Effective Date: April 1, 2020

This summary is provided to assist you in understanding our Notice of Privacy Practices.

THE NOTICE OF PRIVACY PRACTICES CONTAINS A DETAILED DESCRIPTION OF HOW THIS HEALTH CENTER WILL PROTECT YOUR HEALTH INFORMATION, YOUR RIGHTS AS A PATIENT, AND OUR COMMON PRACTICES IN DEALING WITH PATIENT HEALTH INFORMATION. PLEASE REVIEW THIS SUMMARY AND THE FULL NOTICE CAREFULLY.

Our Pledge Regarding Health Information.
We understand that your health information is personal and we are committed to protecting that health information. We create a record of the care and services you receive at the health center to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways in which we may use and disclose your health information. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information. It also describes your rights with respect to your health information, and tells you how to exercise them.

Who Will Follow the Notice of Privacy Practices.
Any health care professional who provides services to you within our facilities; all sites, locations, departments and units of the health center; all employees, staff, consultants, volunteers and other personnel.

Uses and Disclosures of Health Information.
We will use and disclose your health information in order to treat you or to assist other health care providers in treating you. We will also use and disclose your health information in order to obtain payment for our services or to allow insurance companies to process insurance claims for services rendered to you by us or other health care providers. Finally, we may disclose your health information for certain limited operational activities such as quality assessment, licensing, accreditation and training.

Uses and Disclosures Based on Your Authorization.
Except as stated in more detail in the Notice of Privacy Practices, we will not use or disclose your health information without your written authorization.

Uses and Disclosures Not Requiring Your Authorization.
In the following circumstances, we may disclose your health information without your written authorization:

- To family members or close friends who are involved in your health care;
- For certain limited research purposes;
- For purposes of public health and safety;
- To Government agencies for purposes of their audits, investigations and other oversight activities;
- To government authorities to prevent child abuse or domestic violence;
- To law enforcement authorities to protect public safety or to assist in apprehending criminal offenders;
- When required by court orders, search warrants, subpoenas and as otherwise required by the law.

Patient Rights.
As our patient, you have the following rights:

- To have access to and/or a copy of your health information;
- To receive an accounting of certain disclosures we have made of your health information;
- To request restrictions as to how your health information is used or disclosed;
- To request that we communicate with you in confidence;
- To request that we amend your health information;
- To receive notice of our privacy practices.

Organized Health Care Arrangement
Tiburcio Vasquez Health Center, Inc. is part of an organized health care arrangement including participants in OCHIN. A current list of OCHIN participants is available at www.ochin.org. As a business associate of Tiburcio Vasquez Health Center, Inc., OCHIN supplies information technology and related services to Tiburcio Vasquez Health Center, Inc. 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 access 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 health information may be shared by Tiburcio Vasquez Health Center, Inc. with other OCHIN participants when necessary for health care operation 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.

A copy of this notice is available at the reception desk.