



# notice of privacy practices

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

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.

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## About Us

In this Notice, we use terms like “we,” “us” or “our” to refer to Hill Health, Inc., A Medical Corporation and its participating physicians. Our health care delivery sites include physicians’ offices, Health Education and Customer Service call centers, and our website [www.hillhealth.com](http://www.hillhealth.com). We share your protected health information among us to provide you with the health care services, to treat you, to pay for your care, and to conduct our business operations (e.g., quality assurance, compliance, and utilization review).

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## What is “Protected Health Information” or “PHI”?

“Protected health information,” or “PHI” for short, 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 is in a summary form that does not identify who you are. If you are an employee of our participating physician’s office, PHI does not include your health information in your personnel file.

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## Purpose of this Notice

In the course of doing business, we gather and maintain PHI about our patients. We respect the privacy of your PHI and understand the importance of keeping this information confidential and secure. We are required by law to maintain the privacy of your PHI by implementing reasonable and appropriate safeguards. We are also required to explain to you by this Notice our legal duties and privacy practices with respect to PHI. We are also required by law to notify affected individuals following a breach of unsecured PHI.

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## How We Protect Your PHI

We restrict access to your PHI to those employees who need access in order to provide services to our patients. We have established and maintain appropriate physical, electronic and procedural safeguards to protect your PHI against unauthorized use or disclosure. We have Health Insurance Portability and Accountability Act of 1996 (HIPAA) established a training program that our employees must complete and update annually. We also have a Privacy Officer, who has overall responsibility for developing, training and overseeing the implementation and enforcement of policies and procedures to safeguard your PHI against inappropriate access, use and disclosure.

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## Types of Use and Disclosure of PHI We May Make Without Your Authorization

### 1. Treatment, Payment and Health Care Operations

Federal and state law allow us to use and disclose your PHI in order to provide health care services to you, as well as to bill and collect payments for the health care services provided to you by our participating physicians. For example, we may use your PHI to authorize referrals to specialists and to review the quality of care provided by your participating physician. We may disclose your PHI to health plans or other responsible parties to receive payment for the services provided to you by our participating physicians.



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## Types of Use and Disclosure of PHI We May Make Without Your Authorization (cont')

### 1. Treatment, Payment and Health Care Operations (cont')

We may also use or disclose your PHI, for example, to recommend to you treatment alternatives, to inform you about health-related benefits and services that we offer, or to contact you to remind you of your appointments. We conduct these activities to provide health care to you, and not as marketing.

Federal and state law also allow us to use and disclose your PHI as necessary in connection with our health care operations. For example, we may use your PHI for resolution of any grievance or appeal that you file if you are unhappy with the care you have received. We may also use your PHI in connection with population-based disease management programs. We may use your PHI to perform certain business functions and disclose your PHI to our business associates, who must also agree to safeguard your PHI as required by law.

### 2. Other Types of Use and Disclosures (No Authorization Required)

We are also allowed by law to use and disclose your PHI without your authorization for the following purposes:

1. When required by law – In some circumstances, we are required by federal or state laws to disclose certain PHI to others, such as public agencies for various reasons;
2. For public health activities – Such as reports about communicable diseases, defective medical devices or work-related health issues;
3. Reports about child and other types of abuse or neglect, or domestic violence;
4. For health oversight activities – Such as reports to governmental agencies that are responsible for licensing or disciplinary action against physicians or other health care providers;
5. For lawsuits and other proceedings – In connection with court proceedings or proceedings before administrative agencies;
6. For law enforcement purposes – In response to a warrant, or to report a crime;
7. Reports to coroners, medical examiners, or funeral directors – To assist them in performance of their legal duties;
8. For tissue or organ donations – To organ procurement or transplant organizations to assist them;
9. For research – To medical researchers with an approval of an institutional review board (IRB) or privacy board that oversees studies on human subjects. Researchers are also required to safeguard your PHI;
10. To avert a serious threat to the health or safety of you or other members of the public;
11. For specialized government functions and activities – Such as protection of the President or foreign dignitaries; and
12. In connection with services provided under workers' compensation laws.

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## Uses and Disclosures Requiring You to Have the Opportunity to Agree or Object

Before we make certain uses and disclosures of your PHI without your written authorization, we must provide you with an opportunity to agree or object. We may disclose your PHI to your family members or other persons if they are involved in your care or payment for that care. We may disclose your PHI to notify and assist disaster relief organizations in their relief efforts. When you are a patient at a hospital or medical facility with which we are affiliated, we may create a directory that includes your name, your location at the facility, your general condition



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## Uses and Disclosures Requiring You to Have the Opportunity to Agree or Object (cont')

and your religious affiliation. Information in this directory may be disclosed to visitors (except for your religious affiliation) and to members of the clergy. We will provide you with the opportunity to agree or object prior to these disclosures. If you cannot agree or object because you are incapacitated or otherwise unavailable, we will use our professional judgment.

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## Special Rules for Parental Access to PHI of Minor Children and Highly Confidential PH

You, as a parent, can generally control your minor child's PHI. In some cases, however, we are permitted or even required by law to deny your access to your child's PHI, such as when your child can legally consent to medical services without your permission. There are some types of PHI, such as HIV test results or mental health information, which are protected by stricter laws. However, even such PHI may be used or disclosed without your written authorization if required or permitted by law.

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## Uses and Disclosures Requiring Your Authorization

We must obtain your written authorization prior to the following uses and disclosures of your PHI:

1. Marketing Activities – We must obtain your written authorization in order to use your PHI to send you marketing materials. However, no authorization is required for the following communications: (1) information relating to your treatment by one of our participating providers, including case management, care coordination or recommendation of treatment alternatives; (2) refill reminders or other communications about drugs that are currently prescribed for you; (3) information about health-related products or services available from our participating providers; (4) marketing information provided to you during a face-to-face communication; and (5) promotional gifts of nominal value.
2. Psychotherapy Notes – With very limited exceptions, we must obtain your authorization in order to disclose any notes recorded by a mental health professional about you in a counseling session.

All other uses and disclosures of your PHI that are not described in this Notice require your written 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 back to your provider's office.

You may revoke or modify your authorization at any time by writing to us. 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.

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## Uses and Disclosures Requiring Your Authorization

### Access to Your PHI

You may request to inspect and obtain a copy your PHI that we maintain in medical and billing records, for as long as we maintain such records. If you wish to access your PHI, please provide a detailed written description of the PHI you wish to review at the address given below. If you would like a copy of the information we have, your request must be in writing and sent to such address. For your convenience, Hill Physicians has placed an Authorization to Release Medical Information form located on our website at [www.hillphysicians.com](http://www.hillphysicians.com). If you do not have access to our website, a copy of the release form will be provided to you upon request.

We will respond to your request and tell you when and where you can review your PHI in our possession within our normal business hours. If we provide you with a copy of your PHI, we may charge a reasonable administrative



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## **Uses and Disclosures Requiring Your Authorization (cont')**

fee for copying your PHI to the extent permitted by applicable law. If we don't have your PHI, but know who does, we will tell you whom to contact.

In limited circumstances, we may deny your request to inspect or obtain copies of your PHI. We will explain in writing the reason for our denial, and you will have the opportunity, unless limited exceptions apply, to request review of the denial. We will comply with the outcome of the review. In addition, federal law does not entitle individuals to have access to the following: (1) psychotherapy notes, (2) information compiled in reasonable anticipation of, or use in, legal proceedings, and (3) other PHI to which access is prohibited by federal law.

## **Right to Amend Your PHI**

You have the right to request amendments to your PHI for so long as the information is maintained in our medical and billing records. If you wish to have your PHI corrected or updated, please write to us and tell us what you want changed and why. We will respond to you in writing, either accepting or denying your request. If we deny your request, we will explain why. You may also send us an addendum that is no longer than 250 words in length for each item you believe is incorrect. Please clearly indicate that you want the addendum to be included in your PHI. If we accept your request, we will attach your addendum to the record(s) of your PHI. Your amended PHI will be available for your review upon request.

## **Right to Receive an Accounting of Disclosures of Your PHI**

You have the right to request an accounting of certain disclosures that we make of your PHI. An accounting lists disclosures we have made prior to the date of your request. You can request an accounting by writing to us. We will respond to your request within a reasonable period of time, but no later than 60 days after we receive your written request. Please note that certain disclosures need not be included in the accounting we provide to you, such as disclosures made for treatment, payment or health care operations, and disclosures made more than 6 years prior to the date of your request.

## **Right to Receive a Copy of This Notice**

You have the right to request and receive a paper copy of this Notice, even if you have agreed to receive the Notice electronically. You may contact our office for a copy, and one will be provided to you at no charge. Copies are also available at our office and on our website at [www.hillhealth.com](http://www.hillhealth.com).

## **Right to Request Restrictions**

You have the right to request restrictions on how we use and disclose your PHI for our treatment, payment, and health care operations. All requests must be made in writing. Upon receipt, we will review your request and notify you whether we have accepted or denied your request. If we agree to your request, we will comply with the restriction unless a disclosure is required in order to provide you with emergency treatment. Please note that we are not required to accept your request for restrictions, except that we are required, based on your written request, to restrict disclosure of your PHI to a health plan if (1) the purpose of the disclosure is to carry out payment or health care operations, (2) the disclosure is not otherwise required by law, and (3) the PHI pertains solely to a health care item or service for which you or someone other than the health plan have paid in full without any contribution from your health plan.

Your PHI is critical for providing you with quality health care. We believe we have taken appropriate safeguards and internal restrictions to protect your PHI, and that additional restrictions may be harmful to your care.



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## **Uses and Disclosures Requiring Your Authorization (cont')**

### **Right to Confidential Communications**

You have the right to request that we provide your PHI to you in a confidential manner. For example, you may request that we send your PHI by an alternate means (e.g., sending by a sealed envelope, rather than a post card) or to an alternate address (e.g., calling you at a different telephone number, or sending a letter to you at your office address rather than your home address). We will accommodate any reasonable requests, unless they are administratively too burdensome, or prohibited by law.

### **Right to Complain**

We must follow the privacy practices set forth in this Notice while in effect. If you have any questions about this Notice, wish to exercise your rights, or file a complaint, please direct your inquiries to:

Hill Hill, Inc., A Medical Corporation

Attn: Privacy Officer P.O. Box 715, San Ramon, CA 94583

phone: (925) 327-6682 email: [privacy.officer@hpmg.com](mailto:privacy.officer@hpmg.com)

You may contact your Health Plan or the California Department of Managed Care with your concerns as well. You also have the right to directly complain to the Secretary of the United States Department of Health and Human Services. We will not retaliate against you for filing a complaint against us.

### **Rights Reserved by Hill Physicians Medical Group**

We will use and disclose your PHI to the fullest extent authorized by law. We reserve the rights as expressed in this Notice. We reserve the right to revise our privacy practices consistent with law and make them applicable to all of your PHI that we maintain, regardless of when it was received or created. 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. You may request a copy of the Notice currently in effect at any time. The Notice is also posted on our website at [www.hillphysicians.com](http://www.hillphysicians.com).

### **State-Specific Requirements**

When California law is permitted to impose a more stringent requirement than the federal law, California law will control our use and disclosure of your PHI.

The effective date of this Notice is August 28, 2014 and revised December 9, 2015



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Patient name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

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## Patient Privacy

### PHI messages

I give permission for messages regarding my personal health information to be left at the following number:

Phone number (\_\_\_\_\_) \_\_\_\_\_ Type  home  work  cell

Information shall include:

Any and all personal health information

Limited to the following personal health information: \_\_\_\_\_

I understand that I may revoke this permission any time by notifying Hill Health, Inc., A Medical Corporation in writing of my intention.

### PHI sharing

I give permission for my personal health information to be shared with:

Print Name \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

Phone number (\_\_\_\_\_) \_\_\_\_\_ Type  home  work  cell

Information shall include:

Any and all personal health information

Limited to the following personal health information: \_\_\_\_\_

I understand that I may revoke this permission any time by notifying Hill Health, Inc., A Medical Corporation in writing of my intention.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Relationship to Patient \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_