

San Francisco Free Clinic

NOTICE OF CLINIC PRIVACY PRACTICES

Revised September 2, 2021

THIS NOTICE EXPLAINS HOW SAN FRANCISCO FREE CLINIC (SFFC) MAY USE AND SHARE MEDICAL INFORMATION ABOUT YOU AND HOW YOU CAN GET THIS INFORMATION.

PLEASE LOOK IT OVER CAREFULLY.

If you have any questions about this Notice, please contact the Privacy Officer Paula Martin at (415) 750-9894.

SFFC PLEDGE ABOUT HEALTH INFORMATION:

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at our clinic in order to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by our clinic, whether made by the clinic personnel or your doctor, whether on paper or stored electronically. Health care workers and doctors share this information with one another in order to care for your health. This Notice tells you about the ways that we may use and share health information about you. It also tells you about your rights and certain rules our clinic has about how information is used and shared.

Because we are a free clinic and neither bill nor communicate with health insurance companies electronically, the San Francisco Free Clinic is a ‘non-covered entity’ under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). However, for purposes of good patient care, we will follow the HIPAA privacy and security guidelines to the best of our ability and have based the privacy practices outlined in this document on the HIPAA privacy and security regulations. This document describes how we may use or disclose your protected health information, with whom that information may be shared, and the safeguards we have in place to protect it. This notice also describes your rights to access and amend your protected health information. You have the right to approve or refuse the release of specific information outside of our clinic system, except when the release is required or authorized by law or regulation.

ACKNOWLEDGEMENT OF RECEIPT OF THIS NOTICE.

We ask each of our patients to acknowledge receipt of our Notice of HIPAA Privacy Practices. The Notice is published on the SFFC website and is available as a hard copy at the SFFC. **You acknowledge receipt of the Notice by signing the paperwork at our office during initial patient registration. You can receive a copy of the Notice by asking for one at our clinic, or by printing one from our website at anytime.**

San Francisco Free Clinic Responsibilities

SFFC takes steps to protect the privacy of your "Protected Health Information" ("PHI"). PHI includes information that we have created or received regarding your health. It includes both your medical records and personal information such as your name, social security number, financial information, address, and phone number.

We pledge to:

- Protect the privacy of your PHI. All of our employees, providers, trainees (medical students and resident physicians), and volunteers are required to maintain the confidentiality of PHI and receive appropriate privacy training
- Provide you with this Notice of Privacy Practices explaining our duties and practices regarding your PHI
- Notify you in the case of a breach of unsecured PHI
- Follow the practices and procedures set forth in this Notice

HOW SFFC MAY USE AND SHARE HEALTH INFORMATION ABOUT YOU.

The San Francisco Free Clinic uses and discloses PHI in a number of ways connected to your treatment and our healthcare operations. Some examples of how we may use or disclose your PHI without your authorization are listed below.

For Treatment. To improve the quality of care you receive, health information may be shared by providers within the health center and with its contract providers – including health information regarding mental health, developmental disabilities, substance abuse, sexually transmitted diseases (STD), and HIV/AIDS. For example, a doctor treating you for a broken leg may need to know if you have diabetes, because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes to arrange for special meals. Different departments of the health center may share information about you to provide things you need, such as medications, lab tests or x-rays. If you are also receiving care from another provider, or if your care requires that you be referred to a doctor or facility outside the

health center, health information about you may be shared to provide you with quality treatment and plan your continuing care. The sharing of this information may include use of clinical computerized information systems, for example, the system that is used by San Francisco General Hospital and San Francisco Department of Public Health. Our health workers are committed, however, to only using and disclosing the minimum amount of information needed for your care.

For Payment. Health information about you may be shared with an eligibility service so that it may look for programs to help patients pay for their care.

For Health Care Operations. Health information about you may be used and shared for health center operations. We may need to use and share this information to run our facilities and make sure that all health center patients receive quality care. For example, we may use your health information to review treatment and services and to check on the care you receive from our health workers. Health information about many health center patients may be combined to decide what additional services we should offer, what services are needed, and whether certain new processes are effective. Collections of information about many health center patients may be compared with information from other health care settings to see whether our care and services can be improved. Information that identifies you may be removed from health information to study health care and health care delivery. Information also may be shared with health center doctors, nurses, technicians, and other health center staff for review and learning purposes.

Contacting you directly - We may use your PHI, including your email address or phone number, to contact you. For example, we may also use this information to send you appointment reminders and other communications relating to your care and treatment, or let you know about treatment alternatives or other health related services or benefits that may be of interest to you, via email, phone call, or text message.

To Keep Track of Immunizations. The SF Free Clinic communicates with the California Immunization Registry to help track the immunizations of our patients (so you don't miss any and so you don't get too many). If you do NOT want other CAIR providers from being able to see this information, you can lock your CAIR record via CAIRweb.org/cair-forms. For more information, you can call the CAIR help desk at 800-578-7889.

Individuals Involved in Your Care (Family and friends). Family and friends - To a member of your family, a relative, a close friend—or any other person you identify who is directly involved in your healthcare—when you are either not present or unable to make a healthcare decision for yourself and we determine that disclosure is in your best interest. We will also

assume that we may disclose PHI to any person you permit to be physically present with you as we discuss your PHI with you. For example, we may disclose PHI to a friend who brings you into our clinic, we may allow someone other than you to pick up your prescription, and we will assume that we may discuss your healthcare with a person you bring with you to your in-office appointments.

In the waiting area of our office - When you join us in our office, we may call your name aloud in the waiting area. If you do not wish to have your name called aloud, please tell the front desk admin and we will make adjustments to meet your request.

Treatment Alternatives. We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services. We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

Health Information Exchanges - We may participate in health information exchanges (HIEs) and may electronically share your medical information for treatment and healthcare operations purposes with other participants in the HIEs. HIEs allow us, and your other healthcare providers and organizations, to efficiently share and better use information necessary for your treatment and other lawful purposes. In some states, the inclusion of your medical information in an HIE is voluntary and subject to your right to opt-in or opt-out; if you choose to opt-in or not to opt-out, we may provide your medical information in accordance with applicable law to the HIEs in which we participate.

Fundraising Activities. We may use medical information about you to contact you in an effort to raise money for the health center and its operation. We may disclose medical information to a foundation related to the health center so that the foundation may contact you in raising money for the health center. We would only release contact information, such as your name, address and phone number and the dates you received treatment or services at the health center. If you do not want our clinic to contact you for fundraising efforts, you must notify the privacy officer in writing.

Research. Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. Where feasible, research information will not include information that could identify you as an individual. If research projects can identify you, those projects are subject to a

special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process.

As Required By Law. Health information about you may be shared when required by federal, state or local law.

Disaster relief - To an authorized public or private entity for disaster relief purposes. For example, we might disclose your PHI to help notify family members of your location or general condition.

To Avert a Serious Threat to Health or Safety. Health information about you may be used and shared to law enforcement officials, mobile crisis team, or to an intended victim when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Communication Platforms:

We may also use PHI to send you appointment reminders and other communications relating to your care and treatment, or let you know about treatment alternatives or other health related services or benefits that may be of interest to you, via email, phone call, or text message.

If you choose to communicate with us via emails or texts, you acknowledge that we may exchange PHI with you via email or text, that email or text may not be a secure method of communication, and that you agree to the security risks of such communication. If you would prefer not to exchange PHI via email or text, you can choose not to communicate with us via those means, and you can notify us at 415-750-9894.

MISC. SITUATIONS: Information may be shared without your permission in the following situations if they apply to you.

- **Organ and Tissue Donation.** If you want to donate an organ, health information may be given to organizations that handle organ donation or organ, eye or tissue transplantation or to an organ donation bank, as needed to help with organ or tissue donation and transplantation.

- **Military and Veterans.** If you are a member of the armed forces, health information about you may be shared as required by military command authorities.
- **Workers' Compensation.** Health information about you may be given for workers' compensation claims processing or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks.** State and Federal law may require the health center share your health information for public health activities. These activities generally include the following:
 - to prevent or control disease, injury or disability;
 - to report births and deaths;
 - to report reactions to medications or problems with health care products;
 - to notify people about recalls of products they may be using;
 - to notify a person who may be catching or spreading a disease or condition;
 - to notify an authority if it is believed a patient has been the victim of abuse, neglect or domestic violence as required by law.
- **Health Oversight Activities.** The law may require the health center to share your health information with an agency that reviews our health care activities. Review activities include, for example, audits, investigations, inspections, and licensing. These activities are necessary for the government to monitor the health care system, programs paid for by taxpayers, and our adherence to civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, health information about you may be shared in response to a court or administrative order. Health information about you may also be shared in response to a subpoena, discovery request, or other lawful process by others involved in the dispute, but only if their attorneys have tried to tell you about the order so that you have an opportunity to object within the timelines established by law.
- **Law Enforcement.** Health information may be shared with a law enforcement official:
 - In response to a court order, subpoena, warrant, summons or similar process;
 - About a death believed to have been the result of criminal conduct;
 - About criminal conduct at the health center; and
 - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of a person who committed a crime.
- **Coroners and Medical Examiners.** The law may require this health center to share your health information with a coroner or medical examiner. This may be necessary, for example, to identify a dead person or determine the cause of death.

- **Court-appointed Conservators & Guardians.** Without asking you, this health center may share your health information with individuals appointed by a court of law to look after your physical and/or mental health and financial well being.
- **National Security and Intelligence Activities.** Without asking you, this health center may share your health information with authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others.** This health center may share health information about you with authorized federal officials so they may provide protection to the President or foreign heads of state. We may share health information with other authorized persons to conduct special investigations.
- **Inmates.** If you are an inmate of a jail or prison or under the custody of a law enforcement official, this health center may share your health information with the jail/prison staff or its correctional officers. We would have to share this information (1) for the jail/prison to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the jail/prison staff.

Other Uses of Medical Information:

Other uses and disclosures of medical information not covered by this notice or otherwise permitted by the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided to you.

IF YOU BELIEVE YOUR PRIVACY RIGHTS HAVE NOT BEEN MAINTAINED while receiving our services, you may file a complaint with this health center or with the U.S. Secretary of the Department of Health and Human Services. All complaints must be sent in writing. To file a complaint with the health center, contact the privacy officer at (415) 750-9894 located at SAN FRANCISCO FREE CLINIC, 4900 CALIFORNIA STREET, SAN FRANCISCO, CA 94118. To file a complaint with the Secretary, the address is U.S. Dept. of Health and Human Services, Office of Civil Rights, Attn: Regional Manager, 50 United Nations Plaza, Rm. 322, San Francisco, CA 94102.

You will not be penalized in any way for filing a complaint.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU.

In general, you have the following rights regarding health information kept by our health center about you:

- **Right to Access Your Medical Records.** You have the right to obtain a paper copy of your medical records. Usually, this includes lab reports and clinical notes, but may not include some mental health information. To obtain a copy of your medical records, contact the front desk at SFFC by calling 415-750-9894. In certain situations, we may deny your request and will tell you why we are denying it. In some cases, you may have the right to ask for a review of our denial.
- **Right to Make Corrections.** If you believe that the health information stored by this clinic about you is not correct or not complete, you have the right to ask us to change the information. To request an amendment to your PHI that you believe is inaccurate or incomplete, please submit a written request to San Francisco Free Clinic, 4900 California St., San Francisco, CA 94118. In certain cases, we may deny your request and we will do so in writing. You may respond by filing a written statement of disagreement with us and ask that the statement be included with your PHI.
- **Right to an Accounting of Disclosures.** You have the right to be informed with whom this health center has shared your health information. You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you other than our own uses for treatment, payment and health care operations, and disclosures you have authorized. To ask for this list, or “accounting of disclosures,” you must send your request in writing to this clinic's medical records office. Your request must state a time period which may not be longer than six years.
- **Right to Request Restrictions.** You have the right to ask this health center not to share your health information with certain individuals or for certain purposes. You also have the right to ask us not to share your health information with people, like a family member or friend, who may be involved in caring for you or paying for your care. For example, you could ask us not to use or share information about a surgery you had. ***SFFC does not have to agree to your request.*** If we do agree, our clinic will not share information about you unless the information is needed to give you emergency treatment. To ask for restrictions, you must send your request in writing to the medical records office. In your request, you must explain (1) what information you want to limit; (2) whether you want to limit our use, sharing or both; and (3) to whom you want the limits to apply. For example, you may not want health information about you shared with your family.

- **Right to Request Communications By Other Means.** You have the right to specify where and how our clinic employees may contact you. For example, you can ask our staff to contact you only at work or by mail. We may ask that you make your request to us in writing. We will agree to reasonable requests.
- **Right to Choose Someone to Act for You.** 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. We will confirm the person has the authority and can act for you before we take any action.
- **Right to a Paper Copy of This Notice.** You have the right to receive a paper copy of this Notice. You may ask for a copy of this Notice at any time. Even if you have agreed to receive this notice by email or have read it on a web site, you still have the right to a paper copy of this Notice. To obtain a paper copy of this notice, you may request in person or write to the Privacy Officer at SAN FRANCISCO FREE CLINIC, 4900 CALIFORNIA STREET, SAN FRANCISCO, CA 94118. You may get a copy of this notice at our web site <http://www.sffc.org>.
- **Right to receive written notification of any breach of your unsecured PHI.**

CHANGES TO THIS NOTICE

SFFC reserves the right to change this Notice and to make the revised or changed Notice effective for health information already recorded about you as well as any information recorded in the future. A copy of the current Notice will be available in the health center. The notice will have the effective date on the first page.