

**SOUTH OF MARKET HEALTH CENTER**  
**HIPAA PRIVACY PRACTICES**  
**Summary Statement**

---

SMHC is required under the Health Insurance Portability and Accountability Act (HIPAA) of 1996 to have a Notice of Privacy Practices and to provide our patients with a copy. After an initial notification of all patients in 2003, when the regulation became effective, SMHC includes a copy of the notification for each new patient at the time of their registration. It describes how we may use or disclose your protected health information, with whom that information may be shared, and the safeguards we have in place to protect it. This notice also describes your rights to access and amend your protected health information. You have the right to approve or refuse the release of specific information outside of our clinic system, except when the release is required or authorized by law or regulation.

**SMHC PLEDGE ABOUT HEALTH INFORMATION**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. This notice applies to all of the records of your care generated by our health center, whether made by the health center personnel or your personal doctor, whether on paper or in computers, and whether provided by a doctor or other health care workers.

The law requires South of Market Health Center to:

- keep a record of the care it provides you;
- make sure that health information that could be used to identify you is kept private;
- give you this Notice of legal duties and privacy practices; and
- follow the Notice that is currently in effect.

**HOW SMHC MAY USE AND SHARE HEALTH INFORMATION ABOUT YOU**

We cannot describe every way SMHC uses or shares health information in this Notice. It is important for you to know that in California there are kinds of specially protected health care information that have to be kept and handled in special ways. Included in these protected kinds of information are mental health treatment, developmental disabilities treatment, drug/alcohol abuse treatment, sexually transmitted disease (STD), and HIV/AIDS treatment information. Information about treatment of minors over age 12 consenting for services for reproductive health, mental health, substance abuse, pregnancy, reportable diseases, rape or sexual assault are also protected. We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you. As required by law health information about you may be shared when required by federal, state or local law. Health information about you may be used and shared to law enforcement officials, mobile crisis team, or to an intended victim when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

**Other Uses of Medical Information:** Other uses and disclosures of medical information not covered by this notice or otherwise permitted by the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided to you.

In all cases, our health workers and doctors will use the minimum amount of information necessary to give you care, obtain payment for your care, or operate our health care facilities. This health center regularly reviews the uses and disclosures that its staff makes from these records to be sure they are appropriate and in compliance with state and federal regulations.

**If you believe your privacy rights have not been maintained** while receiving our services, you may file a complaint with this health center or with the U.S. Secretary of the Department of Health and Human Services. To file a complaint with the health center, contact the Privacy Officer located at 229 7<sup>th</sup> Street or call (415) 503-6050. To file a complaint with the US Department of Health and Human Services, Office for Civil Rights U.S. Department of Health and Human Services, 90 7th Street, Suite 4-100 San Francisco, CA 94103. You will not be penalized in any way for filing a complaint.