



## **YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.**

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

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities in this regard. Members have a right to be treated with respect and recognition of their dignity and right to privacy.

<b>Get a copy of any health information that we have pertaining to you</b>	<ul style="list-style-type: none"><li>• You are entitled to a copy of any health information that we have pertaining to you.</li><li>• We will provide a copy or of your health information, usually within 30 days of your request.</li></ul>
<b>Medical record corrections</b>	<ul style="list-style-type: none"><li>• You can ask your doctor or any healthcare provider to correct your health information if you think it is incorrect or incomplete.</li><li>• This request must be in writing and state a reason for the correction.</li><li>• They may say “no” to your request, but they’ll tell you why in writing.</li></ul>
<b>Request confidential communications</b>	<ul style="list-style-type: none"><li>• 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.</li><li>• We will say “yes” to all reasonable requests.</li><li>• Please <b>click on this link</b> (<b>Request for an Accounting of PHI</b>) to obtain a copy of the Communication Consent Form instructing us in this matter.</li></ul>

**Riverside Physician Network**  
Health Plan Member Corporate Privacy Notice

1650 Iowa Avenue, Suite 220  
Riverside, CA 92507  
[www.riversidephysiciannetwork.com](http://www.riversidephysiciannetwork.com)  
(951) 788-9800

<b>Confidential health information</b>	<ul style="list-style-type: none"><li>• All communication and information pertaining to the member's health information will be confidential. Protection of confidential information covers all Riverside Physician Network internal departments.</li></ul>
<b>Get a list of those with whom we've shared information</b>	<ul style="list-style-type: none"><li>• You may obtain an accounting of disclosures of your health information for purposes <i>other than</i> treatment, payment, or health care operations.</li><li>• Please <b>click on this link</b> to obtain a copy of the <b>Request for an Accounting of PHI</b></li></ul>
<b>Get a copy of this privacy notice</b>	<ul style="list-style-type: none"><li>• You can ask for a copy of this notice at any time. We will provide you with a paper copy promptly or you can print a copy of this policy.</li></ul>
<b>Choose someone to act for you</b>	<ul style="list-style-type: none"><li>• 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.</li><li>• We will make sure the person has this authority and can act for you before we take any action.</li><li>• Please <b>click on this link</b> to obtain a copy of the <b>Communication Consent Form</b> instructing us in this matter.</li></ul>
<b>File a complaint if you feel your rights are violated</b>	<ul style="list-style-type: none"><li>• 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 <a href="http://www.hhs.gov/ocr/privacy/hipaa/complaints/">www.hhs.gov/ocr/privacy/hipaa/complaints/</a>.</li><li>• We will not retaliate against you for filing a complaint.</li></ul>

## YOUR 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.

<b>In these cases, you have both the right and choice to tell us to:</b>	<ul style="list-style-type: none"> <li>• Share information with your family, close friends, or others involved in your care.</li> </ul>
<b>In these cases we never share your information unless you give us written permission:</b>	<ul style="list-style-type: none"> <li>• Marketing purposes</li> <li>• Sale of your information</li> </ul>

## 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.

<b>Sharing your information with other professionals</b>	<ul style="list-style-type: none"> <li>• We can use your health information and share it with other professionals who are treating you.</li> </ul>	<b>Example:</b> A doctor treating you for an injury asks another doctor about your overall health condition.
<b>For business purposes</b>	<ul style="list-style-type: none"> <li>• We can use and share your health information for business purposes and to improve your care, and contact you when necessary.</li> </ul>	<b>Example:</b> We use health information about you to manage your treatment and authorize services.
<b>Billing and payment for services</b>	<ul style="list-style-type: none"> <li>• We can use and share your health information to bill and get payment from health plans or other entities.</li> </ul>	<b>Example:</b> We give information about you to your health insurance plan so it will cover your services.

**How else can we 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](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

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<b>Help with public health and safety issues, as required by law</b>	<ul style="list-style-type: none"><li>• We can share health information about you for certain situations such as:</li><li>• Preventing disease</li><li>• Helping with product recalls</li><li>• Reporting suspected abuse, neglect, or domestic violence</li><li>• Preventing or reducing a serious threat to anyone's health or safety</li></ul>
<b>Comply with the law</b>	<ul style="list-style-type: none"><li>• 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.</li><li>• Riverside Physician Network and its providers will maintain the privacy of member's health information to the full extent of the law.</li></ul>
<b>Address workers' compensation, law enforcement, and other government requests</b>	<ul style="list-style-type: none"><li>• We can use or share health information about you:</li><li>• For workers' compensation claims</li><li>• For law enforcement purposes or with a law enforcement official</li><li>• With health oversight agencies for activities authorized by law</li><li>• For special government functions such as military, national security, and presidential protective services</li></ul>
<b>Respond to lawsuits and legal actions</b>	<ul style="list-style-type: none"><li>• We can share health information about you in response to a court or administrative order, or in response to a subpoena.</li></ul>
<b>California Law SB 168</b>	<p>We will comply with all requirements of SB 168 and will not:</p> <ul style="list-style-type: none"><li>• Publicly post or display your social security number in any manner.</li><li>• Require you to submit their SSN over the internet unless the connection is secure or the SSN is encrypted.</li></ul>

	<ul style="list-style-type: none"> <li>• Require you to use your SSN to access the internet web site unless a password or unique personal identification number or other authentication device is also required.</li> <li>• Print your SSN on any material that is mailed to you unless state or federal law requires the inclusion of the SSN on the document to be mailed. Applications and forms sent by mail may include SSN (CA Civil Code 1798.85).</li> </ul>
	<ul style="list-style-type: none"> <li>• SSNs can be used for internal verifications or administration purposes so long as the use does not result in the public display or disclosure of the number in violation of requirements. The law does not prohibit providers from billing with the SSN.</li> </ul>
	<ul style="list-style-type: none"> <li>• Member authorization and/or denial notification letters do not identify member's SSN.</li> </ul>

**OUR RESPONSIBILITIES**

- We are required by law to maintain the privacy and security of your protected health information.
- 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 change your mind.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.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 web site at:

[www.riversidephysiciannetwork.com](http://www.riversidephysiciannetwork.com)

**\*\*Please note: This is Riverside Physician Network's corporate policy. Please ask your physician for their practice specific patient privacy guidelines.**