

# California Lung Associates

1245 Wilshire Blvd. Suite 503

Los Angeles, CA 90017

## NOTICE of PRIVACY PRACTICES

Privacy Officer: Nicole Bovitz

Direct contact for any privacy questions: 213-977-4979

Fax: 213-977-0544

---

### **Your Information. Your Rights. Our Responsibilities.**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. *Please review carefully.*

### **RIGHTS**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

#### **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 15 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 will tell you why in writing within 15 days of your request.

#### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home, or office phone) or to send you 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 operations with your health insurer.
- We will say “yes” unless a law requires us to share that information.

## RIGHTS continued...

### Get a list of those with whom we've shared information

- You can ask for a list 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 any disclosures that you may have asked us to make. This can be requested 1x per year for free. We will charge a reasonable cost-based fee for more than 1 request per year.

### Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have received the notice electronically. We will print out and provide you with a copy in person or by mail, or email promptly.

### Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, the person can exercise your rights and make choices about your health information.
- We will make sure the person has 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 us using the information on page 1.
- 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/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

### Right to Receive Notice of Breach

- We are required to notify you by first class mail (or email if you have indicated a preference to receive information by email), any breaches of Unsecured Protected Health Information as soon as possible, but in no event later than 60 days following the discovery of the breach.

## CHOICES

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others in your care
- Share information in a disaster relief situation

### CHOICES continued...

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

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

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

- Marketing/Advertising purposes
- Sale of your information
- Psychotherapy notes

## OUR USES AND DISCLOSURES

**How do we typically use or share your health information?** We typically use or share your health information in the following ways:

### Treat you

- We can use your health information and share it with other professionals who are treating you. Example: A doctor treating you can ask another doctor about your overall health condition.

### Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary. Example: We will use health information about you to manage your treatment and services.

### Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities. Example: We give information about you to your health insurance plan/ or medical group/or IPA so it will pay for your services.

**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/consumer/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumer/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 adverse reactions to

## OUR USES AND DISCLOSURES continued...

medications, reporting suspected abuse, neglect or domestic violence, 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 are 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 the following: workers' compensation claims, law enforcement purposes or with law enforcement official, with health oversight agencies for activities authorized by law, 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.

### Email use

- Email will only be used following this Organization's current policies and practices and with your permission. The use of secured, encrypted e-mail is encouraged and is incorporated in our Electronic Medical Record software.

### Texting use

- Texting will only be used following this Organization's current policies and practices and with your permission. The use of secured, encrypted texting is encouraged and is enabled if you download our texting app Curogram. Please refer to our texting information and permission form to learn about how texting will work with our Practice.

## OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy and security of your information.

### OUR RESPONSIBILITIES continued...

- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you should change your mind.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticееpp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticееpp.html)

### **Changes to the Terms of This Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

Effective Date of this Notice: August 1, 2024