

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION.

PLEASE READ IT CAREFULLY.

For any issues, complaints, or inquiries regarding this notice or the privacy of your health information please contact our Privacy Officer at compliance@gracelight.org

Gracelight Community Health (GCH) understands that medical information about you and your health is personal. In this notice, we use terms like "we," "us" or "our" to refer to GCH. This notice applies to GCH, including all of its clinic locations, clinic employees (including physicians, nurses, and other clinical staff members), administrative employees and volunteers. GCH is committed to protecting your health information. We create a record of the care and services you receive at GCH. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to health information generated by GCH. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of your health information. We are required by law to: (1) Make sure that health information that identifies you is kept confidential (with certain exceptions), (2) Give you this notice of our legal duties and privacy practices with respect to your health information, and (3) Follow the terms of the notice that is currently in effect. We have a duty to notify you in cases when your health information is breached.

HOW GCH MAY USE AND DISCLOSE YOUR HEALTH INFORMATION: "Protected health information," or "PHI," is information that identifies who you are and relates to your past, present, or future physical or mental health or condition, the provision of health care to you, or past, present, or future payment for the provision of health care to you. PHI does not include information about you that does not identify who you are. If you are an employee of GCH, PHI does not include the health information (if any) in your personnel file. The following categories describe different ways that we use and disclose health information, including PHI. For each category, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Treatment: We may use your health information to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, healthcare students or other persons at GCH who need that information to take care of you. 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. We also may disclose health information about you to people outside GCH who may be involved in your medical treatment such as skilled nursing facilities, home health agencies and other physicians or practitioners. For example, we may give a specialist access to your health information to assist him/her in treating you.

Payment: We may use and disclose health information about you so that treatment and services you receive at GCH may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about treatment you received at

GCH so your health plan will pay us or reimburse you for the treatment. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

Healthcare Operations: We may use and disclose your health information for healthcare operations. These uses and disclosures are necessary to run GCH programs and make sure that all of our participants receive quality care. For example, we may use your health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also disclose information to doctors, nurses, technicians, medical and other students and other health system personnel for review and learning purposes.

GCH is part of an organized health care arrangement and is a participant in OCHIN, a collaborative of health centers focused on using health information technology. A current list of OCHIN participants is available at www.ochin.org. As a business associate of GCH, OCHIN supplies information technology and related services to GCH 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 assess 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 personal health information may be shared by GCH with other OCHIN participants or a health information exchange only when necessary for medical treatment or for the health care operations purposes of the organized health care arrangement.

Health care operations 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 defined and outlined in federal privacy rules. The information, to the extent disclosed, will be disclosed consistent with federal 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.

Fundraising Activities: We may contact you to provide information about GCH-sponsored activities, including fundraising programs and events. We would only use demographic information including name, address, contact information, phone number, age and gender; generic department of service information, treating physician information and outcome results. You may opt out of this use or disclosure of your PHI by checking the appropriate box on the Acknowledgement of Receipt of the Notice of Privacy Practices form.

Family Members and Others You Designate: With your specific written approval, we may disclose your health information to designated family, friends and others who are involved in your care or in payment of your care in order to facilitate that person's involvement in caring for you or paying for your care. If you are unavailable, incapacitated or facing an emergency medical situation and we determine that a limited disclosure may be in your best interest, we may share limited health information with such

individuals without your approval. We may also disclose limited health information to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other persons that may be involved in some aspect of caring for you.

Research: Under certain circumstances, we may use and disclose your health information for research purposes (i.e. a research project may involve comparing the health and recovery of patients who received one medication to those who received another, for the same condition). All research projects are subject to a special approval process that evaluates a proposed research project and its use of health information, trying to balance the research needs with patients' need for privacy of their health information. We may disclose your health information to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs as long as the health information they review does not leave our site.

OTHER USES AND DISCLOSURES: We are permitted or required by law to make certain other uses and disclosures of your health information without your consent or authorization. We may release your health information for the following reasons: (1) any purpose required by law; (2) public health activities, such as required reporting of disease, injury and birth and death and for required public health investigations; (3) as required by law if we suspect child or elder abuse or neglect or if we believe you to be a victim of abuse, neglect or domestic violence; (4) to the Food and Drug Administration if necessary to report adverse events, product defects or to participate in product recalls; (5) to your employer when we have provided healthcare to you at the request of your employer; in all cases, you will receive notice that information is disclosed to your employer; (6) in extraordinary circumstances if required by law to law enforcement agents; (7) if required to do so by a court or administrative ordered subpoena or discovery request; in most cases, you will have notice of such release; (8) to coroners and/or funeral directors consistent with law and to a family member or other person identified who was involved in your care or payment for healthcare prior to your death, unless you make known to GCH an express contrary preference; (9) as required by the law to warn and protect a reasonable victim(s) of a serious threat of physical violence; (10) when required by law to the California Department of Motor Vehicles; (11) to authorized officials for the provision of protective services to the President or other persons authorized by law; (12) if you are a member of the military as required by armed forces services or for national security or intelligence activities; and, (13) to workers' compensation agencies, if necessary, for your workers' compensation benefit determination. Finally, we may share your medical information with regional and national Health Information Exchanges (HIEs)— State and Federal government- and provider-sponsored initiatives that help healthcare providers share information and work together to provide better care and treatment for patients. We will only share your information for treatment purposes and will only share "sensitive individual health information" with your current healthcare providers or with your explicit authorization. You can request that we not share your health information with HIEs by writing to GCH's Privacy Officer. We are prohibited from selling your PHI except in the following situations: (1) for public health purposes, (2) for research, so long as payment is limited to GCH's costs, (3) for treatment or payment, (4) in connection with a sale or merger of GCH, (5) to or by a Business Associate where GCH is just paying for the Business Associate's services, (6) if you request access to your own PHI, (7) as required by law or (8) as otherwise permitted under HIPAA where the remuneration covers costs only.

All other uses and disclosures of your PHI that are not described in this notice require your written authorization.

YOUR RIGHTS REGARDING MEDICAL INFORMATION: You have the following rights regarding health information we maintain about you.

Submitting an Authorization: If you need an authorization form, we will send you one for you or your personal representative to complete. When you receive the form, please fill it out and send it to the following address:

Gracelight Community Health
4816 East 3rd Street
East Los Angeles, CA 90022
Attention: Privacy Officer

You may revoke or modify your authorization at any time by writing to us at the same address. Please note that your revocation or modification may not be effective in some circumstances, such as when we have already taken action relying on your authorization.

Access to Your Health Information: You have the right to copy and/or inspect much of the health information we retain on your behalf. All requests for access must be made in writing and signed by you or your representative. If you request a copy of the information, you may be charged a fee for the costs of copying, mailing or other supplies associated with your request.

Amendments to Your Health Information: You have the right to request that health information that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. All amendment requests, in order to be considered by us, must be in writing, signed by you or your representative, and state the reasons for the amendment/correction request. If an amendment or correction you request is made, we may also notify others who work with us and have copies of the uncorrected record if we believe that such notification is necessary.

Accounting of Disclosures of Your Health Information: You have the right to receive an accounting of certain disclosures made by us of your medical information after April 14, 2003. Requests must be made in writing and signed by you or your representative. The first accounting in a 12-month period is free; for additional requests, we may charge you for the costs of providing the information.

Restrictions on Use and Disclosure of Your Health Information: You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or healthcare operations. In your request, tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and, (3) to whom you want the limits to apply, for example, only to you and your spouse. We are not required to agree to your request but if we do, our agreement must be in writing. We will comply with your request unless the information is needed to provide you emergency treatment. We are required to comply with your request to restrict a disclosure to your payor/a health plan if you pay in full for a service or item on the day of the visit.

Right to Request Confidential Communications: You have the right to request that we communicate

with you about your health information in a confidential manner, in a certain way or at a certain location. For example, you may ask that we contact you only at home or only by mail. You must make your request in writing; your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests, unless it is administratively too burdensome or prohibited by law.

Right to a Paper Copy of this Notice: You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. Copies are available at our health centers or at www.gracelight.org **All requests should be directed to your service provider or in writing to Gracelight Community Health, 4816 East 3rd Street East Los Angeles, CA 90022.**

CHANGES TO THIS NOTICE: We reserve the right to change GCH's privacy practices and this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice throughout GCH. The notice will contain the effective date on the first page in the top right-hand corner. In addition, at any time you may request a copy of the current notice in effect. If we make material or important changes to our privacy practices, we will promptly revise our notice. Unless the changes are required by law, we will not implement material changes to our privacy practices before we revise our notice.

RIGHTS RESERVED BY GCH: We may use and disclose your PHI to the fullest extent authorized by law. We reserve the rights as expressed in this notice.

COMPLAINTS: If you believe your privacy rights have been violated, you may file a complaint in writing with GCH or with the Secretary of the Department of Health and Human Services (DHHS). To file a written complaint with GCH contact: **Gracelight Community Health, Attn: Privacy Officer, 4816 East 3rd Street, East Los Angeles, CA 90022.** To file a written complaint with the Secretary of the DHHS, contact Michael Leoz, Regional Manager, Office for Civil Rights, U.S. Department of Health & Human Services, 90 7th St., Suite 4-100, San Francisco, CA 94103; 415- 437-8310; 415-437-8329 (Fax). We will not retaliate against you for filing a complaint.