



**on LOK**<sup>®</sup>  
where seniors embrace life

**PACE**

**On Lok PACE  
NOTICE OF PRIVACY PRACTICES**

Effective Date: March 1, 2023

**THIS NOTICE DESCRIBES HOW MEDICAL/HEALTH INFORMATION  
ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU  
CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

By law, we must guard the privacy of your health information. We also must give you this complete Notice of our legal duties and the ways we keep your health information private. This Notice applies to our use and sharing of your health information for enrollment, eligibility, and payment under the Program of All-Inclusive Care for the Elderly (PACE) Program, as well as our use and sharing of your health information for giving you treatment under our PACE Program, On Lok PACE.

**I. USES AND RELEASES FOR TREATMENT, PAYMENT, AND HEALTH CARE WORK**

The following is a list of the different ways we may use or give out your protected health information (PHI) for treatment, payment, and health care work.

**For Treatment** – We will use and give out your PHI to give you treatment and services, and to manage your care. We may also share your PHI with other people or organizations that are part of your care. Your PHI may be used by physicians who give you care and by nurses and home health aides, as well as by physical therapists, social workers, personal care aides, or other people who are part of your care. For example, members of your care team, which includes your primary care provider, a registered nurse, a social worker, physical and occupational therapists, and other caregivers, will talk about your plan of care and contact any specialists about care provided to you.

We may use or share your information to contact you about your upcoming appointments or about other health-related benefits and services. We will usually contact you by phone call, but if you have given us permission to send you a text message or email, we may contact you that way. Please be informed that communication by texting and email may not be completely secure (unencrypted) and include some risk. You may revoke your consent to the use of email and text messages for communication at any time by notifying us at the contact information provided in this Notice, or contacting your social worker.

**For Payment** – We may use and give out your PHI for billing and payment reasons. We

may release your PHI to your personal representative; an insurance or managed care companies; or Medicare, Medi-Cal, or the California Department of Health Care Services, the state organization in charge of managing PACE programs. For example, we may share PHI with Medicare or the California Department of Health Care Services to decide whether you still qualify for PACE Program services.

**For Health Care Operations** – We may use and give out your PHI as needed for health care operations. This work includes management, employee evaluation, education, training, and watching the quality of care. For example, we will use information about treatment so that we can do things to measure the quality of care. We may share your PHI with another organization with which you have or have had a relationship if that organization asks for your PHI for some of its health care operations; to find out about health care fraud and abuse; or to make sure rules are being followed the right way.

## **II. SPECIFIC USES AND SHARING OF YOUR HEALTH INFORMATION**

Below is a list of ways in which we may use or share your PHI.

**Individuals Involved in Your Care or Payment for Your Care** – Unless you do not agree, we may share PHI about you with a family member, close personal friend, or other person you identify, including clergy, who takes part in your care.

**Emergencies** – We may use and share your PHI as needed in emergency treatment situations.

**As Required By Law** – We may use and share your PHI when the law says we have to share it.

**Business Associates** – Our business associates are people or organizations we work with. They are individuals and organizations that give or manage services for us. Working with these partners may sometimes mean that we must share your protected health information. We may share your PHI with a partner who needs the information to give services for On Lok PACE. Our partners must keep this information private.

**Health Information Exchange** – We may make your information available and get your information to and from other providers and organizations to improve your care. In order to do so, On Lok PACE is part of an organized health care arrangement with OCHIN. OCHIN provides information technology and related services to On Lok PACE and other organizations as a business associate. We may share your personal health information with other OCHIN partner organizations or a health information exchange when necessary for medical treatment or for the health care operations purposes of the organized health care arrangement. A list of organizations that partner with OCHIN is available at [www.ochin.org](http://www.ochin.org). Health care operations can include, among other things, using your zip code to improve the clinical care you receive. Personal health information may include past, present, and future medical information and will be disclosed consistent with applicable law.

OCHIN also helps with quality assessment and improvement activities. For example,

OCHIN coordinates clinical review activities on behalf of its partner organizations to develop best practice standards and assess clinical benefits that may come from the use of electronic health record systems. OCHIN also helps its partner organizations work together to improve the patient referral process. You can choose to limit some of the information shared by contacting our privacy department. The privacy department information is provided in section VI of this document.

**Public Health Activities** – We may share your PHI for public health activities. These activities may include, for example, reporting to a public health organization for stopping or controlling disease, injury, or disability; reporting abuse or neglect of older people; or reporting deaths.

**Reporting Victims of Abuse, Neglect, or Home Violence** – If we believe that you have been a victim of abuse, neglect, or violence at home, we may use and release your PHI to notify a government organization, if allowed by law, or if you agree to the report.

**Health Monitoring Activities** – We may share your PHI with a health monitoring organization for activities allowed by law. Such activities may include audits, investigations, inspections and licensure actions, or activities that include government monitoring of the health care system.

**To Stop a Serious Threat to Health or Safety** – When needed to stop a serious threat to your health or safety, or the health or safety of the public or another person, we may use and share your PHI, limiting sharing to someone able to help slow down or stop the threatened harm.

**Court and Legal Actions** – We may need to share your PHI if we get a court or legal order. We may also share your PHI if we get a subpoena, discovery request, or other lawful order when certain conditions are met. These situations include making efforts to contact you about asking for or getting an order or agreement protecting the PHI.

**Law Enforcement** – We may release your PHI for some law enforcement uses including, for example, to cooperate with reporting needs; to obey a court order, warrant, or similar legal use; or to respond to some requests for information about crimes.

**Research** – We may use and share your PHI for research purposes if the research has been studied, approved, and is found to keep your information private; if the researcher is collecting information in preparing a research plan; if the research happens after your death; or if you agree information can be shared.

**Coroners, Medical Examiners, Funeral Directors, Organ Finding Organizations** – We may release your PHI to a coroner, medical examiner, funeral director or, if you are an organ donor, to an organization in charge of the donation of organs and tissue.

**Disaster Relief** – We may share your PHI with a disaster relief organization.

**Military, Veterans, and other Specific Government Uses** – If you are a member of the

armed forces, we may use and share your PHI if needed by the military. We may release your PHI for national security purposes, or if needed to protect the President of the United States or certain other officials, or to have some kinds of special investigations.

**Workers' Compensation** – We may use and share your PHI to obey laws that have to do with workers' compensation or similar programs.

**Inmates/Law Enforcement Custody** – If you are under the custody of a law enforcement official or a correctional institution, we may share your PHI with the institution or official for some purposes, including the health and safety of you and others.

**Fundraising Activities** – We may use and share some limited contact information for fundraising purposes. We may give contact information to an organization that works with our PACE Program, as long as any fundraising communications fully explains your right to refuse future fundraising communications. We must accept your request to refuse.

**Genetic Information** – We are not allowed to use or share your PHI if it contains genetic information for underwriting purposes.

### **III. USES AND DISCLOSURES WITH YOUR AGREEMENT**

We will ask for your agreement for: (1) most uses and sharing of psychotherapy notes (as defined by the Health Insurance Portability and Accountability Act (HIPAA)); (2) uses and sharing of your health information for marketing purposes; and (3) sharing that would mean a sale of your health information. Except as described in this Notice, we will only use and share your PHI with your written Agreement. You may cancel an Agreement in writing at any time. If you cancel an Agreement, we will no longer use or share your PHI for the reasons you gave in your Agreement, except where we have already depended on the Agreement.

### **IV. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

Listed below are your rights regarding your PHI. Each of these rights depends on definite needs, limits, and exceptions. To use these rights, you may need to turn in a written form to On Lok PACE. If you ask, On Lok PACE will give you the right form to complete.

**Asking for Limits** – You have the right to ask for limits on our use and sharing of your PHI for treatment, payment, or health care work. You also have the right to ask for limits on the health information we share about you with a family member, friend, or other person who is part of your care, or the payment for your care. We do not have to agree to your requested limits on how we use your health information within On Lok PACE. If you pay in full for a health care service, and you ask us not to share information about the service to a health plan for reason of payment or health care use, we will follow your request. If you ask us to limit the use of protected health information, we will limit the use of your information if it is possible. If we do agree to accept your request for limits, we will obey your request except as needed to provide you with emergency treatment or if it is legal.

**Access to Personal Health Information** – You have the right to look at and get a copy of your clinical and billing records and other written information that may be used to make decisions about your care (your designated record set), with some exceptions. If you want this, you must ask for it in writing. In most cases, we may charge a sensible fee for our costs in copying and mailing the information you ask for, as long as it is legal.

Because we usually maintain one or more of your designated record sets electronically, you also have the right to ask for and get an electronic copy of such information. You may also ask us to send a copy directly to a third-party named by you. We may charge a fee, if lawful, for our costs in granting your request.

**Ask for Changes** – You have the right to ask for changes to your PHI that is kept by On Lok PACE for as long as the information is kept by or for On Lok PACE. If you ask for changes, you must make them in writing and must give the reason(s) why you want the changes.

If you ask for changes, we may not allow them if the information (a) was not made by On Lok PACE, unless the maker of the information is no longer here to make the changes possible; (b) if it is not part of the PHI kept by or for On Lok PACE; (c) if it is not part of the information you are allowed to get; or (d) if it is already true and complete, as decided by On Lok PACE.

If you ask for changes and we deny your wish for changes, we will give you a written denial that includes the reasons we will not change it. We will also give you help to ask for and turn in a written statement about why you do not agree with the denial.

**Ask for a List of Releases** – You have the right to ask for a list of some releases of your PHI. This is a listing of releases made by the PACE Program or by others who work with us, but it does not include releases for treatment, payment, and health care uses; releases made following your Agreement; and some other exceptions.

To request a list of releases, you must ask for it in writing, naming a time period starting within six (6) years from the date of your request. The first listing given within a 12-month period will be free; for more requests, we may bill you for our costs.

**Ask for a Paper Copy of This Notice** – You have the right to get a paper copy of this Notice, even if you have agreed to get a copy of this Notice electronically. You may ask for a copy of this Notice at any time. Also, you may get a copy of this Notice at our website, [www.onlok.org/PACE](http://www.onlok.org/PACE).

**Ask for Private Communications** – You have the right to ask that we communicate with you about your health matters in a certain way. We will allow your reasonable requests.

## **V. SPECIAL RULES ABOUT RELEASE OF PSYCHIATRIC, SUBSTANCE ABUSE, AND HIV-RELATED INFORMATION**

The State of California has protected types of health care information that are kept and controlled in special ways. These kinds of information include state paid mental health

treatment, developmental disabilities treatment, drug/alcohol abuse treatment, and HIV/AIDS treatment information. Information about treatment of minors (children) over age 12 agreeing to services for reproductive health, mental health, substance abuse, pregnancy, reportable diseases, rape, or sexual assault are also protected. We follow your privacy rights under these state laws.

## **VI. FOR MORE INFORMATION OR TO FILE A COMPLAINT**

If you have any questions about this Notice or would like more information about your privacy rights, please call or write us at:

**On Lok PACE**  
**Attention: Privacy Officer**  
1333 Bush Street  
San Francisco, CA 94109-5611  
1-628-345-3426 (TTY: 711)  
compliance@onlok.org

To make a complaint with the California Department of Health Care Services, contact:

**Privacy Officer**  
**California Department of Health Care Services**  
P.O. Box 997413, MS 0010  
Sacramento, CA 95899-7413  
1-916-445-4646 or 1-877-735-2929 (TTY/TDD)

If you believe that your privacy rights have been violated, you may make a complaint in writing with On Lok PACE or with the Office for Civil Rights in the U.S. Department of Health and Human Services (OCR). We will not punish you for filing a complaint.

To file a complaint with the OCR, send your written complaint to OCR by mail at Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201, or by email to [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov).

## **VII. CHANGES TO THIS NOTICE**

We have the right to update and change this Notice. Any changes to this Notice apply to all PHI already received and maintained by On Lok PACE, as well as for all PHI we receive in the future. We will give you a copy of the changed Notice if you ask for one.

## **VIII. WHO IS COVERED BY THIS NOTICE**

This Notice is followed by all employees, medical staff, trainees, and volunteers of On Lok PACE.

This notice also covers other health care providers that come to On Lok's facilities to care

for patients (such as physicians, therapists, and other health care providers not employed by On Lok), unless these other health care providers give you their own notice of privacy practices that describes how they will protect your medical/health information.

On Lok PACE participates in an Organized Health Care Arrangement with the Institute on Aging (“IOA”) and may use and share your information for treatment, payment, and health care operations under this arrangement if you receive services from IOA.