



NOTICE OF PRIVACY PRACTICES

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

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.

About Us

Hill Physicians Medical Group is the largest network of independent doctors in Northern California. Our more than 4,000 primary care physicians and specialists provide high-quality care across the San Francisco Bay, Sacramento, and Central Valley areas. PriMed Management Consulting Services is our management services organization and provides a full range of support services to Hill Physicians doctors and members.

In this Notice, we use terms like “we,” “us” or “our” to refer to Hill Physicians Medical Group and its participating physicians.

This Notice applies to Hill Physicians Medical Group and its participating physicians. Our health care delivery sites include physicians’ offices listed in our Provider Directory, Health Education and Customer Service call centers, and our member website www.hillphysicians.com. We share your Protected Health Information (PHI) among us to provide you with the health care services, to treat you, to pay for your care, and to conduct our business operations (e.g., quality assurance, compliance, and utilization review).

I. Purpose of this Notice

Hill Physicians Medical Group is dedicated to maintaining the privacy of your Protected Health Information (PHI). While doing business, we create, gather, and maintain PHI about our members. We respect the privacy of your PHI and understand the importance of keeping this information confidential and secure. We are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain.

II. What is “Protected Health Information” or “PHI”?

Protected health information (PHI) is individually identifiable health information, including demographic information, about your past, present or future physical or mental health or condition, health care services you receive, and past, present, or future payment for your health care. Demographic information includes information such as your name, social security number, address, and date of birth.



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PHI may be in oral, written, or electronic form. Examples of PHI include your medical record, claims records, enrollment or disenrollment information, and communications between you and your health care provider about your care.

If your PHI does not identify who you are or is “de-identified” in accordance with HIPAA standards, it is no longer considered PHI. If you are an employee of one of our participating physician’s offices, or an employee of PriMed Management Consulting Services, PHI does not include the health information in your personnel file.

III. How We Protect Your PHI

By federal and state law, we must follow the terms of this Notice.

By law, we must

- Protect the privacy of your PHI
- Tell you how we may use and disclose your PHI
- Tell you about your rights and our obligations concerning the use and disclosure of your PHI.
- Notify you if there is a breach of your unsecured PHI

We restrict access to your PHI to those workforce members who need access in order to provide services to our members. We have established and maintain appropriate physical, technical and procedural safeguards to protect your PHI against unauthorized use or disclosure. We have established a training program that our employees must complete and update annually. We also have a Privacy Office, that has overall responsibility for developing, training, and overseeing the implementation and enforcement of policies and procedures to safeguard your PHI against inappropriate access, use and disclosure.

IV. Types of Use and Disclosure of PHI We May Make Without Your Authorization

Our participating physicians and workforce members are required to maintain the confidentiality of the PHI of our members, and we have policies and procedures and other safeguards to help protect your PHI from improper use and disclosure. Sometimes we are allowed by law to use and disclose certain PHI without your written permission. We briefly describe these uses and disclosures below and give you some examples.

a) Use and Disclosure for Treatment, Payment, and Health Care Operations (No Authorization Required)

How much PHI is used or disclosed without your written permission will vary depending, for example, on the intended purpose of the use or disclosure. Sometimes we may only need to use or disclose a limited amount of PHI, such as to send you an appointment reminder or to confirm



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that you are a Hill Physicians member. At other times, we may need to use or disclose more PHI such as when we are providing medical treatment.

- **Treatment** - Federal and state law allow us to use and disclose your PHI to provide health care services to you. We may use your PHI as it relates to treatment you receive from Hill Physicians Medical Group network physicians. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children, or parents. Finally, we may also disclose your PHI to other health care providers outside of Hill Physicians Medical Group network for purposes related to your treatment.
- **Payment** - Hill Physicians Medical Group may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, if we are able under state and/or federal law, we may use your PHI to bill you directly for services and items. We may use and disclose your PHI to review healthcare services for medical necessity, justification of charges and utilization review activities. We may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.
- **Health Care Operations** - We may also use or disclose your PHI, for example, to inform you about health-related benefits and services that we offer, or to contact you to remind you of your appointments. We conduct these activities to provide health care to you, and not as marketing. Federal and state law also allow us to use and disclose your PHI as necessary in connection with our health care operations. For example, we may use your PHI for resolution of any grievance or appeal that you file if you are unhappy with the care you have received. We may also use your PHI in connection with population-based disease management programs. We may use your PHI to perform certain business functions and disclose your PHI to our business associates, who must also agree to safeguard your PHI as required by law.

When your PHI is shared with outside parties (called "Business Associates") who perform tasks on behalf of Hill Physicians Medical Group, the Business Associates are also required to protect and restrict use of your PHI. These Business Associates must agree in writing to safeguard your PHI.

b) Other Types of Use and Disclosures (No Authorization Required)

We are also allowed by law to use and disclose your PHI without your authorization for the following purposes:

1. **When required by law** - In some circumstances, we are required by federal or state laws to disclose certain PHI to others, such as public agencies for various reasons.



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- a. Regarding a crime victim in certain situations if we are unable to obtain the person's agreement
 - b. Concerning a death, we believe has resulted from criminal conduct
 - c. Regarding criminal conduct at our offices
 - d. In response to a warrant, summons, court order, subpoena, or similar legal process
 - e. To identify/locate a suspect, material witness, fugitive, or missing person
 - f. In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity, or location of the perpetrator)
2. **For public health activities** – We may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:
- a. maintain vital records, such as births and deaths
 - b. reporting child abuse or neglect
 - c. preventing or controlling disease, injury, or disability
 - d. notifying a person regarding potential exposure to a communicable disease
 - e. notifying a person regarding a potential risk for spreading or contracting a disease or condition
 - f. reporting reactions to drugs or problems with products or devices
 - g. notifying individuals if a product or device they may be using has been recalled
 - h. notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees, or we are required or authorized by law to disclose this information
 - i. notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.
3. **Reports about child and other types of abuse or neglect, or domestic violence** - By law, we may disclose PHI to the appropriate authority to report suspected child abuse or neglect or to identify suspected victims of abuse, neglect, or domestic violence.
4. **For health oversight activities** - We may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure, and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general. Reports to governmental agencies include those that are responsible for licensing or disciplinary action against physicians or other health care providers.
5. **For lawsuits and other proceedings** – In response to a court or administrative order if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested



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6. **Reports to coroners, medical examiners, or funeral directors** – We may disclose PHI to a coroner or medical examiner to permit identification of a body, determine cause of death, or for other official duties. We may also disclose PHI to funeral directors.
7. **For tissue or organ donations**– We may use or disclose PHI to organ-procurement organizations to assist with organ, eye, or other tissue donations.
8. **For research**– To medical researchers with an approval of an institutional review board (IRB); Research of all kinds may involve the use or disclosure of your PHI. Your PHI can generally be used or disclosed for research without your permission if an Institutional Review Board (IRB) approves such use or disclosure or a Privacy Board that oversees studies on human subjects. An IRB is a committee that is responsible, under federal law, for reviewing and approving human subjects research to protect the safety of the participants and the confidentiality of PHI. Researchers are also required to safeguard your PHI.
9. **Serious threat to the health or safety of you or other members of the public**- We may use and disclose your PHI if we believe it is necessary to avoid a serious threat to your health or safety or to someone else's.
10. **Communications with family and others when you are present**- Sometimes a family member or other person involved in your care will be present when we are discussing your PHI with you. If you object, please tell us and we won't discuss your PHI, or we will ask the person to leave.
11. **Communications with family and others when you are not present**- There may be times when it is necessary to disclose your PHI to a family member or other person involved in your care because there is an emergency, you are not present, or you lack the decision-making capacity to agree or object. In those instances, we will use our professional judgment to determine if it's in your best interest to disclose your PHI. If so, we will limit the disclosure to the PHI that is directly relevant to the person's involvement with your health care.
12. **Disclosure in case of disaster relief**- We may disclose your name, city of residence, age, gender, and general condition to a public or private disaster relief organization to assist disaster relief efforts, unless you object at the time.
13. **Disclosures to parents as personal representatives of minors**- In most cases, we may disclose your minor child's PHI to you. In some situations, however, we are permitted or even required by law to deny your access to your minor child's PHI, such as when your child can legally consent to medical services without your permission. An example of when we must deny such access based on type of health care is when a minor who is 12 or older seeks care for a communicable disease or condition or mental health information, which are protected by stricter laws. Another situation when we must deny access to parents is when minors have adult rights to make their own health care decisions. These minors include, for example, minors who were or are married or who have a declaration of emancipation from a court.
14. **National Security** - We may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal



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officials in order to protect the President, other officials, or foreign heads of state, or to conduct investigations.

15. **Military** - We may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
16. **Inmate** - We may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.
17. **Workers' compensation** - We may use and disclose your PHI in order to comply with workers' compensation laws. For example, we may release your PHI for workers' compensation claims, case reviews, and similar programs.

V. Uses and Disclosures Requiring You to Have the Opportunity to Agree or Object

We will provide you with the opportunity to agree or object prior to these disclosures. If you cannot agree or object because you are incapacitated or otherwise unavailable, we will use our professional judgment.

Except for those uses and disclosures described above, we will not use or disclose your PHI without your written authorization. Some instances in which we may request your authorization for use or disclosure of PHI are:

VI. Uses and Disclosures Requiring Your Authorization

We must obtain your written authorization prior to the following uses and disclosures of your PHI:

- 1) **Marketing Activities** - We must obtain your written authorization in order to use your PHI to send you marketing materials. However, no authorization is required for the following communications:
 - a) information relating to your treatment by one of our participating providers, including case management, care coordination or recommendation of treatment alternatives.
 - b) refill reminders or other communications about drugs that are currently prescribed for you.
 - c) information about health-related products or services available from our participating providers.
 - d) marketing information provided to you during a face-to-face communication; and
 - e) promotional gifts of nominal value.



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- 2) Psychotherapy Notes - With very limited exceptions, we must obtain your authorization in order to disclose any notes recorded by a mental health professional about you in a counseling session. Federal privacy law defines "psychotherapy notes" very specifically to mean notes made by a mental health professional recording conversations during private or group counseling sessions that are maintained separately from the rest of your medical record.
- 3) Sale of PHI: We may only sell your PHI if we received your prior written authorization to do so.

All other uses and disclosures of your PHI that are not described in this Notice require your written authorization.

If you need an authorization form, we will send you one for you or your personal representative to complete. When you receive the form, please fill it out and send it to the following address:

**Hill Physicians Medical Group
Attn: Customer Service Department
P.O Box 5080
San Ramon, CA 94583**

You may revoke or modify your authorization at any time by writing to us at the same address. Please note that your revocation or modification may not be effective in some circumstances, such as when we have already taken action relying on your authorization.

VII. Your Rights Regarding Your PHI

Access to Your PHI

You may request to inspect and obtain a copy and/or an electronic copy of your PHI that we maintain in medical and billing records, for as long as we maintain such records. You also have the right to direct that the copy of your PHI to be transmitted to another person designated by you. If you wish to access your PHI, please provide a detailed written description of the PHI you wish to review at the address given below. If you would like a copy of the information we have, your request must be in writing and sent to such address. For your convenience, Hill Physicians has placed an Authorization for Release of Medical Information form located on our website at <https://www.hillphysicians.com/for-members/member-rights>

If you do not have access to our website, a copy of the release form will be provided to you upon written or verbal request. We will respond to your request and tell you when and where you can review your PHI in our possession within our normal business hours. If we provide you with a copy of your PHI, we may charge a reasonable administrative fee for copying your PHI to the extent permitted by applicable law. If we don't have your PHI, but know who does, we will tell you whom to contact.



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In limited circumstances, we may deny your request to inspect or obtain copies of your PHI. We will explain in writing the reason for our denial, and you will have the opportunity, unless limited exceptions apply, to request review of the denial. We will comply with the outcome of the review. In addition, federal law does not entitle individuals to have access to the following: (1) psychotherapy notes, (2) information compiled in reasonable anticipation of, or use in, legal proceedings, and (3) other PHI to which access is prohibited by federal law.

Right to Amend Your PHI

You have the right to request amendments or correction to your PHI for so long as the information is maintained in our medical and billing records. If you believe your PHI is incorrect or incomplete, please write to us and tell us what you want changed and why. For your convenience, Hill Physicians has placed a Request to Amend the Designated Record Set (California Addendum) form located on our website at <https://www.hillphysicians.com/for-members/member-rights>

We will respond to you in writing, either accepting or denying your request.

We will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for Hill Physicians Medical Group; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by Hill Physicians Medical Group, unless the individual or entity that created the information is not available to amend the information.

Right to Receive an Accounting of Disclosures of Your PHI

You have the right to request an accounting of certain disclosures that we make of your PHI prior to the date of your request. An "accounting of disclosures" is a list of certain non-routine disclosures Hill Physicians Medical Group has made of your PHI for non-treatment, non-payment, or non-operations purposes. Use of your PHI as part of the routine patient care is not required to be documented. You can request an accounting by writing to us. For your convenience, Hill Physicians has placed a Request for an Accounting of Disclosures form located on our website at <https://www.hillphysicians.com/for-members/member-rights>

We will respond to your request within a reasonable period of time, but no later than 60 days after we receive your written request. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but we may charge you for additional lists within the same 12-month period. We will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

Right to Receive a Copy of This Notice

You have the right to request and receive a paper copy of this Notice, even if you have agreed to receive the Notice electronically. You may contact our Customer Service Department for a copy, and one will be provided to you at no charge. Copies are also available at our participating



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physicians' offices and on our website at <https://www.hillphysicians.com/for-members/member-rights>.

Right to Request Restrictions

You have the right to request restrictions on how we use and disclose your PHI for our treatment, payment, and health care operations. All requests must be made in writing. Upon receipt, we will review your request and notify you whether we have accepted or denied your request. If we agree to your request, we will comply with the restriction unless a disclosure is required in order to provide you with emergency treatment. Please note that we are not required to accept your request for restrictions, except that we are required, based on your written request, to restrict disclosure of your PHI to a health plan if (1) the purpose of the disclosure is to carry out payment or health care operations, (2) the disclosure is not otherwise required by law, and (3) the PHI pertains solely to a health care item or service for which you or someone other than the health plan have paid in full without any contribution from your health plan.

In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing. For your convenience, Hill Physicians Medical Group has placed a Request to Restrict Use and/or Disclosure of Protected Health Information form located on our website at <https://www.hillphysicians.com/for-members/member-rights>.

Your request must describe in a clear and concise fashion:

- (a) the information you wish restricted.
- (b) whether you are requesting to limit Hill Physicians Medical Group use, disclosure, or both; and
- (c) to whom you want the limits to apply.

Your PHI is critical for providing you with quality health care. We believe we have taken appropriate safeguards and internal restrictions to protect your PHI, and that additional restrictions may be harmful to your care.

Right to Choose Someone to Act for You

If you have given someone power of attorney or if someone is your legal guardian or personal representative, 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.

Right to Confidential Communications

You have the right to request that we provide your PHI to you in a confidential manner. For example, you may request that we send your PHI by an alternate means (e.g., sending by a sealed envelope, rather than a post card) or to an alternate address (e.g., calling you at a different telephone number, or sending a letter to you at your office address rather than your home address). We will accommodate any reasonable requests, unless they are administratively too burdensome, or prohibited by law.

In order to request a type of confidential communication, you must make your request in writing, specifying the requested method of contact, or the location where you wish to be contacted. For



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your convenience, Hill Physicians has placed an Alternative Communication Request form located on our website at <https://www.hillphysicians.com/for-members/member-rights>.

Right to Complain

We must follow the privacy practices set forth in this Notice while in effect. If you have any questions about this Notice, wish to exercise your rights, or file a complaint, please direct your inquiries to

Hill Physicians Medical Group
Attn: Privacy Office
2409 Camino Ramon
San Ramon, CA 94583
(877) 769-3339
HIPAA@hpmg.com

You may contact your Health Plan or the California Department of Managed Care with your concerns as well. You also have the right to directly complain to the Secretary of the United States Department of Health and Human Services by contacting:

Contact information for the California Department of Health Services Privacy Officer:

Privacy Officer
California Department of Health Services
P.O. Box 942732
Sacramento, CA 94234-7320
(916) 255-5259 or 1-877-735-2929 (TTY)
<https://www.hhs.gov/hipaa/filing-a-complaint/index.html>

We will not retaliate against you for filing a complaint against us.

Right to be Notified Following a breach of Unsecured Protected Health Information.

If you are affected by a breach of your unsecured protected health information, you have the right to, and will, receive notice of such breach. Unsecured protected health information is health information that has not been secured through the use of technology, such as encryption, to render your protected health information unusable, unreadable, or indecipherable to unauthorized individuals.

Rights Reserved by Hill Physicians Medical Group

We will use and disclose your PHI to the fullest extent authorized by law. We reserve the rights as expressed in this Notice. We reserve the right to revise our privacy practices consistent with law and make them applicable to all of your PHI that we maintain, regardless of when it was received or created. If we make material or important changes to our privacy practices, we will promptly revise our Notice. Unless the changes are required by law, we will not implement material changes to our privacy practices before we revise our Notice. You may request a copy of the Notice in effect at any time. The Notice is also posted on our website at:



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<https://www.hillphysicians.com/for-members/member-rights>

State-Specific Requirements

When California law is permitted to impose a more stringent requirement than the federal law, California law will control our use and disclosure of your PHI.

Effective Date This Notice is effective December 31, 2022 and remains in effect until changed.

If you need this information in another language call (800) 445-5747
TTY to Voice (800) 735-2929/Voice to TTY (800) 735-292.