



NOTICE OF PRIVACY PRACTICES

Effective Date: 1/1/2023

Revised Date: n/a

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.

OUR COMMITMENT

As a health plan, we collect information about you and your health care, such as your name, birthdate, address, telephone number, email address, social security number, medical and health care treatment and services, and claim information. This information is called “protected health information” or “PHI.”

We are required by law to maintain the privacy of your PHI, to provide you this Notice of Privacy Practices (“Notice”), which describes our legal duties and privacy practices with respect to PHI, and to let you know promptly if a breach occurs that may have compromised the privacy or security of your PHI. When we use or share (“disclose”) your PHI, we must abide by this Notice.

HOW WE USE AND DISCLOSE PHI

USES OF PHI THAT DO NOT REQUIRE YOUR AUTHORIZATION

We typically use or share your PHI in the following ways, which do not require a written authorization from you.

Purpose	Example
Treatment	Help manage the health care treatment you receive We can use your health information and share it with professionals who are treating you. <i>Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.</i>
Payment	Pay for your health services

	<p>We can use and disclose your health information as we pay for your health services.</p> <p><i>Example: We share information about you with your dental plan to coordinate payment for your dental work.</i></p>
Health Care Operations	<p>Run our organization</p> <ul style="list-style-type: none"> • We can use and disclose your information to run our organization and contact you when necessary. • We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans. <p><i>Example: We use health information about you to develop better services for you</i></p>

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.

Purpose	Example
Help with public health and safety issues	<p>We can share health information about you for certain situations such as:</p> <ul style="list-style-type: none"> • Preventing disease • Helping with product recalls • Reporting adverse reactions to 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’re complying with federal privacy law.
Respond to organ and tissue donation requests and work with a medical examiner or funeral director	<ul style="list-style-type: none"> • We can share health information about you with organ procurement organizations. • We can share health information with a coroner, medical examiner, or funeral director when an individual dies. • For special government functions such as military, national security, and presidential protective services
Address workers’ compensation, law enforcement, and other government requests	<p>We can use or share health information about you:</p> <ul style="list-style-type: none"> • For workers’ compensation claims • For law enforcement purposes or with a law enforcement official • With health oversight agencies for activities authorized by law

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.
Limited Data Set	We may share information about you that has certain identifiers removed such as your name, address, telephone number, e-mail address, social security number, medical record number, health plan beneficiary numbers, account numbers, certificate/license numbers, vehicle identifiers and serial numbers, URLs, IP addresses, biometric identifiers (fingerprints), and photographs. Before sharing such information, we will execute a document called a “data use agreement,” which will describe how the recipient may use or disclose your information.
Communications	We may use your PHI to contact you with information about your health plan coverage, benefits, health-related programs and services, treatment reminders, or treatment alternatives. We may contact you by phone, including through pre-recorded voice messages or voicemail messages, text messages, email, or postal mail. You may contact us at t (415) 391-9686 ext. 8160 or (650) 550-3923 ext. 8160 or (408) 573-9686 ext. 8160 to tell us how you would like us to communicate with you, or to opt-out of receiving certain communications from us. Because we must be able to communicate with you, you may not opt out of all communication methods and you may not opt-out of all communications from us.

We may also use or disclose your PHI without your written authorization for other purposes, as permitted or required by law.

USES OF PHI THAT REQUIRE YOUR AUTHORIZATION

We must obtain your written authorization to use or disclose your PHI for purposes not listed in this Notice, including for marketing purposes and sale of your PHI.

HIGHLY CONFIDENTIAL PHI

We will not disclose highly confidential PHI without your prior written authorization unless the law requires or permits us to do so. Highly confidential PHI includes information about

- Mental or behavioral health, including information in psychotherapy notes
- Sexual and reproductive health
- Sexually transmitted infections
- Substance use disorder
- Gender affirming care
- Intimate partner violence

- Genetic testing

RIGHT TO REVOKE AN AUTHORIZATION

If you provided us a written authorization to use or share your PHI in certain ways, you have the right to change your mind at any time. You can let us know that you want to revoke your written authorization by writing to us at

2171 Junipero Serra Blvd.
 Daly City, CA 94014
 Attn: Health Information Services Manager

Your revocation will apply to how we use or share your PHI in the future. It will not apply to how we used or shared your PHI before you revoked your authorization.

YOUR RIGHTS

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

Get a copy of health and claims records	<ul style="list-style-type: none"> • You can ask to see or get a copy of your health and claims records 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 and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
Ask us to correct health and claims records	<ul style="list-style-type: none"> • You can ask us to correct your health and claims records if you think they are incorrect or incomplete. 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	<ul style="list-style-type: none"> • 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 consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not. We must also say “yes” if the confidential communication is available in the form and format or the alternative locations that you prefer.
Ask us to limit what we use or share	<ul style="list-style-type: none"> • 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.
Get a list of those with whom we’ve shared information	<ul style="list-style-type: none"> • You can ask for a list (accounting) 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 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	<ul style="list-style-type: none"> • 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.

COMPLAINTS

You can complain to us if you believe we violated your rights by contacting our Privacy & Compliance Officer at (415) 391-9686.

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/.

We will not retaliate against you for filing a complaint.

HOW TO CONTACT US

If you have any questions about this Notice, please contact our Privacy & Compliance Officer at (415) 391-9686.

RIGHT TO CHANGE TERMS OF THIS NOTICE

We may change the terms of this Notice and for those changes will apply to all your PHI we have about you. We will post the new version of the notice on our website at gbhp.org and will send you the new notice as required by law.