

ONEGENERATION ADULT DAYCARE

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

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

A. INTRODUCTION

During the course of providing services and care to you, ONEgeneration gathers, creates, and retains certain personal information about you that identifies who you are and relates to your past, present, or future physical or mental condition, the provision of health care to you, and payment for your health care services. This personal information is characterized as your “protected health information.” Protected health information consists of any information relating to your physical or mental health, to any health care provided to you, or to payment for such care and that either identifies you or provides information that can be used to identify you. This Notice of Privacy Practices describes how ONEgeneration maintains the confidentiality of your protected health information, and informs you about the possible uses and disclosures of such information. It also informs you about your rights with respect to your protected health information.

B. ONEgeneration’S RESPONSIBILITIES

ONEgeneration is required by federal and state law to maintain the privacy of your protected health information. ONEgeneration is also required by law to provide you with this Notice of Privacy Practices that describes ONEgeneration’s legal duties and privacy practices with respect to your protected health information. ONEgeneration will abide by the terms of this Notice. ONEgeneration reserves the right to change this or any future Notice and to make the new notice provisions effective for all protected health information that it maintains, including protected health information already in its possession. If the change reflects a material change in its privacy policies and procedures, ONEgeneration will provide the new Notice to you or your legal representative. In all other situations, it will provide you with the new Notice upon request. In addition, the new Notice will be posted in a clear and prominent place in the facility and on the ONEgeneration website.

C. USE AND DISCLOSURE WITH YOUR AUTHORIZATION

ONEgeneration will require a written authorization from you before it uses or discloses your protected health information, unless a particular use or disclosure is expressly permitted or required by law without your authorization. An

authorization is generally required for the following uses or disclosures, except in very limited circumstances: (1) uses or disclosures of psychotherapy notes; (2) uses or disclosures of protected health information for marketing purposes; and (3) disclosures of protected health information that constitute its sale.

ONEgeneration has prepared an authorization form for you to use that authorizes ONEgeneration to use or disclose your protected health information for the purposes set forth in the form. You are not required to sign the form as a condition to obtaining treatment or having your care paid for. If you sign an authorization, you may revoke it at any time by written notice. ONEgeneration then will not use or disclose your protected health information, except where it has already relied on your authorization.

D. HOW ONEGENERATION MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION

The ADHC may use or disclose your protected health without your written authorization in the following circumstances:

1. Your Care and Treatment

The ADHC may use or disclose your protected health information to provide you with or assist in your treatment, care and services. For example, the ADHC may disclose your health information to health care providers who are involved in your care to assist them in your diagnosis and treatment, as necessary.

2. Billing and Payment

- i. Medicare, Medi-Cal and Other Public or Private Health Insurers – The ADHC may use or disclose your protected health information to public or private health insurers (including medical insurance carriers, HMOs, Medicare, and Medi-Cal) in order to bill and receive payment for your treatment and services that you receive. For example, the information on or accompanying a bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.
- ii. Health Care Providers – The ADHC may also disclose your protected health information to health care providers in order to allow them to determine if they are owed any reimbursement for care that they have furnished to you and, if so, how much is owed.

3. Provision of Basic Information about Participants

The ADHC allows staff to provide certain basic information about a participant to persons who ask for the participant by name and to members of the clergy. Unless you notify it that you object, the ADHC may disclose your name and your general condition to anyone who asks

for you by name. It may disclose your name, your general condition, and your religious affiliation to members of the clergy.

4. Individuals Involved in Your Care or Payment for Your Care

Unless you specifically object, the ADHC may disclose to a family member, other relative, a close personal friend, or to any other person identified by you, all protected health information directly relevant to such person's involvement with your care or directly relevant to payment related to your care. The ADHC may also disclose your protected health information to a family member, personal representative, or other person responsible for your care to assist in notifying them of your location, general condition, or death.

5. Health Care Operations

The ADHC may use your protected health information for its health care operations. These uses and disclosures are necessary to manage the ADHC and to monitor our quality of services and care. For example, we may use your protected health information to review our services and to evaluate the performance of our staff in caring for you.

6. Reporting

The ADHC will disclose protected health information about a participant who is suspected to be the victim of child, dependent adult, or elder abuse to the extent necessary to complete any oral or written report mandated by law. Under certain circumstances, the ADHC may disclose further protected health information about the participant to aid the investigating agency in performing its duties. The ADHC will promptly inform the participant about any disclosure unless the ADHC believes that informing the participant would place the participant in danger of serious harm, or would be informing the participant's personal representative, whom the ADHC believes to be responsible for the abuse, and believes that informing such person would not be in the participant's best interest.

7. Legal Process

The ADHC will disclose protected health information in accordance with an order of a court or of an administrative tribunal of a government agency. In addition, the ADHC will disclose protected health information in accordance with a valid subpoena issued by a party to adjudication before a court, an administrative tribunal, or a private arbitrator. Reasonable efforts will be made to notify you of the subpoena, or attempts will be made to obtain an order or agreement protecting your protected health information.

8. Law Enforcement Agencies

The ADHC will disclose protected health information to law enforcement agencies in accordance with a search warrant, a court order or court-

ordered subpoena, or an investigative subpoena or summons. In addition, it may disclose such information as necessary to assist law enforcement officials investigating crimes involving participants.

9. National Security and Intelligence Activities

The ADHC will disclose protected health information about a participant to authorized federal officials conducting national security and intelligence activities or as needed to protect federal and foreign officials.

10. Licensing and Accreditation

The ADHC may disclose your protected health information to any government or private agency, such as to the Medical Board of California, responsible for licensure or accreditation, so that the agency can carry out its oversight activities. These oversight activities include audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight.

11. Public Health Activities

The ADHC may disclose your protected health information to any public health authority that is authorized by law to collect it for purposes of preventing or controlling disease, injury, or disability.

12. Business Associates

The ADHC may contract with certain individuals or entities, called "business associates," to provide services on its behalf. Examples include data processing, quality assurance, legal, or accounting services. The ADHC may disclose your protected health information to a business associate, as necessary, to allow the business associate to perform its functions. The ADHC will have a contract with each business associate that obligate the business associate to maintain the confidentiality of your protected health information.

13. Research

The ADHC may disclose your protected health information for research purposes, provided that an outside Institutional Review Board overseeing the research approves the disclosure of the information without a written authorization.

14. Coroner

The ADHC will disclose protected health information to a coroner where the coroner requests the information to identify a decedent; to notify next of kin; or to investigate deaths that may involve public health concerns, suspicious circumstances, elder abuse, or organ or tissue donation. In

other cases, The ADHC may disclose protected health information to the coroner to allow the coroner to perform its duties.

15. Organ Procurement

If you are an organ donor, The ADHC may disclose your protected health information following your death to an organ procurement agency or tissue bank in order to aid in using your organs or tissues in transplant.

16. Hospital Peer Review

The ADHC may disclose your protected health information to hospital medical staffs to aid in the credentialing of applicants and in the peer review of members.

17. Workers' Compensation

The ADHC may disclose your protected health information in order to comply with California workers' compensation laws.

18. Preventing Danger to Identified Persons

The ADHC may disclose your protected health information to prevent an immediate, serious threat to the safety of an identified person.

19. Disaster Relief

The ADHC may disclose your protected health information to a public or private entity authorized to assist in disaster relief efforts.

20. Marketing

The ADHC may use protected health information or disclose it to business associates in certain limited circumstances in order to encourage you to use a service or product. This includes, for example, making face-to-face communications with you about the service or product, providing you with a promotional gift of nominal value, or communicating about drug refills. Otherwise, it will obtain a specific written authorization from you before using or disclosing protected health information for marketing purposes.

21. Fundraising

The ADHC may use certain protected health information to contact you in an effort to raise money for the ADHC and its operations. The ADHC may disclose the protected health information to business associates or to related foundations that it uses to raise funds for its own benefit. The information to be used or disclosed for these purposes will be limited to certain demographic information, the dates of treatment, the department where services were provided, the treating physician, outcome information, and health insurance status. Each fundraising

communication will provide a means by which you can opt out of receiving further such communications.

22. Sale of Protected Health Information

The ADHC may disclose your protected health information for remuneration in certain very narrow circumstances such as where a governmental agency reimburses it for its expenses in providing information for public health purposes. Otherwise, it will obtain a specific written authorization from you or your personal representative before receiving reimbursement for using or disclosing your protected health information.

23. Disclosures Otherwise Required by Law

The ADHC will disclose protected health information about a participant when otherwise required by law.

E. YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION

You have the following rights with respect to your protected health information. To exercise these rights, contact ONEgeneration at the following address: 17400 Victory Blvd., Van Nuys, CA 91406 Attention: Privacy Official.

a. Right to Receive a Copy of the Notice of Privacy Practices

You have the right to request and receive a copy of ONEgeneration's Notice of Privacy Practices for Protected Health Information in written or electronic form.

b. Right to Request Special Privacy Protections

You have the right to request restrictions on the use and disclosure of your protected health information for treatment, payment or health care operations, or providing notifications regarding your identity and status to persons inquiring about or involved in your care. ONEgeneration is not required to grant your request except where you ask it not disclose information to your health plan regarding care paid for by you or someone else out of pocket. Whenever the ADHC agrees to comply with your request, it will do so, unless there is an emergency or until the ADHC or you terminate the restriction. You also have the right to request that ONEgeneration communicate protected health information to you or another recipient by alternative means or at alternative locations.

c. Right to Request Access

You have the right to inspect and copy your health records maintained by ONEgeneration. This includes the right to have electronic records made available in electronic format to you or to someone whom you designate.

In certain limited circumstances, ONEgeneration may deny your request as permitted by law. However, you may be given an opportunity to have such denial reviewed by an independent licensed health care professional.

d. Right to Request Amendment

You have the right to request an amendment to your health records maintained by ONEgeneration. If your request for an amendment is denied, you will receive a written denial, including the reasons for such denial, and an opportunity to submit a written statement disagreeing with the denial.

e. Right to an Accounting

You have the right to receive an accounting of disclosures of your protected health information created and maintained by ONEgeneration over the six (6) years prior to the date of your request or for a lesser period of time. ONEgeneration is not required to provide an accounting of certain routine disclosures or of disclosures of which you already are aware.

F. NOTIFICATION OF SECURITY BREACHES

ONEgeneration will provide you with written notification in the event of a security breach involving your protected health information. The notification will describe what happened, the types of information involved, the steps that ONEgeneration is taking to deal with the situation, what you should do to protect yourself against any harmful consequences, and contacts for obtaining further information.

G. COMPLAINTS

If you believe that your privacy rights have been violated, you may file a complaint with ONEgeneration at the following address 17400 Victory Blvd., Van Nuys, CA 91406, Attention: Kenneth Kang, Chief Privacy and Security Officer. You also have the right to submit a complaint to the Secretary of the U.S. Department of Health and Human Services, 90 7th Street, Suite 4-100, San Francisco, CA 94103, Telephone: (415)437-8310, Fax: (415)437-8329, TDD: (415)437-8311, Attention OCR Regional Manager. ONEgeneration will not retaliate against you if you file a complaint.

H. FURTHER INFORMATION

If you have questions about this Notice of Privacy Practices or would like further information about your privacy rights, contact ONEgeneration at the following address: 17400 Victory Blvd., Van Nuys, CA 91406, Attention: Kenneth Kang, Chief Privacy and Security Officer.

The effective date of this Notice of Privacy Practices is 7/1/2014

I hereby acknowledge receipt from ONEgeneration of a copy of its Notice of Privacy Practices for Protected Health Information effective on the date set forth above.

PARTICIPANT:

(Printed or typed name)

(Signature)

Date: _____

PARTICIPANT'S PERSONAL REPRESENTATIVE:

(if signed on participant's behalf)

(Printed or typed name)

(Signature)

Date: _____

Relationship to Participant: _____