

# Notice of HIPAA Privacy Practices Summary



This notice describes how Lyon Martin Health Services (LMHS) may use and share medical information about you, and how you can get access to this information. **Please review this Notice carefully**

**Pledge:** Employees of LMHS its affiliates and contract providers understand that information about you and your health is personal. They are committed to protecting your health information.

**Who will follow the rules in this notice:** LMHS employees, its affiliates and contract providers, must follow these rules.

**You have the right to:** *(please see possible exceptions in the available full Notice)*

- Ask to see, read and/or obtain a copy of your health record (charges may be necessary).
- Ask to correct information that you believe is wrong in your health record.
- Ask that your health information not be shared with certain individuals.
- Ask that your health information not be used for certain purposes; for example, research.
- Ask LMHS to send copies of your health record to whomever you wish (charges may be necessary).
- Be informed about who has read your record (for reasons other than treatment, payment and program improvement purposes).
- Specify where and how LMHS employees may contact you.
- Receive a paper copy of the LMHS Notice of Privacy Practices (available in the waiting room).

**Lyon-Martin may use and disclose your health information for the purposes of treatment, payment and health care operations,**

- To improve the quality of care you receive, health information may be shared by providers, both within LMHS for our own treatment purposes, and to inform the treatment that you receive from another health care provider. This sharing may include health information regarding mental health, substance abuse, HIV/AIDS, sexually transmitted diseases (STD), and developmental disabilities.
- Health information may be shared to obtain payment for services that are provided to you, to assist you to pay for your care, or to obtain prior approval for treatment.
- Health information may be shared for health center operations, such as to run our facilities, make sure that all health center patients receive quality care, improve health care delivery, and for learning purposes.
- There are circumstances when health information about you will not be shared unless you first give your permission for it to be shared: such as when you receive services for mental health, substances abuse, or STD, or for some research purposes
- See the attached "Notice of Privacy Practices" for more information. If you have concerns about how your health information might be (or has been) shared, please speak with your provider or call the Privacy Officer directly at 415 901- 7108

**If you believe your privacy rights have NOT been maintained** while receiving LMHS services, you may file a complaint with LMHS, or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with LMHS, send the complaint to the Privacy Office at 1563 Mission St, San Francisco, CA 94103, or call 415-565-7667. To file a complaint with the Secretary, the address is U.S. Dept. of Health and Human Services, Office of Civil Rights, Attn: Regional Manager, 50 United Nations Plaza, Rm. 322, San Francisco Ca 94102. You will not be penalized in any way for filling a complaint.

**I acknowledge receipt** of the LMHS "Notice of Privacy Practices." I understand that my signature does not authorize disclosure, but only acknowledges that I have received a copy of the Notice attached.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Interpreter: \_\_\_\_\_

Patient/client declined to sign (staff signature): \_\_\_\_\_

Patient/client unable to sign (witness signature): \_\_\_\_\_

Reason unable \_\_\_\_\_