



*Live Well. Health Matters.*

**BEACH CITIES HEALTH DISTRICT  
NOTICE OF PRIVACY PRACTICES  
Effective Date: November 1, 2022**

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**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.**

**About Us**

In this Notice, we use terms like “we,” “us” or “our” to refer to Beach Cities Health District, its physicians, employees, staff, and other personnel. All of the sites and locations of Beach Cities Health District follow the terms of this Notice and may share health information with each other for treatment, payment, or health care operations purposes as described in this Notice.

**Purpose of this Notice**

This Notice describes how we may use and disclose your health information to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. This notice also outlines our legal duties for protecting the privacy of your health information and explains your rights to have your health information protected. We will create a record of the services we provide you, and this record will include your health information. We need to maintain this information to ensure that you receive quality care and to meet certain legal requirements related to providing you care. We understand that your health information is personal, and we are committed to protecting your privacy and ensuring that your health information is not used inappropriately.

In some circumstances, your health information may be subject to restrictions that may limit or preclude some accesses, uses or disclosures described in this Notice. There are special restrictions on the access, use or disclosure of certain categories of information. For example, tests for HIV or treatment, for mental health conditions, or alcohol and drug abuse or emancipated minors constitute special categories of information. Government health benefit programs, such as Medi-Cal, may also limit the disclosure of beneficiary information for purposes unrelated to the program.

**Your 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 a copy of your medical record**
  - You can ask to see or get an electronic or paper copy of the health information that we have about you. You will have to submit this request in writing. Ask us how to do this.
  - We will provide a copy or a summary of your health information, usually within 30 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. You will have to submit this request in writing and provide a reason to support a requested amendment. Ask us how to do this.
  - We may say “no” to your request, but we’ll tell you why in writing within 60 days.

❖ **Request confidential communications**

- 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.
- 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 our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

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

- You can ask for a list (accounting) of the times we've shared your health information for 6 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 certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

❖ **Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

❖ **Choose someone to act for you**

- 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.
- We will make sure the person has this authority and can act for you before we take any action.

❖ **File a complaint if you feel your rights are violated**

- If you would like to send a complaint to a BCHD representative, please contact:  
Megan N. Vixie, MPA, CVA, PHR, SHRM-CP  
Privacy Officer/Chief Engagement Officer  
Beach Cities Health District  
Email: [megan.vixie@bchd.org](mailto:megan.vixie@bchd.org)  
Mail: 1200 Del Amo Street, Redondo Beach, CA 90277  
Fax: 310-374-0966  
Phone: 310-374-3426, ext. 8137
- 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 <http://www.hhs.gov/ocr/privacy/hipaa/complaints/>.
- We will not retaliate against you for filing a complaint.

**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.

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

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

*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 purposes.
- Sale of your information.

In the case of fundraising:

- We may use your demographic information, such as name, address and phone number, and the dates you received services from us, to contact you in an effort to raise money for charitable purposes. We may also disclose this information to a foundation related to the practice so that the foundation may contact you to raise money for the foundation. **If you do not want us to contact you for fundraising activities, please notify the Beach Cities Health District Privacy Officer (see contact information above).**

In the case of mental health and drug and alcohol treatment records:

- For mental health and drug and alcohol treatment records, we are only permitted to share your PHI with your treating physician and individuals that you designate. We cannot share your mental health and drug and alcohol treatment records to your family, friend or personal representative without an authorization, except for a parent or guardian (with limited exceptions) or a Conservator.

In the case of psychotherapy Notes:

- We may not use or disclose psychotherapy notes without your written authorization unless otherwise permitted or required by law.

## 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:

**For Treatment:** We may use your health information to provide you with medical treatment or services. For example, your health information will be disclosed to the lab technicians who will be taking your blood specimen. We may disclose your health information to a specialty provider for the purpose of a consultation. We may also disclose your health information to your physician or another health care provider to be sure those parties have all the information necessary to diagnose and treat you.

**For Payment:** We may use and disclose your health information to others so they will pay us or reimburse you for your treatment. For example, a bill may be sent to you, your insurance company, or a third-party payer. The bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment.

We may share your health information with pharmaceutical company patient assistance programs and patient support organizations in order to assist you in obtaining payment for your care or payment for certain parts of your care.

**For Health Care Operations:** We may use and disclose your health information in order to support our business activities. For example, we may use your health information for quality assessment and improvement activities, credentialing/accreditation, and for other essential activities.

We may disclose your health information to a third party that performs services, such as billing and collection, on our behalf. In these cases, we will enter into a written agreement with the third party to ensure they protect the privacy of your health information.

**For Coordination of your Prescription:** We may use and disclose your health information in order to contact you to coordinate your prescription delivery and/or any related treatment or health care 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/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

❖ **Help with public health and safety issues**

We may use and disclose your health information for public health activities, including the following:

- To prevent or control disease, injury, or disability.
- To report suspected abuse, neglect, or domestic violence.
- To report adverse reactions to medications.
- To assist with product recalls.
- To prevent or reduce serious threat to anyone's health or safety.
- To notify a person who may have been exposed to a disease or may be at risk for getting or spreading a disease or condition.
- To notify emergency response employees regarding possible exposure to HIV/AIDS, to the extent necessary to comply with state and federal laws

❖ **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're 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 may share PHI 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 your PHI to

funeral directors when necessary for them to carry out their duties. We will only disclose mental health and drug and alcohol treatment records to the Coroner or medical examiner with a court order or an authorization from the patient's next of kin.

❖ **Address workers' compensation, and other government requests**

We can use or share health information about you:

- For workers' compensation claims.
- With health oversight agencies for activities authorized by law.  
For special government functions such as military, national security, and presidential protective services.

❖ **Address law enforcement**

We can share health information:

- For law enforcement purposes or with a law enforcement official.
- For law enforcement purposes that require the reporting of certain kinds of wounds or other physical injuries.
- In compliance and consistent with a court order or court-ordered warrant, subpoena or summons issued by a judicial officer, a grand jury subpoena, or certain administrative requests.
- To identify or locate a suspect, fugitive, material witness, or missing person.
- About a victim or a crime, if the victim agrees, and if, under certain limited circumstances, we are unable to obtain the permission directly from the victim of a crime.
- About a death, if there is a suspicion that such death may have resulted from criminal conduct.
- About criminal conduct in any of our facilities.
- 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.

❖ **Inmates**

If you are an inmate of a correctional institution or under the custody of law enforcement officials, we may access, use and share your PHI with the correctional institution or law enforcement officials. Disclosure is necessary: (1) to provide the healthcare services you need; (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.

❖ **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.

❖ **Substance Use Disorder Patient Records – Part 2 Program**

- Applies to **allcove Beach Cities** only
- There are limited circumstances under which a part 2 program may acknowledge that an individual is present or disclose outside the part 2 program information identifying a patient as having or having had a substance use disorder.
- The patient records subject to the Part 2 regulations may be disclosed or used only as permitted by the Part 2 regulations and may not otherwise be disclosed or used in any civil, criminal, administrative, or legislative proceedings conducted by any federal, state, or local authority. Any disclosure made under the Part 2 regulations must be limited to that information which is necessary to carry out the purpose of the disclosure.
- Disclosures without patient consent may be made in limited circumstances, such as:

- Medical Emergencies: Medical personnel in medical emergencies and medical personnel of the Food and Drug Administration (FDA) who believe the health of individual may be threatened;
  - research purposes;
  - audit and evaluation.
- Restrictions on disclosure of information under Part 2 do not apply to certain circumstances for:
  - Department of Veterans Affairs
  - Armed Forces
  - Communication within a part 2 program or between a part 2 program and an entity having direct administrative control over that part 2 program
  - Qualified service organizations
  - Crimes on part 2 program premises or against part 2 program personnel.
  - Reports of suspected child abuse and neglect
- The presence of an identified patient in a health care facility or component of a health care facility which is publicly identified as a place where only substance use disorder diagnosis, treatment, or referral for treatment is provided may be acknowledged only if the patient's written consent is obtained in accordance with Part 2 regulations or if an authorizing court order is entered in accordance with Part 2 regulations. The regulations permit acknowledgement of the presence of an identified patient in a health care facility or part of a health care facility if the health care facility is not publicly identified as only a substance use disorder diagnosis, treatment, or referral for treatment facility, and if the acknowledgement does not reveal that the patient has a substance use disorder.
- Any answer to a request for a disclosure of patient records which is not permissible under the Part 2 regulations must be made in a way that will not affirmatively reveal that an identified individual has been, or is being, diagnosed or treated for a substance use disorder. An inquiring party may be provided a copy of the regulations in this part and advised that they restrict the disclosure of substance use disorder patient records, but may not be told affirmatively that the regulations restrict the disclosure of the records of an identified patient.
- Federal law and regulations protect the confidentiality of substance use disorder patient records.
- Violation of the federal law and regulations by a Part 2 program is a crime and suspected violations may be reported to appropriate authorities consistent with the regulations under 42 CFR Part 2 § 2.4 Reports of violations, to report any part 2 program violations to the United States Attorney for the judicial district in which the violation occurs along with contact information.
- Information related to a patient's commission of a crime on the premises of the part 2 program or against personnel of the part 2 program is not protected.
- Reports of suspected child abuse and neglect made under state law to appropriate state or local authorities are not protected.
- Part 2 requirements can be found at: 42 CFR Part 2. HIPAA Privacy Rule requirements can be found 45 CFR Part 160 and Subparts A and E of Part 164.

There are a number of disclosures that are permissible under the Part 2 program with a patient's written consent.

## 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 or security of your information.
- ❖ We must follow the duties and privacy practices described in this notice and give you a copy.
- ❖ 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 this Notice**

We reserve the right to change the terms of this Notice at any time. We reserve the right to make the new Notice provisions effective for all health information we currently maintain, as well as any health information we receive in the future. If we make material or important changes to our privacy practices, we will promptly revise our Notice. We will post a copy of the current Notice in the Beach Cities Health District offices. Each version of the Notice will have an effective date listed on the first page. Updates to this Notice are also available at our web site at [www.bchd.org](http://www.bchd.org).