Effective date of this notice: May 1, 2019

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

Martin Luther King Community Medical Group is committed to protecting the privacy of health information we create or receive about you. Health information that identifies you includes your health records and other information relating to your care or payment for care.

Our Responsibility. The law requires that we:

- Record the care we provide to you;
- Keep your health information private as required by law;
- Give you this notice to let you know how we use and share your information;
- Tell you about your rights to your health information;
- Inform you if there is a breach of your health information;
- Let you know of any changes to this notice; and,
- Follow the terms of the notice currently in effect.
- Maintain your privacy in accordance with HIPAA for 50 years following your death.

Who Follows this Notice? The privacy practices in this notice apply to our:

- Doctors and members of our medical staff;
- Employees, contracted staff, volunteers, and other members of our workforce;
- Business associates with whom we share health information; and,
- Our affiliated partners.

Your personal doctor may have different policies on how your health information is used and shared at the doctor's office or clinic.

Receipt of this Notice. We will ask you to sign a statement that you received this notice, except in an emergency situation. This statement does not mean you agree with the notice, only that you received it. We will treat you even if you do not sign the statement.

Changes to this Notice. We may make changes to our notice of privacy practices which will cover all health information we hold. If our practices change, we will post the new notice on our website. You may also ask us for a copy of the new notice.

Your Rights. You have certain rights over how your information is used and shared, including the rights listed below. We must ask for your written permission if we want to share your information for any other reason that is not listed in this notice. If you want more information about these rights, you may contact our Health Information Department at: (424) 338-8006.

Inspect and Copy. You can look at or ask for a paper or electronic copy of your health record, billing records and other records we use to make decisions about your care. This request must be in writing. You may also ask us to give a copy of your health information to another person or entity. You may not be able to get a copy of mental health information. Sometimes there is a small fee to cover the cost of making copies. We can say no to your request in limited circumstances. If we don't provide a copy of your information, you can ask for a review of our decision. A different doctor will review your request. We will follow that decision.

Request a Change. You can ask us in writing to make a change to your health information if we created the health information and we agree that it is wrong or incomplete. If we do not agree to make the change, you can add a statement to your health information to say why you think it should be changed.

Ask Who Has Received Your Health Information. You can ask us to tell you with whom we shared your information. To ask us for this information, send a letter to the contact person at the end of this notice. The list we give you will not have information about:

- When we used or shared your information for your medical care;
- When we used or shared your information to receive payment;
- When we used or shared your information for our business operations; or,
- When we shared your information because you asked us to share it with you or with other people.

Ask Us Not to Share Your Health Information.

You can ask us not to share your health information. If you do not want us to share information in your health record, contact the Health Information Management department (contact information is at the end of this notice) in writing and tell us:

- The information you do not want us to use or share;
- How you want us to limit the sharing of your health record;
- Who you do not want to see your health record

We do not have to agree to your request. If we do agree with your request, we will not share your information unless we have to for emergency or legal reasons. You can decide to let us start sharing your information again at any time by telling us in writing.

If you pay, or another person pays for your medical services out of pocket in full, you can ask us not to share information about those health services with your health insurer. We must agree not to share this information unless the law requires us to share it.

Request Confidential Communications. You can request in writing that we contact you in a certain way or at a certain place. For example, you can ask that we contact you only at home or by mail.

Receive Notice About a Breach. If we find out your unsecured health information has been improperly used or shared (called a "breach"), we will send a notice to you following all requirements under state and federal law.

Copy of this Notice. You can ask for a paper copy of this notice at the place where you receive care. You can also print this notice from our website at **https://www.mlkcmg.org**. If you need a copy of the notice in an alternative format because of a disability, let us know.

How We May Share Your Health Information

This section describes some of the ways we may share your health information. We do not need to ask your permission to do the things listed in this section.

Treatment. We use and share your health information to provide you with health treatment or services. We can talk to other doctors about your care, or medical group specialists departments will share your information to give you the services you need, such as lab work and X-rays. The medical group may also share your health information with community providers to coordinate and manage your care.

Payment. We use and share your health information to get payment for the health services we provide to you. For example, we may contact your health insurer to find out if it will pay for a treatment or procedure you will receive. We may also contact the insurer to receive payment for the services we provide. You may ask us not to share your health information with your health insurer if you or another person pays for your medical services out of pocket and in full. We must agree to your request unless the law requires us to share your information.

Operate the Medical Group. We share your health information to run our medical group, improve the quality of our care, and for our business needs. For example, we may compare the health information we have with other providers to see where we can improve the care and services we offer.

Business Associate. We may share your health information with other businesses that provide services to the medical group when they need this information to provide these services, such as billing or auditing services. Our business associates are required to protect the privacy and security of your health information under state and federal laws.

Health Information Exchanges. We may share your health information with other hospitals, physicians or health insurers, as permitted by law, through an Internet-based health information exchange. This allows us to share your health information for treatment with your primary care physician or hospital if they participate in the same health information exchange. This helps us make better decisions about your care. You have a choice in whether you want us to share your information in this way. If you want more information about the health information exchange(s) our medical group uses, contact our Health Information Management department (contact information

at the end of this notice).

California Immunization Registry (CAIR) We may share you immunization or tuberculosis (TB) screening records with the state's immunization registry, a secure and confidential database. If you do not want this information shared with other registry users, contact the CAIR Help Desk at 1-888-436-8320.

Appointment Reminder. We may use and share your health information to contact you as reminder that you have an appointment for care at our medical group. Unless you tell us not to, we may use the contact information you provide to communicate general information about your care such as appointment location, department, location and time.

Fundraising. We may use or share your health information with a foundation that supports our medical group and hospital to contact you about our fundraising activities. You can ask us not to send you information about fundraising. If you receive a request,
it will contain information on how you can tell us not to send future requests to you. You can change your mind and receive this information again at any time.

Serious Threat to Health and Safety. We may use and share your information when necessary to prevent a serious threat to your health and safety or the health and safety of others. We will only share your information with someone who is able to prevent or respond to the threat such as law enforcement or a potential victim. For example, we may share information with law enforcement to prevent harm to another person.

Other Sharing of Your Health Information. The law allows us to share your health information with:

- Public health agencies prevent or control diseases; to report births and deaths; to provide health statistics, to report at-risk behaviors; and to report defects with products or reactions to medications;
- Government agencies or law enforcement when we suspect abuse, neglect or domestic violence;
- Your employer for evaluation of work-related illnesses or injuries under workers' compensation laws;
- A school for proof of a student's immunization with some requirements;
- Health oversight agencies as allowed by law such as the California Department of Public Health or the Center for Medicare and Medicaid Services for inspections, audits, and compliance with civil rights laws;
- Government agencies for special government functions such as military, national security and intelligence activities, and protection of the President;
- Disaster relief agencies like the Red Cross so your family can be notified about your condition, status and location.

Respond to Lawsuits and Legal Actions.
We can share health information about you in response to a court or administrative order or in response to a subpoena.

For Law Enforcement. We may share your health information with law enforcement:

- In response to legal processes;
- To provide limited information to identify or locate a suspect;
- To provide information about crime victims;
- To report a death we believe may be the result of criminal conduct; and,
- To report in emergencies when it appears likely a crime occurred.

Respond to Organ and Tissue Donation Requests. We can share information with an organization to assist with organ, eye or tissue donation.

Coroner, Medical Examiner or Funeral Director. We can share health information with a coroner, medical examiner or funeral director when an individual dies.

Research. We may provide statistical health information about you (not including your name, address or other information that can identify you) for research, public health or health care operations. The person who receives this information protects this information and does not use it to identify you.

Other research activities require your written permission to use your health information. Research conducted without your permission must go through an independent review process to make sure the research poses minimal risk to your privacy.

If You Are An Inmate. We may share your health information with a jail or prison or with a law enforcement official to provide healthcare to you and to protect your health and safety and the health and safety of others.

If You Are A Minor. We may share your information with your parent or guardian except where state law limits the sharing of your health information with your parents, guardians, or other persons in similar status.

Uses of Health Information You May Limit or Ask Not Be Made At All. There are situations when you can agree to, or not allow, your health information to be shared. If you allow us to share your information, you may change this decision at any time.

Family Members and Friends. Unless you tell us not to, we may share your health information with a family member, other relative, personal representative, close friend or any other person who is involved in your care or payment for your care.

Best Judgement. We may share your health information if you are present and you agree to let us share your information or we can determine from the circumstances you agree with the sharing of your health information. For example, when you ask a friend to come into an exam room with you. If you are not present, we may decide that sharing some of your health information is in your best interests.

When We Need Your Permission to Share Your Health Information.

For reasons other than those listed above, we cannot share your health information without your written permission. For the reasons below, we will not use or share your health information without your permission.

Marketing. We can use your information to tell you about our own health care services, and for some other limited purposes. If we receive letters from patients, their family members and friends about their care they received, we may share these letters after removing your name and other identifying information to protect your privacy. For all other marketing, we need your permission.

Special Health Information. There are special privacy protections under state and federal law certain highly confidential information about you. This includes information in psychotherapy notes or information about (1) mental health and developmental disabilities services; (2) alcohol and drug abuse prevention, referral and treatment; (3) HIV/AIDS testing, diagnosis or treatment; (4) communicable diseases; (5) genetic testing; (6) child abuse and neglect; (7) domestic or elder abuse; or (8) sexual assault. This information cannot be shared for a reason other than allowed under law without your written permission.

If you give us permission to share or use your health information by completing an authorization form, you may revoke that authorization, in writing, at any time. This will not affect information that has already been shared, but we will stop sharing your information as of the date of your authorization.

Contacts:

For questions about your medical record, to request a restriction or amendment or to obtain a copy of your medical record, please contact:

Health Information Management
Martin Luther King, Jr. Hospital
1680 E. 120th Street
Los Angeles, CA 90059
(424) 338-8006

If you have concerns that your privacy rights may have been violated, please contact our Privacy Officer:

Compliance Office
Martin Luther King, Jr. Hospital
1680 E. 120th Street
Los Angeles, CA 90059
(424) 338-8758
MLK-Compliance@mlkch.org

You also have the right to file a complaint with the Secretary of Health and Human Services at:

DHHS
Region IX Office for Civil Rights
90 7th Street, Suite 4-100
San Francisco, CA 94103
(800) 368-1019

Filing a complaint will not affect the treatment or coverage that you receive.

NOTICE OF PRIVACY PRACTICES

Effective date of this notice: May 1, 2019

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT OF RECEIPT

The Martin Luther King, Jr. Community Medical Group Notice of Privacy Practices describes how we may use and share your health information. Please sign that you received a copy of this notice.

Signature: _____ Date: _____

_____

(Patient/Legal Representative)

If signed by someone other than patient, indicate relationship:

_____

Print name: _____

(Legal Representative)

Witness: _____ Date: _____

(Medical Group Representative)

COMPLETE IF WRITTEN ACKNOWLEDGMENT WAS NOT OBTAINED

Please document your efforts to obtain acknowledgment and reason it was not obtained (please initial).

1. _____ Notice of Privacy Practices Given – Patient Unable to Sign
2. _____ Notice of Privacy Practices Given – Patient Declined to Sign
3. _____ Notice of Privacy Practices and Acknowledgment Mailed to Patient
4. _____ Other Reason Patient Did Not Sign: _____

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