

CHARLES B. WANG COMMUNITY HEALTH CENTER

NOTICE OF PRIVACY PRACTICES

Your Rights

Get an electronic or paper copy of your medical record

You can ask to see or get an electronic or paper copy of your medical record 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 information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

You can 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 say “yes” to all reasonable requests.

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. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

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

You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, 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 (such as any you asked us to make). We’ll provide one accounting a 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 paper copy of this notice at any time, 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.

File a complaint if you feel your rights are violated

You can complain if you feel we have violated your rights by contacting our privacy officer (see information below). You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

Your Choices

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 your care
- ◆ Include your information in a hospital directory
- ◆ Share information in a disaster relief situation

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

- ◆ Marketing purposes
- ◆ Sale of your information
- ◆ Most sharing of psychotherapy notes

In the case of fundraising:

We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

Treat you:

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

Run our organization:

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Bill for your services:

We can use and share your health information to bill and get payment from health plans or other entities.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research.

We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

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 suspected abuse, neglect, or domestic violence
- ◆ Reporting adverse reactions to medications
- ◆ Preventing or reducing a serious threat to anyone’s health or safety

Do research:

We can use or share your information for health research.

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’re complying with federal privacy law.

Respond to organ and tissue donation requests:

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director:

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
- ◆ With health oversight agencies for activities authorized by law
- ◆ For law enforcement purposes or with a law enforcement official
- ◆ 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.

王嘉廉社區醫療中心

隱私條款通知書

您的權利

獲得一份您的電子醫療記錄或副本

您可以要求查閱我們所擁有您的醫療記錄和其他健康資料，或獲得一份電子或打印副本。請向我們查詢申請程序。通常在您提出要求的30天內，我們便會提供一份您的健康資料概覽或副本。我們可能會收取一筆合理和基於成本的費用。

要求我們更改您的醫療記錄

您可以要求我們修改您認為不正確或不完整的健康資料。請向我們查詢手續。我們可以拒絕您的修改要求，但我們會在60天內以書面形式告訴您原因。

要求通訊保密

您可以要求我們以特定方式與您聯繫（例如住家或辦公電話）或發送郵件到不同的地址。我們會答允所有合理的要求。

要求我們限制使用或共用資料

您可以要求我們不使用或共用某些健康資料，以作為治療、付款或我們的營運之用。但我們並非一定要接受您的要求，如果它會影響到您的治療我們便會拒絕。如果您完全自費支付一個服務或醫療項目，您可以要求我們不要因收費或應運而向您的保險公司共用您的健康資料。我們會答允除非法律要求否則我們不會共用該資料。

獲得一份與我們共用您資料的單位列表

您可以索取一份提交日期起計六年內，我們曾經共用您健康資料的列表（清單），包括與誰共用、為何共用。我們會包括所有的透露，除了有關治療、付款和醫療營運、以及若干其他方面的透露（例如因應您對我們所提出之要求）。每年我們將提供一份免費的會計報表，但如果您在12個月內索取額外一份，我們會收取一筆合理和基於成本的費用。

索取此隱私通知書的副本

您可以在任何時候索取本通知書的副本，即使您已經同意以電子方式接收通知書。我們將盡快為您提供一份副本。

選擇一個代理人

如果您給予某人醫療授權書或某人是您的法定監護人，這個人便可以行使您的權利，並對您的健康資料作出選擇。我們在採取任何行動之前，會先確保此人擁有該權限及能夠代您處理。

如果您認為權利受到侵犯可提出投訴

如果您認為我們侵犯了您的權利，您可以提出投訴，請與我們的隱私專員聯繫（請參閱下面聯繫資料）。您可以寄信到聯邦衛生部轄下的民權辦公室投訴，地址：200 Independence Avenue, S.W., Washington, D.C. 20201或致電：1-877-696-6775或瀏覽網站：www.hhs.gov/ocr/privacy/hipaa/complaints/。我們不會因你的投訴。而作出報復。

您的選擇

在這些情況下，您有權利和選擇要求我們：

- 與您的家人、親友、或其他涉及您醫療的人共用資料
- 在救災情況下共用資料
- 將您的資料列入醫院通訊錄

在以下情況，我們絕對不會共用您的資料，除非獲得您的書面許可：

- 推廣目的
- 出售您的資料
- 大部份的心理治療筆記

在籌款情況下：我們可能會因為籌款與您聯繫，但您可以告訴我們不要再與您聯繫。

我們的使用和透露

治療您：我們可以使用您的健康資料，並與其他治療您的專業人員共用。

我們機構的運作：我們可以使用和共用您的健康資料來處理我們醫療事務的運作，改善對您的護理，並在必要時與您聯繫。

您的服務收費：我們可以使用和共用您的健康資料，向健保計劃或其他機構發出帳單和收取費用。

我們還能如何使用或共用您的健康資料？

我們並獲准或必須在其他情況下共用您的資料—通常是有助於公眾利益，例如公共健康和研究。但在因為這些目的而共用您的資料之前，我們必須先符合許多法律上的條件。如欲瞭解更多資料，請參閱：

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html。

幫助公共健康和安全問題

在某些情況下，我們可以共用您的健康資料：

- 預防疾病
- 幫助召回產品
- 藥物不良反應報告
- 疑似虐待、疏忽、或家暴報告
- 預防或減輕對任何人的嚴重健康或安全威脅

進行研究：我們可以使用或共用您的資料作醫療研究之用。

遵守有關法律規定：如果州或聯邦法律要求，包括若衛生及公共服務部要求審查我們是否遵守聯邦隱私法，我們便會共用您的資料。

回應您的器官和組織捐贈要求：我們可以與器官捐贈機構共用您的健康資料。

聯繫法醫或殯儀人員：當一個人死亡，我們可以與驗屍官、法醫或殯儀人員共用其健康資料。

處理勞工賠償、執法和其他政府要求

在以下情況，我們可以使用或共用您的健康資料：

- 勞工保險索賠
- 交予健康監督機構處理法律授權事宜
- 因應執法目的或交予執法人員
- 特殊政府功能例如軍事、國家安全、和總統保護服務

應對訴訟和法律行動：若收到法院或行政命令或者傳票，我們也可以共用關於您的健康資料。