



Newport Urgent Care Notice of Privacy Practices

In this document, you will find information regarding the Health Insurance Portability and Accountability Act (HIPAA) and how it affects your rights as a valued patient at Newport Urgent Care.

This notice describes Newport Urgent Care's privacy practices and that of:

- Any healthcare professional authorized to enter information into your medical chart
- All employees, staff and other Newport Urgent Care personnel
- All Newport Urgent Care off-site services

All these entities, sites and locations are required to abide by the terms of the notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or healthcare operations' purposes described in this notice.

We understand that medical information about you and your health is personal and we are committed to protecting it. We create a record of the care and services you receive at the urgent care. We need this record to provide you with quality care and to comply with certain legal requirements. This notice is required by law and applies to all of the records of your care generated by the urgent care, whether made by urgent care personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office. This 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 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 private practices with respect to medical information about you and
- Follow the terms of the notice that are currently in effect.



The following categories describe different ways that 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. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

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 doctors, nurses, technicians, or other urgent care personnel who are involved in taking care of you. We may also disclose medical information about you to people outside the urgent care who may be involved in your medical care after you leave the urgent care, such as physicians to whom you may be referred.

For Payment, we may disclose medical information about you so that the treatment and services you receive at the urgent care may be billed to and payment may be collected from you, an insurance party or a third party. For example, we may need to give your health plan information about minor surgery you received at the urgent care so your health plan will pay us or reimburse you for the surgery.

As to Health-Related Products and Services, we may use and disclose medical information to tell you about our health-related products or services that may be of interest to you.

As 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.

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:

For veterans and those in 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.

For those who have sustained a work-related injury, we may release medical information about you to workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

For those who may pose a potential public health risk, 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 deaths
- 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 or when required or authorized by law.

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.

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 written notice to you) or to obtain an order protecting the information requested.

We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process
- 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 a death we believe may be the result of criminal conduct
- About criminal conduct at the urgent care 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

We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the urgent care to funeral directors as necessary to carry out their duties.

We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

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.

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.



Your rights regarding medical information about you

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

- You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but may not include some mental health information.
- To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to Ms. Venus Elliott at Newport Urgent Care at the address listed at the end of this notice. An authorization form must be completed. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may 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 chosen by the urgent care will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the urgent care.

To request an amendment, your request must be made in writing and submitted to Ms. Venus Elliott at Newport Urgent Care at the address listed at the end of this notice. In addition, you must provide a reason that supports your request.

We will not process your request if it is not in writing or does not tell us why you think the amendment is appropriate. We will act on your request within 60 days (or 90 days if the extra time is needed), and will inform you in writing as to whether the amendment will be made or denied.

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 urgent care
- 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, not to exceed 250 words, with respect to any item or statement in your record 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.

You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you other than our own uses for treatment, payment and health care operations, (as those functions are described above) and with other expectations pursuant to the law. The list will not include certain disclosures that are a byproduct of another use or disclosure permitted under our privacy policies or by law, those made under an authorization provided by you, those made directly to you or your family or friends or through our facility directory, or for disaster relief purposes. Neither will the list include disclosures we have made for national security purposes or to law enforcement personnel, or disclosures made before April 14, 2003.

To request this list or accounting of disclosures, you must submit your request in writing to Ms. Venus Elliott at Newport Urgent Care at the address listed at the end of this notice. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. We will respond to your request within 60 days (or 90 days if the extra time is needed). Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, 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.



You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or healthcare 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 minor surgery you may have had.

We are not required to agree to your request. If we do agree, 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 Ms. Venus Elliott at Newport Urgent Care at the address listed at the end of this notice. 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; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

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 mail.

To request confidential communications, you must make your request to Ms. Venus Elliott at Newport Urgent Care at the number provided at the end of this notice. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

You have the right to 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 copy of this notice.

To obtain a paper copy of this notice, please contact Ms. Venus Elliott at Newport Urgent Care at the number provided at the end of this notice.

We reserve the right to change our privacy practices and to make any such change applicable to the personal health information we obtained about you before the change. If there is a material change in our practices, we will revise this Notice to reflect such



change. We will post a copy of the current notice in the urgent care. The notice will contain the effective date on the first page. In addition, each time you register at the urgent care for treatment or healthcare services, we will make available the current notice in effect.

If you believe your privacy rights have been violated, you may file a complaint with the urgent care or with the Office of Civil Rights, U.S. Department of Health and Human Services. To file a complaint with the urgent care, contact Ms. Venus Elliott at Newport Urgent Care at the address listed at the end of this notice. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Other uses and disclosures of medical information not covered by this 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, you may revoke that permission, in writing, at any time. 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, except if we have already acted in reliance on your permission. You understand 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.

Contact Information

Address all correspondence in writing to:

Ms. Venus Elliott
Newport Urgent Care
1000 Bristol Street North, Ste. 1-B
Newport Beach, CA 92657

Or, call 949/752-6300