>Preventing disease</li> <li>Helping with product recalls</li> <li>Reporting adverse reactions to medications</li> <li>Reporting suspected abuse, neglect, or domestic violence</li> <li>Preventing or reducing a serious threat to anyone's health or safety</li> </ul>
Comply with the law	<ul> <li>We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.</li> </ul>
Work with a medical examiner or funeral director	<ul> <li>We can share health information with a coroner, medical examiner, or funeral director when an individual dies.</li> </ul>
Address workers' compensation, law enforcement, and other government requests	<ul> <li>We can use or share health information about you:</li> <li>For workers' compensation claims</li> <li>For law enforcement purposes or with a law enforcement official</li> <li>With health oversight agencies for activities authorized by law</li> <li>For special government functions such as military, national security, and presidential protective services</li> </ul>
Respond to lawsuits and legal actions	<ul> <li>We can share health information about you in response to a court or administrative order, or in response to a subpoena.</li> </ul>

If disclosure is mandated by the California Child Abuse and Neglect Reporting Law. For example, if your provider, in her/his professional capacity, has knowledge of or observes a child he/she knows or reasonably suspects, has been the victim of child abuse or neglect, the provider must report such to a police department or sheriff's department, county probation department, or county welfare department. Also, if the provider has knowledge of or reasonably suspects that mental suffering has been inflicted upon a child or that his or her emotional well-being is endangered in any other way, the provider may report such to the above agencies.

If disclosure is mandated by the California Elder/Dependent Adult Abuse Reporting Law. If your provider, in his/her professional capacity, has observed or has knowledge of an incident that reasonably appears to be physical abuse, abandonment, abduction, isolation, financial abuse or neglect of an elder or dependent adult, or if the provider is told by an elder or dependent adult that he or she has experienced these or if the provider reasonably suspects such, the provider must report the known or suspected abuse immediately to the local ombudsman or the local law enforcement agency.

The provider does not have to report such an incident if:

- 1. The provider has been told by an elder or dependent adult that he or she has experienced behavior constituting physical abuse, abandonment, abduction, isolation, financial abuse or neglect
- 2. The provider is not aware of any independent evidence that corroborates the statement that the abuse has occurred
- 3. The elder or dependent adult has been diagnosed with a mental illness or dementia, or is the subject of a court-ordered conservatorship because of a mental illness or dementia
- 4. In the exercise of clinical judgment, the provider reasonably believes that the abuse did not occur

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

## Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Effective Date: 7/1/14

Name of Client

Signature of Client

Name of Staff

Signature of Staff

<u>Privacy Officer</u>: Beth Davenport, LCSW, MBA Chief Operating Officer bbarnes@thecentersd.org | (619) 692-2077 ext. 125 Date

Date