

Sacramento Life Center

Notice of Privacy Rights and Acknowledgment Release Form

OUR PRIVACY RESPONSIBILITIES UNDER HIPAA

California law requires that all health care providers protect health records in our possession. If you receive services through **Sacramento Life Center**, federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), also protects your health information. In addition, HIPAA requires that we provide you this Notice of Privacy Rights. It lets you know how we may use and disclose your health information and your rights regarding the health information we have in our possession.

HEALTH INFORMATION THAT WE MAINTAIN ABOUT YOU

We maintain records of:

- Your name and (if different) the name and relationship of the person receiving care
- Your address
- Your telephone number
- Your (or the client's, if different) condition that brings you here to **Sacramento Life Center**
- Clinical findings related to the condition such as pregnancy tests, limited non-diagnostic dating ultrasound reports, counseling notes

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the right to:

- request restrictions on certain uses and disclosures
- receive communications of protected health information by alternative means or at alternative locations
- inspect, copy and amend your protected health information held at **Sacramento Life Center**
- receive an accounting of certain disclosures (of your protected health information)
- receive a paper copy of this notice even if you have received it electronically

HOW WE USE AND DISCLOSE YOUR HEALTH INFORMATION

We only use or disclose your health information as state and federal laws require or permit. In some cases, the law requires that you authorize the disclosure. In other cases, the law allows us to disclose your health information without your authorization.

Use and Disclosure Not Requiring Your Authorization

Treatment: We may use your health information for treatment activities, such as disclosing it to other healthcare providers as needed to provide treatment for you.

Healthcare Operations: We may use and disclose your health information to manage our program operations, such as reviewing the quality of services you receive.

Business Associates: We may disclose your health information to organizations that help us with our work. We have a written agreement that requires these organizations to use your health information for only the reasons necessary to do the work, and protect it from other uses or disclosures, just like we do.

To Contact You: We may use the information in your health records to contact you if we have health related questions or concerns.

Other Permitted Uses and Disclosures

HIPAA specifically permits us to use or disclose your health information for other purposes without your consent or authorization. In our experience such disclosures are rare, and the limited information we maintain is generally not applicable. However, when authorized by law, and to the extent we may have the information, HIPAA permits us to disclose it to:

- comply with the requirements of federal, state, or local laws, court orders or other lawful process and for administrative or court proceedings
- report to a public health authority for the purpose of preventing or controlling disease, injury, or disability
- report to the FDA for the quality, safety or effectiveness of FDA-regulated products or activities
- report abuse, neglect or domestic violence to a government authority
- provide necessary information to a health oversight agency for activities such as audits, investigations, inspections, licensure of the healthcare system, government benefit programs and regulated entities
- a law enforcement official for specified law enforcement purposes
- prevent or lessen a serious and imminent threat to the health and safety of a person or the public
- authorized federal officials for specialized government functions such as military and veterans activities; national security and intelligence activities; protective services for the president; medical suitability determinations; correctional institutions; government entities providing public benefits
- comply with workers' compensation laws

Uses and Disclosures with Your Authorization

Other uses and disclosures of your personal information require your written authorization. You may revoke your authorization at any time by doing so in writing.

HOW YOU CAN REACH US

If you want additional information about our privacy practices or if you believe the **Sacramento Life Center** has violated your privacy rights, you may file a complaint by contacting:

Sacramento Life Center's HIPAA Privacy/Compliance Officer
2316 Bell Executive Lane
Sacramento, CA 95825.

Additional Protections for Certain Information

- Confidential HIV Related Information for which additional protections are provided by state law
- Alcohol or Substance Abuse Treatment Information for which additional protections are provided by state law
- Mental Health Treatment Information for which additional protections are provided by state law.

Acknowledgement:

I have read the **Sacramento Life Center's** Notice of Privacy Rights.

Signed: _____ Date: _____
Client Name

Witness: _____ Date: _____

Internal Use Only

If patient or patient's representative refuses to sign acknowledgment, please document date and time notice was presented to patient and sign below.

Presented on (Date): _____ Time: _____ (circle) a.m. p.m.

By (Name and Title): _____

**(to be filed in patient's medical record)*