AltaMed Health Network, Inc.

Notice of Privacy Practices

This Notice of Privacy Practices ("Notice") describes how your protected health information ("PHI") may be used and disclosed, and how you can get access to your information.

KNOW YOUR PRIVACY RIGHTS

When it comes to your PHI, you have the right to:

- **Review and get a copy of your health and claim records.**
- **Ask us to correct health and claim records.**
- **Request confidential communications.**
- **Ask us to limit what we use or share.**
- **Get a list of those with whom we shared information.**
- **Get a copy of this privacy notice.**
- **Choose someone to act for you.**
- **File a complaint if you feel your rights are violated.**

OUR COMMITMENT

AltaMed Health Network, Inc. ("AHN") is dedicated to safeguarding the confidentiality of your PHI. We implement a range of physical, technical, and administrative safeguards, and our workforce members are trained to follow our privacy and security processes. We will promptly notify you about any breach (unauthorized use) of unsecured PHI that affects you.

HOW DO WE USE AND SHARE YOUR PHI?

AHN receives PHI from various sources, including from you, your health care providers, and from State, Federal, and local agencies. The PHI we use, and share includes, but is not limited to, your name, address, email, telephone numbers, health history, and the cost of/payment for your care in the following ways:

- **Manage your health care treatment:** We can use and share your PHI with providers who are treating you for care coordination, care management, treatment, and other services related to your care.

- **Pay for your health services:** We can use and share your information with health care providers, other health plans and insurers, and payers to process payment requests and pay for the costs of health care services provided to you.

- **Run our organization:** We can use and share your information to run our organization and contact you when necessary. For example, we may need your information for audits, quality improvement, case management, fraud prevention, and general day-to-day functions.

OTHER PERMITTED OR REQUIRED DISCLOSURE OF YOUR PHI

In addition, there are situations where we are legally allowed or obligated to reveal your PHI. These disclosures play a crucial role in safeguarding public health, ensuring safety, and meeting our legal responsibilities. Some examples of such permitted or required disclosures include:

- **Communicate with individuals involved in your care or payment for your care:** We may share your PHI with designated family members or friends who are involved in decisions regarding your care, payment for care, or during emergency situations. However, you have the right to request that AHN not share certain or all of your information. To make such request, please contact our Compliance and Privacy Officer at compliance@altamedhn.com.

- **Help with public health and safety issues:**
  We are authorized to share your PHI to -
  - Prevent disease.
  - Assist in product recall processes.
  - Report adverse reactions to medications.
  - Report suspected abuse, neglect, or domestic violence.
  - Prevent or reduce serious threats to anyone's health or safety.

- **Comply with the law:** If required by state or federal laws, we will disclose information about you, which may include sharing it with the Department of Health and Human Services to ensure compliance with federal privacy regulations.

- **Respond to organ and tissue donation requests and work with a medical examiner or funeral director:**
  - We are authorized to share your PHI with organ procurement organizations.
  - In the unfortunate event of an individual's death, we can share health information with a coroner, medical examiner, or funeral director.

- **Address workers' compensation, law enforcement, and other government requests:**
  We may use or share your PHI in the following circumstances -
  - For workers' compensation claims.
  - For law enforcement purposes or when required by a law enforcement official.
  - With health oversight agencies for authorized activities as permitted by law.
  - For special government functions, such as military, national security, and presidential protective services.

- **Respond to lawsuits and legal actions:** If we receive a court or administrative order, or are presented with a subpoena, we may disclose health information about you in compliance with the legal requirements.

WRITTEN PERMISSION

If AHN wants to use or share your PHI for a purpose other than what is outlined in this notice, we will obtain your written permission beforehand.

Note: There is some PHI that requires special handling and additional protection. This type of PHI includes, but is not limited to, certain types of mental health care treatment or treatment of developmental disabilities; treatment for drug/alcohol abuse; or treatment for HIV/AIDS. Additionally, this protection extends to information related to the treatment of minors that have the right to consent to certain services under Minor Consent Laws. For use or disclosure of this type of PHI, your authorization to release this information may be needed.

If you grant your permission, you have the right to revoke it at any time by providing a written request. While we are unable to reverse any actions already taken in using or sharing your PHI with your prior permission, we will respect your cancellation request and stop any further use or sharing of your PHI after the date we process your request.

DETAILS OF YOUR PHI PRIVACY RIGHTS

- **Review and get a copy of your health and claim records:**
  - You can ask to see or get an electronic or paper copy of your PHI and claim records and other health information we have about you.
  - We may charge a reasonable, cost-based fee for providing you with your health records.

- We may deny your request to inspect or obtain certain information and records as allowed by law. If your request is denied, you have the right to request a review of the decision.
- Please note that AHN does not retain complete copies of your medical records. If you would like to review, obtain a copy of, or make any changes to your medical records, we kindly request that you reach out to your doctor or clinic directly.

- **Ask us to correct health and claim records:**
  - If you believe that certain health information about you is incorrect or incomplete, you have the right to request its correction.
  - If your request for correction or addition to your PHI is approved, we will promptly update your records accordingly. If we are unable to fulfill your request, we will provide a written explanation within 60 days with the reasons for our decision. Additionally, we will inform you of your right to submit a written statement of disagreement.
  - Please note that we cannot modify records that were not created or maintained by AHN, those that are not part of your health record, or those that have been collected for legal purposes.
  - We cannot change information that is determined to be accurate and complete.

- **Request confidential communications:**
  - You have the right to request that AHN communicates with you only through specific channels such as email, text message, or telephone. You can specify a different address or post office box for receiving written communications.
  - We will accommodate all reasonable requests that are necessary to ensure your safety.

- **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.
    - If you are receiving telehealth services from a third-party telehealth services provider, you have the right to request that the records from the third-party telehealth services provider not be shared with your PCP.
  - We are not required to agree to your request, and we may decline if it would adversely impact your care. However, in cases where you have paid for a service or item out of pocket in full, we will restrict the use or disclosure of PHI for payment or health care operations to a health plan.

- **Get a list of those with whom we shared information:**
  - You have the right to request a list of the instances when we shared your health information, including the recipients and a brief explanation of the purpose. This list will cover the period you specify, up to a maximum of six (6) years preceding your written request.
  - The provided list will include all disclosures, except for those related to treatment, payment, health care operations, and certain other exceptions, such as disclosures made with your consent or shared directly with you.
  - We will provide you with one accounting of disclosures per year at no cost. For any additional requests beyond the yearly free accounting, we may charge a reasonable fee.

- **Get a copy of this privacy notice:**
  - We will gladly provide you with a printed copy of this Notice upon your request, even if you have previously agreed to receive it electronically.
  - An electronic version of this Notice is on our website at www.altamedhn.com.

- **Choose someone to act for you:**
  - You have the right to authorize someone to act for you. You may authorize this person in an Authorization of Representation or Advance Health Care Directive. If you have granted medical power of attorney to someone or if there is a legal guardian appointed for you, that individual has the authority to exercise your rights and make decisions regarding your health information.
  - Before taking any action, we will ensure that the designated person have the necessary authority and can act on your behalf, adhering to the appropriate legal procedures.

- **File a complaint if you feel your rights are violated:**
  - If you believe that we have violated your rights, you have the right to submit a complaint. You may submit a complaint about your provider or about AHN or your health plan. We will not engage in any form of retaliation against you if you file a complaint.
  - You have the option to file a complaint with AHN, your health plan, the federal Office for Civil Rights, or the California's Department of Health Care Services. See *Complaints/Questions* section below for more detailed information.

HOW TO CONTACT US TO USE YOUR RIGHTS

If you want to use any of the privacy rights explained in this Notice, or if you have any questions or requests for additional information, please call, or write to AHN at:

AltaMed Health Network, Inc.
Attention: Office of Compliance and Privacy
1401 N. Montebello Blvd., Montebello, CA 90640
1-213-513-4272
888-301-5197
compliance@altamedhn.com

COMPLAINTS/QUESTIONS

If you believe that your privacy has not been adequately protected, you have the right to complain. To file a complaint (also known as a grievance), please contact us at:

AltaMed Health Network, Inc.
Attention: Office of Compliance and Privacy
1401 N. Montebello Blvd., Montebello, CA 90640
1-213-513-4272
888-301-5197
compliance@altamedhn.com

You also have the right to complain to your health plan directly. To file a complaint with your health plan, please contact:

Blue Shield of California Promise Health Plan
Attention: Privacy Office
P.O. Box 272540
Chico, CA 95927-2540
1-800-605-2556 (TTY: 711)
privacy@blueshieldca.com
Blue Shield Promise Medi-Cal Grievance Form

CalOptima Health
Attention: Privacy Officer
505 City Parkway West,
Orange, CA 92868
1-888-587-8088 (TTY: 711)

Or

CalOptima Health's Customer Service
1-714-246-8500
Toll free at 1-888-587-8088 (TTY: 711)
Grievance and Appeal Form (caloptima.org)

Health Net of California, Inc.
Attention: Privacy Official
P.O. Box 9103
Van Nuys, CA 91409
1-800-522-0088
Privacy@healthnet.com
Health Net Medi-Cal Grievance and Appeal Form

L.A. Care Health Plan
1055 West 7th Street, 10th Floor
Los Angeles, CA 90017
1-888-839-9909 (TTY: 711)
LA Care Grievance and Appeal Form

Molina Healthcare of California
Attention: Manager of Member Services
200 Oceangate - Suite 100
Long Beach, CA 90802
Phone: 1-888-665-4621

Or you may contact the agencies below:

U.S. Department of Health and Human Services
Office for Civil Rights
Attention: Regional Manager
90 7th Street, Suite 4-100
San Francisco, CA 94103
Email: OCRComplaint@hhs.gov
Phone: 1-800-368-1019 (TTY: 1-800-537-7697)
Fax: 1-202-619-3818
Or go to the Health and Human Services website.

California Department of Health Care Services
Office of HIPAA Compliance

Attention: Privacy Officer
1501 Capitol Avenue, MS0010
P.O. Box 997413
Sacramento, CA 95899-7413
Email: privacyofficer@dhcs.ca.gov
Phone: 1-916-445-4646
Fax: 1-916-440-7680
Or go to the DHCS website.

USE YOUR RIGHTS WITHOUT FEAR

We will not retaliate against you if decide to file a complaint about our privacy practices. Your feedback is valuable to us, and we are committed to addressing any concerns you may have regarding the privacy of your information.

CHANGES TO THE TERMS OF THIS NOTICE

AHN adheres to all the privacy practices outlined in this Notice. We also have the right to modify these practices at any time and without prior notice. In the event of significant changes, we will update the notice and notify you. The updated notice will also be posted on our website at www.altamedhn.com.