



## Notice of Privacy Practices

**THIS NOTICE DESCRIBES HOW MEDICAL AND FINANCIAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY COVENANT CARE CALIFORNIA, LLC AND ITS SUBSIDIARIES; AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.**

### PURPOSE OF THIS NOTICE

We must provide this notice to each patient. We must make a good faith effort to obtain written acknowledgment of receipt of this notice from each patient. We must have this notice available at the facility for patients to request to take with them. We must post the notice in our office in a clear and prominent location to be reviewed by the patient. This notice is also available on our website at [www.covenantcare.com](http://www.covenantcare.com). Covenant Care California, LLC and Its Subsidiaries (CC) is committed to maintaining your health and financial information in a private and confidential manner. This Notice will give you information regarding our privacy practices. This notice applies to all of your health and financial information maintained in our facility and includes any information that we receive from other health care providers or facilities. The Notice describes the ways in which we may use or disclose your health and financial information and also describes your rights and our obligations concerning such uses or disclosures.

### OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the **privacy and security** of your protected health and financial information. We are also required to give you this Notice about our **privacy** practices, our legal duties, and your rights concerning your health and financial information. We must follow the **privacy** practices that are described in this Notice while it is in effect. This Notice takes effect immediately and will remain in effect until we replace it.

We reserve the right to change our **privacy** practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our **privacy** practices and the new terms of our Notice effective for all health and financial information that we maintain, including health and financial information we created or received before we made the changes. Before we make a significant change in our **privacy** practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our **privacy** practices, or for additional copies of this Notice, please contact us.

## USES AND DISCLOSURES OF HEALTH AND FINANCIAL INFORMATION FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

1. **Treatment, Payment, and Health Care Operations.** The following section describes different ways that we may use and disclose your health and financial information for purposes of treatment, payment, and health care operations. We have not listed every type of use or disclosure, but the ways in which we use or disclose your information will fall under one of these purposes.
  - a. **Treatment.** We may use your health and financial information to provide you with health care treatment and services. We may disclose your health and financial information to doctors, dentists, nurses, dental hygienists, dental assistants, technicians, or other personnel who are involved in your health care.
  - b. **Payment.** We may use or disclose your health and financial information so that we may bill and receive payment from you, an insurance company, or another third party for the healthcare services you receive from us. We also may disclose health and financial information about you to your health plan in order to obtain prior approval for the services we provide to you, or to determine that your health plan will pay for the treatment.
  - c. **Health Care Operations.** We may use and disclose your health and financial information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing, or credentialing activities.
  - d. **Facility Operations.** We may display and/or post within the facility or on the facility/company website, names, photographs, films, videotapes, and/or audio recordings taken or made by the company. The above may only be used by the corporation and/or facility in publications or postings as issued by the corporation, facility or subsidiaries.

## USES AND DISCLOSURES OF HEALTH AND FINANCIAL INFORMATION IN SPECIAL SITUATIONS

1. **Appointment Reminders.** We may use or disclose your health information for purposes of contacting you to remind you of a health care appointment (i.e., voicemail messages, postcards, email, or letters).
2. **Family Members and Friends.** We may disclose your health and financial information to individuals, such as family and friends, who are involved in your care or who help pay for your care. We may make such disclosure when: (a) we have your verbal agreement to do so; (b) we make such disclosures, and you do not object, or (c) we can infer from the circumstances that you would not object to such disclosures. For example, if your spouse comes into the exam room with you, we will assume that you agree to our disclosure of your information while your spouse is present in the room. We also may disclose your health and financial information to family members or friends in instances when you are unable to agree or object to such disclosures, provided that we feel it is in your best interest to make such disclosures and the disclosures relate to that family member or friend's involvement in your care.

3. **Business associates.** Some of the services we provide are performed through contractual relationships with outside parties or business associates. These services may include (but are not limited to) financial, auditing, and legal. We make efforts to only provide business associates with the minimum necessary amount of PHI to carry out their contractual duties. All business associate contracts restrict the ability of the business associate to further use or disclose your PHI so that it is appropriately safeguarded.
4. **Individuals in custody.** If you are an inmate of a correctional institution or in the custody of a law enforcement official, we may disclose your PHI to the respective correctional institution or law enforcement official in accord with applicable laws, rules, regulations and our policies.
5. **Hospital directory.** Unless you tell us not to, we will include certain information about you in the hospital directory if you are admitted to one of our hospitals. This information may include your name, your location in the hospital, your general condition, your religious affiliation and whether you wish to have our spiritual care chaplains visit you. This information may also be disclosed to people who ask for you by names such as your relatives, friends, and the media. Your religious affiliation may be given to community clergy even if they don't ask for you by name. You may opt of participating in the Hospital Directory at the time of admission or anytime thereafter.

## **OTHER PERMITTED OR REQUIRED USES AND DISCLOSURES OF HEALTH AND FINANCIAL INFORMATION**

There are certain instances in which we may be required or permitted by law to use or disclose your health and financial information without your permission. These instances are as follows:

1. **As required by law.** We may disclose your health and financial information when required by federal, state, or local law to do so. For example, we are required by the Department of Health and Human Services (DHHS) to disclose your health and financial information in order to allow DHHS to evaluate whether we are following federal privacy regulations.
2. **Public Health and Safety Activities.** We may disclose your health and financial information to public health authorities authorized by law to receive and collect health information for the purpose of preventing or controlling disease, injury, or disability; to report births, deaths, suspected abuse, neglect, or domestic violence, reactions to medications, or to facilitate product recalls.
3. **Health Oversight Activities.** We may disclose your health and financial information to a health oversight agency that is authorized by law to conduct health oversight activities, including audits, investigations, inspections, or licensure and certification surveys. These activities are necessary for the government to monitor the persons or organizations that provide health care to individuals and to ensure compliance with applicable state and federal laws and regulations.
4. **Judicial or administrative proceedings.** We may disclose your health and financial information to courts or administrative agencies charged with the authority to hear and resolve lawsuits or disputes. We may disclose your health and financial information pursuant to a court order, a subpoena, a discovery request, or other lawful process issued by a judge or other person involved in the dispute, but only if efforts have been made to (i) notify you of the request for disclosure or (ii) obtain an order protecting your health and financial information.

5. **Worker's Compensation.** We may disclose your health and financial information to worker's compensation programs when your health condition arises out of a work-related illness or injury.
6. **Law Enforcement Official.** We may disclose your health and financial information in response to a request received from a law enforcement official to report criminal activity or to respond to a subpoena, court order, warrant, summons, or similar process.
7. **Coroners, Medical Examiners, or Funeral Directors.** We may disclose your health information to a coroner or medical examiner for the purpose of identifying a deceased individual or to determine the cause of death. We also may disclose your health information to a funeral director for the purpose of carrying out necessary activities.
8. **Organ Procurement Organizations or Tissue Banks.** If you are an organ donor, we may disclose your health and financial information to organizations that handle organ procurement, transplantation, or tissue banking for the purpose of facilitating organ or tissue donation or transplantation.
9. **Research.** We may use or disclose your health information for research purposes under certain limited circumstances. Because all research projects are subject to a special approval process, we will not use or disclose your health information for research purposes until the particular research project for which your health information may be used or disclosed has been approved through this special approval process. However, we may use or disclose your health information to individuals preparing to conduct the research project in order to assist them in identifying patients with specific health care needs who may qualify to participate in the research project. Any use or disclosure of your health information that is done for the purpose of identifying qualified participants will be conducted onsite at our facility. In most instances, we will ask for your specific permission to use or disclose your health information if the researcher will have access to your name, address, or other identifying information.
10. **To Avert a Serious Threat to Health or Safety.** We may use or disclose your health information when necessary to prevent a serious threat to the health or safety of you or other individuals.
11. **Military and Veterans.** If you are a member of the armed forces, we may use or disclose your health and financial information as required by military command authorities.
12. **National Security and Intelligence Activities.** We may use or disclose your health and financial information to authorized federal officials for purposes of intelligence, counterintelligence, and other national security activities, as authorized by law.

## **USES AND DISCLOSURES PURSUANT TO YOUR WRITTEN AUTHORIZATION**

Except for the purposes identified above, we will not use or disclose your health and financial information for any other purposes unless we have your specific written authorization for such uses and disclosures, including but not limited to, most uses and disclosures of psychotherapy notes; uses and disclosures of your Protected Health Information for marketing purposes, including subsidized treatment communications; and uses disclosures that constitute a sale of your Protected Health Information. For these purposes and other uses and disclosures not described in this Notice of Privacy Practices, we will not use or disclose your Protected Health Information without your written authorization. You have the right to revoke a written authorization at any time as long as you do so in writing. If you revoke your authorization, we will no longer use or disclose your health and financial information for the purposes identified

in the authorization, except to the extent that we have already taken some action in reliance upon your authorization.

## **YOUR RIGHTS REGARDING YOUR HEALTH AND FINANCIAL INFORMATION**

You have the following rights regarding your health and financial information. You may exercise each of these rights, in writing, by providing us with a completed form that you can obtain from our office. In some instances, we may charge you for the cost(s) associated with providing you with the requested information. Additional information regarding how to exercise your rights, and the associated costs can be obtained from our office.

- 1. Right to Inspect and Copy.** You have the right to inspect and copy health and financial information that may be used to make decisions about your care. We may deny your request to inspect and copy your health and financial information in certain limited circumstances. If you are denied access to your health and financial information, you may request that the denial be reviewed. To access your medical information, you must submit a written request detailing what information you want access to and whether you want to inspect it or get a copy (paper or electronic). To request your medical information, call or write the Medical Records Department of the servicing facility or contact our Privacy Officer (information at the end of this Notice). If you request a copy of your information, we will charge you for our costs to copy the information. We will tell you in advance what this copying will cost. You can look at your record at no cost.
- 2. Right to Amend.** You have the right to request an amendment of your health and financial information that is maintained by or for our office and is used to make health care decisions about you. We may deny your request if it is not submitted correctly or does not include a reason to support your request. We may also deny your request if the information sought to be amended: (a) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (b) is not part of the information that is kept by or for our office; (c) is not part of the information which you are permitted to inspect and copy; or (d) is accurate and complete. If we decline such request, we will tell you why in writing within 60 days.
- 3. Right to an Accounting of Disclosures.** You have the right to request an accounting of the disclosures of your health and financial information made by us. This accounting will not include disclosures of health and financial information made for purposes of treatment, payment, or health care operations pursuant to a written authorization you've signed.
- 4. Right to Request Restrictions.** You have the right to request a restriction or limitation on the health and financial 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 health and financial information we disclose about you to someone, such as a family member or friend, who is involved in your care or in the payment of your care. For example, you could ask that we not use or disclose information regarding a particular treatment that you received. We are not required to agree to your request. If we do agree, that agreement must be in writing and signed by you and us.
- 5. Right to Request Restrictions to a Health Plan.** You have the right to request restrictions of your Protected Health Information that we disclose to a health plan if the disclosure is for payment or health care operations and pertains to a health care item or service for which you have paid out of pocket in full.
- 6. Right to Request Confidential Communications.** You have the right to request that we

communicate with you about your health care in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

7. **Right to opt-out of Fundraising.** You have the right to opt-out of receiving fundraising communications from Covenant Care.
8. **Right to be Notified of a Breach.** You have the right to be notified following a breach of your unsecured Protected Health Information. You will be notified in the event a breach may have compromised the privacy or security of your information. Covenant Care takes very seriously the privacy of your Protected Health Information and has policies and procedures in place to protect this information; however, should a breach of your Protected Health Information occur, Covenant Care will send you a notification in accordance with all State and Federal Regulations.
9. **Right to a Paper Copy of this Notice.** You have the right to receive a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper of this Notice.

## **QUESTIONS OR COMPLAINTS**

If you have any questions regarding this Notice or wish to receive additional information about our privacy practices, please contact our Privacy Officer at the address below. If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of DHHS. To file a complaint with our office, contact our Privacy Officer at the address below. All complaints must be submitted in writing.

**Covenant Care California, LLC**

**c/o Privacy Officer**

**120 Vantis Drive, Suite 200**

**Aliso Viejo, CA 92656**

**Phone Number: (949) 349 – 1200 / Email: [Compliance.covenantcare.com](mailto:Compliance.covenantcare.com)**

**If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:**

U.S. Department of Health and Human Services / Office for Civil Rights

Phone Number: 1-800-368-1019, TDD: 1-800-537-7697 / Email: [OCRMail@hhs.gov](mailto:OCRMail@hhs.gov)

**Your complaint must:**

- Be filed in writing by mail, fax, e-mail, or via the OCR Complaint Portal
- Name the covered entity or business associate involved, and describe the acts or omissions, you believed violated requirements of the Privacy, Security, or Breach Notification Rules
- Be filed within 180 days of when you knew that the act or omission complained of occurred. OCR may extend the 180-day period if you can show "good cause."

## **HIPAA Prohibits Retaliation**

Under HIPAA, an entity cannot retaliate against you for filing a complaint. You should notify OCR immediately in the event of any retaliatory action. How to File a Health Information Privacy or Security Complaint: <https://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html>

## **EFFECTIVE DATE OF THIS NOTICE:**

This Notice is effective January 15, 2023.