

ELICA HEALTH CENTERS

RIGHTS, RESPONSIBILITIES AND PRIVACY



Table of Contents

Patient Rights and Responsibilities	3
Your Rights and Responsibilities As A Patient	3
Your Rights	3
Your Responsibilities	3
Involuntary Discharge	4
Statement of Non-Discrimination	4
File A Complaint	4
Privacy Rights & Practices	6
Our Legal Duty to Protect Your Health Information	6
Uses and Disclosures of Your Health Information	6
Treatment	6
Payment	6
Health Care Operations	7
Your Health Information and Written Authorization	7
To Your Family and Friends	7
Persons Involved in Care	7
Unsecured Emails	7
Messaging Health-Related Services	7
Change of Ownership	7
Use of Your Health Information: For Public Good or As Required by Law	8
Appointment Reminders	8
Sign-In Sheet and Announcement	8
Public Health	8
Abuse or Neglect	8
In the Event of Death	8
Workers Compensation	8
Inmates	8
Research	8
Law Enforcement and Court Orders	9
National Security	9
Access to Your Protected Health Information	9
Access	9
Amendment	9
Revoke Demographics Information Previously Provided	9
Restriction	9
Disclosure	10
Alternative Communication	10
Breach Notification	10
Fundraising	10

Patient Rights and Responsibilities

All patients receiving services at Elica Health Centers are provided with comprehensive quality care and informed of both their rights and responsibilities. We are committed to ensuring all patients are treated with respect and dignity, and afforded the conditions of privacy as provided by law.

Your Rights and Responsibilities As A Patient

We are committed to providing you care with respect and dignity. By understanding your rights and responsibilities as a patient, you help us create a positive and supportive healthcare environment.

Your Rights

You have the right to:

- Receive high-quality services and treatment based on your needs, in a manner that enhances autonomy, privacy, dignity, and self-esteem
- Be treated without regard to age, race, skin color, ethnicity, national origin, disability, legal sex, gender identity, sexual orientation, military status, marital status, religion and/or creed
- Participate in developing your treatment plan
- Choose/refuse your level of participation in treatment or research and be fully informed about any risks
- Receive treatment in the most appropriate and least restrictive manner
- Express your opinion about services received
- Appeal decisions or actions concerning a treatment
- Receive services in safe, clean, and accessible facilities
- Receive assistance from a family member or designated representative in understanding, protecting, or exercising your rights
- Access your health records
- Be protected from invasion of privacy
- Have information kept private and confidential as described in the Privacy Rights and Practices section of this document
- Be given the option of continued care with another provider of the same or greater skill set and/or knowledge if your assigned provider is no longer with Elica

Your Responsibilities

You have the responsibility to:

- Treat our staff with courtesy and respect
- Attend all scheduled appointments, or notify staff at least 24-hours in advance if you are unable to keep your appointments
- Clearly communicate your wants and needs
- Work with your providers by sharing information they need to best care for you
- Bring requested documents and medication bottles to your appointments

- Notify staff of any changes to your information during each visit (such as your name, address, phone number, email address, emergency contact, household size, household income, employment status, marital status, housing status, insurance coverage, communications preferences)

Involuntary Discharge

There are several reasons to initiate the end of a relationship between Elica Health Centers and a patient. These include, but are not limited to, the following:

- The patient is uncooperative or does not follow medical advice.
 - Refusal to follow recommended medical treatment means the patient's Primary Care Provider (PCP) believes there is no alternative treatment, and that the patient's refusal severely endangers the patient's health.
- The patient's continued medical care at Elica is deemed not to be in their best interest, such as where the patient-clinician relationship has been so damaged that quality of care cannot be expected, or the patient's needs exceed the capability of Elica's resources.
- The patient is unpleasant or threatening to Elica providers or staff.
- The patient demonstrates a risk of harm or violence to self or others, including behavior or situations of concern which are physically or verbally abusive, threatening or intimidating, or dangerous, and where the patient's mental health status indicates counseling would not be helpful.
- A patient breaks the trust of the organization (e.g., theft or vandalism of the organization's property).
- Services required are no longer provided; services are no longer beneficial to the patient or the request for services is beyond the limits of Elica's resources.
- A patient uses discriminatory or harassing language or exhibits discriminatory or harassing behavior, including the refusal to work with a clinician because of the clinician's age, race, skin color, ethnicity, national origin, disability, legal sex, gender identity, sexual orientation, military status, marital status, immigration status, religion and/or creed, or any other grounds prohibited under the Human Rights Code.
- The patient engages in fraud or a criminal act involving Elica, including but not limited to falsifying or altering a prescription for medication, or deliberately misrepresenting their medical condition to obtain medical care and/or medications.
- The patient repeatedly misses appointments without notifying Elica staff in advance that they will not be able to keep their appointments, resulting in repeated disruptions of continuity of care and provider schedules.

Statement of Non-Discrimination

Elica Health Centers complies with applicable federal and state civil rights laws, and does not discriminate by age, race, skin color, ethnicity, national origin, disability, legal sex, gender identity, sexual orientation, military status, marital status, religion and/or creed.

If you believe Elica has discriminated in any way, you may file a grievance in person or by mail, fax or email. If you need help filing a grievance, a staff member is available to assist you. You can also file a civil rights complaint with the California Department of Health Care Services or U.S. Department of Health and Human Services, Office for Civil Rights.

File A Complaint

File A Complaint With Elica

1860 Howe Avenue, Suite 440, Sacramento, CA 95825

Phone: (916) 454-2345 or TTY 711

Fax: (916) 550-5003

Email: complaints@elicahealth.org

File A Complaint With The California Department of Health Care Services

Deputy Director, Department of Health Care Services Office of Civil Rights

P.O. Box 997413, MS 0009, Sacramento, CA 95899-7413

Phone: (916) 440-7370 or TTY 711

Complaint forms are available at: http://www.dhcs.ca.gov/Pages/Language_Access.aspx, or can be sent electronically by emailing CivilRights@dhcs.ca.gov

File A Complaint With The U.S. Department of Health and Human Services

200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201

Phone: 1 (800) 368–1019, or 1 (800) 537–7697 (TDD)

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>

Privacy Rights & Practices

This notice describes how your health information may be used and disclosed, and how you can obtain access to this information. Please review it carefully. The privacy of your health information is important to us.

Our Legal Duty to Protect Your Health Information

Federal and state laws require us to maintain the privacy of your health information. We are also required to provide this notice about our privacy practices, our legal duties and your rights regarding your health information. We are required to follow the practices that are outlined in this notice while it is in effect.

Your medical information is used only for health care or legally required purposes. We do not sell or give your personal information to other companies for marketing or any other uses. We maintain practices to ensure the security and confidentiality of your health information, including password protected, encrypted databases, intrusion and virus detection software, and physical security at our health center locations.

This notice is effective as of September 1, 2025, and will remain in effect until replaced. We reserve the right to change our privacy practices and the terms of this notice at any time provided applicable law permits such changes.

We reserve the right to make changes in our privacy practices and the new terms of our notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request.

For more information about our privacy practices or to receive additional copies of this notice, please contact a manager at one of our health center locations or email compliance@elicahealth.org.

Uses and Disclosures of Your Health Information

We use and disclose health information about you for treatment, payment, and health care operations.

Treatment

We disclose medical information to our employees and others who are involved in providing the care you need. We may also request your health information maintained by other providers. We may use or disclose your health information to other health care providers from whom you are receiving services. We may also share your health information with a pharmacist to provide you with a prescription or with a laboratory or diagnostic service to perform medical-related tests.

Payment

We may use and disclose your health information to obtain payment for services we provide to you unless you

request that we restrict such disclosure to your health plan when you have paid out-of-pocket and in full for services rendered.

Health Care Operations

We may use and disclose your health information as it relates to our health care operations, which include, but are not limited to, quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing, or credentialing activities.

Your Health Information and Written Authorization

In addition to our use of your health information for treatment, payment, or health care operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you authorize us, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it is in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this notice.

To Your Family and Friends

We must disclose your health information to you, as described in the Patient Rights section of this notice. You have the right to request restrictions on disclosure to family members, other relatives, close personal friends, or any other person identified by you.

Persons Involved in Care

We may use or disclose health information to notify or assist in the notification of a family member or another person responsible for your care about your location, your general condition, or your death.

Unsecured Emails

We will not send you unsecured emails pertaining to your health information without your prior authorization. If you do authorize communications via unsecured email, you have the right to revoke the authorization at any time.

Messaging Health-Related Services

We may contact you about case management or care coordination, to propose other treatments or health-related benefits, to suggest products or services related to your treatment, or to inform you of services in which you may be interested. You may opt-out of these communications at any time.

Change of Ownership

If Elica Health Centers is sold or merged with another practice or organization, your health records will become the property of the new owner. However, you may request that copies of your health information be transferred to another provider.

Use of Your Health Information: For Public Good or As Required by Law

We may use or disclose your health information without authorization when it contributes to the public good, and we are required to do so by law.

Appointment Reminders

We may contact you to provide you with appointment reminders via voicemail, postcards or letters. We may also leave a message with the person answering the phone if you are not available.

Sign-In Sheet and Announcement

Upon arriving at our office, we may use and disclose medical information about you by asking that you sign an intake sheet at our front desk. We may also announce your name when we are ready to see you.

Public Health

We may, and are sometimes legally obligated to, disclose your health information to public health agencies for purposes related to preventing or controlling disease, injury, or disability; reporting abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.

Abuse or Neglect

We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect or domestic violence, or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety, or to the health or safety of others.

In the Event of Death

We can share information about you with organ procurement organizations, and we can share health information with a coroner, medical examiner or funeral director when an individual dies.

Workers Compensation

We may disclose protected health information as authorized by and to the extent necessary to comply with laws relating to Workers Compensation and other similar programs.

Inmates

We may disclose your protected health information to prison officials if you are an inmate in the clinic.

Research

We may disclose your health information for research when the related proposal and protocols have been reviewed to ensure the privacy of that information.

Law Enforcement and Court Orders

We may disclose your health information as required by law, including in response to a warrant, subpoena, or other order of the court or administrative hearing body, or to assist law enforcement to identify or locate a suspect, fugitive, material witness or missing person, or if we believe that the use or disclosure is necessary to prevent or lessen an imminent threat to the health or safety of an individual or the public.

National Security

We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose health information required for lawful intelligence, counterintelligence, and other national security activities to authorized federal officials.

Access to Your Protected Health Information

As an Elica Health Centers patient, you have certain rights regarding your protected health information, including the ability to access and control it as outlined below.

Access

You have the right to view or receive copies of your health information, with limited exceptions. You must request in writing to obtain access to your health information. You may obtain a form to request access by contacting us. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter. There may be a charge for requested copies, which we will inform you about before producing them.

Amendment

You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information in your health record should be amended. We may deny your request under certain circumstances.

Revoke Demographics Information Previously Provided

All information that you provide to us is voluntary.

You are not required to disclose your country of origin, race, ethnicity, gender identity, sexual orientation, personal pronouns, or any other sensitive demographic information on our patient registration forms. We will never ask about your immigration status.

If you have previously provided any of this information, you have the right to request that we remove it from your health record.

Restriction

You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in cases of emergency).

Disclosure

You have a right to receive a list of instances in which we disclosed your health information for purposes other than treatment, payment, health care operations and certain other activities for the last six years.

Alternative Communication

You have the right to request that we communicate with you about your health information by alternative means.

Breach Notification

In the event your unsecured protected health information is breached, we will notify you as required by law.

Fundraising

We may use or disclose demographic information and dates of treatment to contact you for fundraising activities. If you do not wish to receive these communications, notify a health center manager, and we will not send you fundraising information.