

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

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. This notice went into effect May 1, 2017, and will remain in effect until we replace it.

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.

Uses and Disclosures of Health Information

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

• 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 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 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.

• 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.

• 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.

• Marketing Health-Related Services

We may contact you about products or services related to your treatment, case management or care coordination, or to propose other treatments or health-related benefits, or to inform you of services in which you may be interested.

• 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.

For Public Good or Required by Law

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

• 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.

• 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.

• 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.

• 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.

• Inmates

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

• 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.

• 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.

Patient Rights

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.

• **Access, continued:**

There may be a charge for requested copies, which we will inform you about before producing them.

• **Disclosure Accounting**

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. If you request this accounting more than once in a 12-month period, we may charge you a reasonable cost-based fee for responding to these additional requests.

• **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).

• **Alternative Communication**

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

• **Breach Notification**

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

• **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 should be amended). We may deny your request under certain circumstances.

• **Fundraising**

We may use or disclose demographic information and dates of treatment to contact you for fundraising activities. If you no longer wish to receive these communications, notify a health center manager, and we will stop sending further fundraising information.



If you believe your rights have been violated, you may file a complaint with;

- Elica Health Centers by notifying an Elica Office Manager
- The U.S. Department of Health and Human Services Office for Civil Rights

200 Independence Avenue, S.W., Washington, D.C. 20201
(877) 696-6775

www.hhs.gov/ocr/privacy/hipaa/complaints

We will not retaliate against you for filing a complaint.

Elica Health Centers complies with applicable Federal civil rights laws and does not discriminate by race, ethnicity, national origin, age, disability, sex, gender identity, religion and/or creed, and sexual orientation.

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.

Elica maintains practices to ensure the security and confidentiality of your health information, including password protected databases, intrusion and virus detection software, and physical security at our health center locations.



Visit us on the web on www.elicahealth.org
Like us on Facebook at www.facebook.com/elicahealth.org

Phone: (916) 454-2345
After Hours: (916) 454-2345
Emergencies: **911**

Elica Health Centers - Arden Arcade
2400 Glendale Lane, Sacramento, CA 95825
Mon - Fri: 8:00 am to 12:00 pm and 1:00 pm to 5:00 pm

 **Elica Health Centers - Cadillac Dr**
77 Cadillac Drive, Suite 200, Sacramento, CA 95825
Mon - Thu: 8:00 am to 6:00 pm

 **Elica Health Centers - Franklin Blvd**
5385 Franklin Boulevard, Suite K, Sacramento, CA 95820
Mon - Thu: 8:00 am to 6:00 pm


 **Elica Health Centers - Halyard Dr**
1276 Halyard Drive, West Sacramento, CA 95691
Mon - Sat: 8:00 am to 6:00 pm

 **Elica Health Centers - Health On Wheels**
3701 J Street, Suite 201, Sacramento, CA 95816
Locations and Hours of Operation: Variable

Elica Health Centers - J St
3701 J Street, Suite 201, Sacramento, CA 95816
Mon - Sat: 8:00 am to 6:00 pm

 **Elica Health Centers - Mack Rd**
6339 Mack Road, Sacramento, CA 95823
Mon - Fri: 9:00 am to 1:00 pm and 2:00 pm to 6:00 pm

Elica Health Centers - Marysville Blvd
3234 Marysville Boulevard, Sacramento, CA 95815
Mon - Fri: 8:00 am to 12:00 pm and 1:00 pm to 5:00 pm

 **Elica Health Centers - North Highlands**
4815 Watt Avenue, North Highlands, CA 95660
Mon - Sat: 8:00 am to 6:00 pm

Elica Health Centers - V St
923 V Street, Sacramento, CA 95818
Mon - Thu: 8:00 am to 6:00 pm

Elica Health Centers - 15th St
155 15th Street, Suite A, West Sacramento, CA 95691
Mon - Thu: 8:00 am to 6:00 pm

Privacy Practices



"Healing with Heart"
Elica 
Health Centers

www.elicahealth.org
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