

## Notice of Privacy Practices

Tracy Urgent Care Medical Clinic, Inc.  
2160 W. GrantLine Rd. Ste. 230  
Tracy, CA. 95377

Effective Date: \_\_\_\_\_

**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. If you have any questions, please contact Tracy Urgent Care.**

### Who Will Follow This Notice

This notice describes Tracy Urgent Care Medical Clinic and that of:

- Any health care professional authorized to enter information into your chart.
- All departments of the practice.
- Any member of a volunteer group we allow to help you while you are at our practice.
- All employees, staff and other practice personnel.

### Our Pledge Regarding Medical Information

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the practice. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by our physicians.

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.
- Give you this notice of our legal duties and privacy practices with respect

to medical information about you.

- Follow the terms of the notice that is currently in effect.

### **How We May Use and Disclose Medical Information About You**

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. Not every use or disclosure in a category will be listed. 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 other doctors, nurses, technicians, or medical students who are involved in taking care of you in our practice. For example, your doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. Different departments of the practice also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays.
- **For payment:** We may use and disclose medical information about you so that the treatment and services you receive at our practice may be billed to and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about your care received so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- **Treatment alternatives:** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-related benefits and services:** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- **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

- **Military and veterans:** If you are a member of 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.
- **Workers' Compensation:** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public health risks:** 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 births and deaths.
  - To report child abuse or neglect.
  - 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.
- **Health oversight activities:** 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.

- **Lawsuits and disputes:** 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 or to obtain an order protecting the information requested.
- **Law enforcement:** 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 practice.
  - 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.
- **Coroners, medical examiners and funeral directors:** 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 to funeral directors as necessary to carry out their duties.
- **National security and intelligence activities:** We may release medical information about you to authorized federal officials for intelligence, Counterintelligence, and other national security activities authorized by law.
- **Protective services for the President and others:** 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.

- **Inmates:** 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:

- **Right to inspect and copy:** 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 does not include psychotherapy notes.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to Tracy Urgent Care Medical Clinic. 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 practice 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.

- **Right to amend:** 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 the practice.

To request an amendment, your request must be made in writing and submitted to Tracy Urgent Care. In addition, you must provide a reason that supports your request.

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 this practice.

- Is not part of the information, which you would be permitted to inspect and copy.
- Is accurate and complete.
- **Right to an accounting of disclosures:** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you.

To request this list or accounting of disclosures, you must submit your request in writing to Tracy Urgent Care. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. 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.

- **Right to request restrictions:** You have the right to request a restriction or limitation on the medical 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 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 treatment you 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 Tracy Urgent Care. 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; (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- **Right to request confidential communications:** 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 in writing to Tracy Urgent Care. 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.

- **Right to a paper copy of this notice:** 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 contact Tracy Urgent Care.

### **Changes To This Notice**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the practice. The notice will contain the effective date on the first page in the top right-hand corner.

### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with the practice or with the Secretary of the Department of Health and Human Services. To file a complaint with the practice, contact:

**Kanwar Grewal, MD**  
**2160 W. GrantLine Rd. Ste.230**  
**Tracy, CA. 95377**  
**(209) 832-8700**

All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

### **Other Uses of Medical Information**

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, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. 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.

**Authorization for Use or Disclosure of Protected Health Information**

Tracy Urgent Care Medical Clinic, Inc.  
2160 W. GrantLine Rd. Ste. 230  
Tracy, CA. 95377  
209-832-8700

I authorize my physician and/or administrative and clinical staff to (check all that apply):

use the following protected health information, and/or

disclose the following protected health information to **[Name of entity or class of persons to receive information]**:

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**[Specifically and meaningfully describe the protected health information to be used or disclosed such as date of service, type of service, level of detail to be released, origin of information, etc.]**

This protected health information is being used or disclosed for the following purpose:

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**[List specific purposes here. "At the request of the individual" is acceptable if the request is made by the patient, and the patient does not want to state a specific purpose.]**

This authorization shall be in force and effect until **[specify (1) date or (2) event that relates to the patient or the purpose of the use or disclosure]** at which time this authorization to use disclose this protected health information expires. ("End of the research study" and "none" is acceptable for authorization for research purposes.)

I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to the practice's Privacy Contact at **[office address or e-mail address]**. I understand that a revocation is not effective to the extent that my physician has relied on the use or disclosure of the protected health information or if my authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

My physician will not condition my treatment, payment, enrollment in a health plan or eligibility for benefits (if applicable) on whether I provide authorization for the requested use or disclosure except (1) if my treatment is related to research, or (2) health care services are provided to me solely for the purpose of creating protected health information for disclosure to a third party.

The use or disclosure requested under this authorization will result in direct or indirect remuneration to my physician from a third party. **[if applicable because the authorization is obtained for marketing purposes.]**

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Patient or Personal Representative

\_\_\_\_\_  
Description of Personal Representative's Authority

\_\_\_\_\_  
**Acknowledgement of Recieving A Notice of Privacy Practice**

**I Have Recieved the Notice of Privacy Practice & I have been Provided an Oppportunity to Recieve, the ~~use~~ Disclosure of my Protected Health Information.**

**Patients Name** \_\_\_\_\_  
**( print )**

**Signature** \_\_\_\_\_  
**(Self or Parent)**

**Date** \_\_\_\_\_