

Effective Date: 06/29/20

## NOTICE OF PRIVACY PRACTICES

THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

**If you have any questions about this notice, please contact the Privacy Officer at: 805-569-7339.**

### WHO WILL FOLLOW THIS NOTICE

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This Privacy Notice explains our practices and that of: Cottage Urgent Care

In addition to all Cottage Urgent Care entities, sites and locations, the following persons, entities and groups also follow the terms of this Privacy Notice:

- All facilities and employees of Cottage Clinical Network and Cottage Health
- Any health care professional authorized to access or enter information into your medical record including providers and independent contractors.
- All employees, staff and any other clinic personnel.

In addition, these entities, sites and locations may share medical information with each other for treatment, payment or health care operation purposes described in this Privacy Notice. This Privacy Notice will tell you about the ways we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

### OUR PLEDGE

We understand that medical information about you and your health is personal, and we are committed to protecting it. To provide you with quality care and to comply with certain legal requirements, we create a record of the care and services you receive. This Privacy Notice applies to all records of your care generated by our health care providers.

This Privacy Notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of your medical information.

### WE ARE REQUIRED BY LAW TO:

- Make sure that medical information that identifies you is kept private (with certain exceptions);
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

## **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

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The following categories describe different ways we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category is listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**DISCLOSURE AT YOUR REQUEST.** We may disclose information when requested by you. This disclosure at your request may require a written authorization by you.

**FOR TREATMENT.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to hospitals, doctors, nurses, technicians, health care students, medical residents, or other healthcare personnel who are involved in taking 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. Different providers may also share medical information about you in order to coordinate the different things you need for treatment, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside the clinic who may be involved in your medical care. For example, we may give your physician access to your health information to assist your physician in treating you.

**FOR PAYMENT.** We may use and disclose medical information about you so that the treatment and services you receive may be billed to you and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your health insurer information about services you received so the insurer will pay us. We may also tell your health insurer about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

**FOR HEALTH CARE OPERATIONS.** We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to run the clinic and make sure all our patients receive quality care. For example, we may use information in your health record to assess the care and outcomes in your case and others like it in an effort to continually improve the quality and effectiveness of the services we provide. We may also disclose information to doctors, nurses, technicians, students, and other clinical personnel for review and learning purposes. We may also combine the medical information we have with medical information from other providers including hospitals and physician groups to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

**APPOINTMENT REMINDERS.** We may use and disclose medical information to contact you as a

reminder that you have an appointment for treatment or medical care.

**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 PRODUCTS AND SERVICES.** We may use and disclose medical information to tell you about products or services that may be of interest to you.

**FUNDRAISING ACTIVITIES.** We may use information about you, or disclose such information to a foundation related to us or associated organizations, to contact you in an effort to raise money for ongoing operations. In such cases, we would only release contact information, such as your name, address, and phone number and the dates you received treatment or services. You have the right to opt out of receiving fundraising communications. If you receive a fundraising communication, it will tell you how to opt out. You can also send a request to opt out to:

Cottage Health Development Office  
P.O. Box 689  
Santa Barbara, CA 93105

**MARKETING AND SALE.** Most uses and disclosures of medical information for marketing purposes, and disclosures that constitute a sale of medical information, require your authorization.

**TO INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE.** We may release Medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care.

**FOR RESEARCH.** Under certain circumstances, we may use and disclose medical information about you for research purposes. A research project, for example, may involve comparing the health and recovery of all patients who receive one medication to those who received another medication for the same condition. Alternatively, a collaborating researcher may request leftover tissue or blood specimens in order to promote the advancement of science or medicine. Limited patient information may accompany the specimen(s). All research projects are subject to a special approval process through the Institutional Review Board. This approval 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; but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the organization and the Institutional Review Board has approved such activity.

**AS REQUIRED BY LAW.** We will disclose medical information about you when required to do so by federal, state, or local law.

**TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY.** We may use and disclose medical information about you 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.

## **SPECIAL SITUATIONS**

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**ORGAN AND TISSUE DONATION.** To conform to applicable laws, we may release medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation, or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**MILITARY AND VETERANS.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

**WORKERS' COMPENSATION.** In conjunction with applicable laws, we may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

**PUBLIC HEALTH ACTIVITIES.** In conformity with applicable laws, we may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury, or disability;
- To report the abuse or neglect of children, elders and dependent adults;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree to it or if mandated or authorized by law;
- To notify emergency response employees regarding possible exposure to HIV/AIDS, to the extent necessary to comply with state and federal laws.

**HEALTH OVERSIGHT ACTIVITIES.** In accordance with applicable laws, we may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**LAWSUITS AND DISPUTES.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include a written notice to you) or to obtain an order protecting the information requested.

**LAW ENFORCEMENT.** To conform to applicable laws, we may release medical information if asked to do so by law enforcement officials. For all other Law Enforcement situations, we may release medical information:

- To identify or locate a suspect, fugitive, material witness, or missing person;

- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About criminal conduct at the clinic; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES.** In compliance with applicable laws, we may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**PROTECTIVE SERVICES FOR THE PRESIDENT AND OTHERS.** In accordance with applicable laws, we may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state or conduct special investigations.

**SECURITY CLEARANCES.** We may use medical information about you to make decisions regarding your medical suitability for a security clearance or service abroad. We may also release your medical suitability determination to the officials in the U.S. Department of State who need access to that information for these purposes.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

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You have the following rights regarding medical information we maintain about you.

**RIGHT TO INSPECT AND COPY.** You have the right to inspect and copy medical information that may be used to make decisions about your care. To inspect and obtain a copy of medical information that may be used to make decisions about you, you must submit your request in writing to:

Cottage Health  
Health Information Management Department  
P.O. Box 689  
Santa Barbara, CA 93105

If you request a copy of the information, we may charge a fee for the costs of copying, mailing or any other supplies associated with your request.

We reserve the right to deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional will review your request and the denial. The person conducting the review will not be the person who denied your request and we will comply with the outcome of the review.

**RIGHT TO AMEND.** If you feel that the medical information we have about you is incorrect or incomplete, you may ask us to correct or amend the information. You have the right to request an amendment for as long as the information is kept by or for the clinic. To request an amendment, submit your written request to:

Cottage Health  
Health Information Management Department  
P.O. Box 689

Santa Barbara, CA 93105

You must include the reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the clinic;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Even if we deny your request for amendment, you have the right to submit a written addendum. This addendum, which shall not exceed 250 words, will refer to any item or statement in your record that you believe is incomplete or incorrect. If you clearly indicate in writing that you want the addendum to be made part of your medical record, we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect.

**HEALTH INFORMATION EXCHANGE.** “Health Information Exchange” is the sharing of healthcare information electronically among doctors, hospitals and other healthcare providers within a region or community. If permitted by law, we may share basic identifying and medical information about you with other health care providers through a health information exchange.

**RIGHT TO AN ACCOUNTING OF DISCLOSURES.** You have the right to request an “accounting of disclosures”. This is a list of the disclosures that were made about your medical information that did not pertain to our own use for treatment, payment and health care operations (as described above) and with other exceptions pursuant to the law. To request this list or accounting of disclosures, you must submit your request in writing to:

Cottage Health  
Health Information Management Department  
P.O. Box 689  
Santa Barbara, CA 93105

- Your request must state a time period that extends no more than six years from the current date. Your request should indicate in what form you want the list (for example, on paper or electronically).
- The first list you request within a 12-month period will be free. For any additional requests, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

We will notify you as required by law following any breach of your protected health information.

**RIGHT TO REQUEST RESTRICTIONS.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

**We are not required to agree to your request, except to the extent that you request us to restrict disclosure to a health plan or insurer for payment or health care operations purposes if you, or someone else on your behalf (other than the health plan or insurer), has paid for the item or service out of pocket in full. Even if you request this special restriction, we can disclose the information to a health plan or insurer for purposes of treating you.**

If we agree to another special restriction, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to:

Cottage Health  
Health Information Management Department  
P.O. Box 689  
Santa Barbara, CA 93105

In your request, you must tell us: 1) what information you want to limit; 2) whether you want to limit our use, disclosure or both; 3) to whom you want these limits to apply, for example, disclosures to your spouse.

**RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by e-mail. To request confidential communications, you must make your request in writing to:

Cottage Health  
Health Information Management Department  
P.O. Box 689  
Santa Barbara, CA 93105

We will not ask you the reason for your request, and we will accommodate all reasonable requests. Your request must specify where and how you wish to be contacted.

**RIGHT TO A PAPER COPY OF THIS PRIVACY NOTICE.** You have the right to a paper copy of this Privacy Notice. You may ask us to give you a copy of this Privacy Notice at any time. Even if you have agreed to receive this Privacy Notice electronically, you are still also entitled to a paper copy.

You may obtain a copy of this Privacy Notice at our website: [cottagehealth.org/urgentcare](http://cottagehealth.org/urgentcare)

To obtain a paper copy of this Privacy Notice, please contact the clinic or the Cottage

Health Admitting Department at:

Cottage Health  
Admitting Department  
P.O. Box 689  
Santa Barbara, CA 93105  
(805) 682-7111 ext. 53692

**OTHER USES OF MEDICAL INFORMATION.** Other uses and disclosures of medical information that are not covered by this Privacy Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, this permission may be revoked at any time in writing. If you revoke your permission, this will stop any further use or disclosure of your medical information for the purposes covered by your written authorization. Please understand and acknowledge that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

**CHANGES TO THIS NOTICE.** Cottage Urgent Care reserves the right to change this notice. We reserve the right to make the revised or changed notice effective for medical 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 in the clinics. The notice will contain the effective date on the first page, in the top right-hand corner. In addition, each time you are seen for treatment or health care services we will make a copy of the current notice in effect available to you.

**Complaints: If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with us, contact the Cottage Health Privacy Officer at:**

Cottage Health  
Compliance Department  
P.O. Box 689  
Santa Barbara, CA 93105  
(805) 569-7339

**YOU WILL NOT BE PENALIZED FOR FILING A COMPLAINT.**

**Original Effective Date: September 1, 2013**  
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