

Notice of Privacy Practices

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.

The Health Insurance Portability and Accountability Act of 1996 (HIPPA) requires health providers to implement privacy practices designed to protect the confidentiality of the health information of covered individuals. This notice pertains to the privacy of health information created, received or maintained by Glow Health Medical Clinic. Glow Health Medical Clinic is required by law to maintain the privacy of your health information, and to provide you with notice of its legal duties and privacy practices with respect to your health information.

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Other uses and disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers compensation, law enforcement, and other government requests, respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights to some of your responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost based fee.

Ask us to correct health and claims records

- You could ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but will tell you why in writing within 30 days.

Request confidential communications

- You could ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

Get a list of those with whom we've shared information

- You could ask for a list of the times we've shared your health information for six years prior to the date you asked, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures. We'll provide one accounting year for free but will charge a reasonable, cost based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a copy of this notice at anytime, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

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 make sure the person has this authority and can act for you before we take any action.

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File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page one.
- You can file a complaint with the US Department of Health and Human Services office for Civil Rights by sending a letter to 200 Independence Ave, S.W., Washington, DC 20201, calling 1-877-696-6775, or visiting: [www.hhs.gov\ OCR\ privacy\HIPAA\ complaints](http://www.hhs.gov/OCR/privacy/HIPAA/complaints)
- We will not retaliate against you for filing a complaint.

Your choices

- For certain health information, You can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.
- In these cases, you have both the right and choice to tell us to:share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to your health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

How do we typically use or share your health information?

We typically use or share your health information in the following ways

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: a doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone's health or safety

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Do research

We can use or share your information for health research period

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.

Respond to organ and tissue donation requests and work with medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers compensation, law enforcement, and other government requests

- We can use or share health information about you:
- For workers compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Changes to this notice

Glow Health Medical Clinic reserves the right to change the terms of this notice at any time. If the notice is revised, a copy of the revised notice will be distributed to you. The provisions of the new notice will apply to all health information thereafter maintained by Glow Health Medical Clinic. Until such a time as a notice is revised, Glow Health Medical Clinic is required by law to abide by the terms of the current version of the notice.



Notice of Privacy Practices

Contact office

If you have any questions, or wish to make a request, regarding the matters covered by this notice, please contact;

Glow Health Medical Clinic
415-287-2920
info@glowhmc.com

Effective date of this notice

This notice is effective as of November 2022