

Desert Oasis Healthcare  
(DOHC)

**NOTICE OF PRIVACY PRACTICES**

Your Information. Your Rights. Our Responsibilities.

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THIS NOTIFICATION DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY.**

**Your Rights**

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

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Please ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct the health record about you that you think is incorrect or incomplete. Please ask us how to do this.
- We may say “no” to your request, we will tell you why in writing within 60 days.

Request confidential communications

- 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 say “yes” to all reasonable requests.

Ask us to limit what we use or share

- 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.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operation with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we've shared information with

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date of your request, who we share it with, and why.
- We will include the disclosures except for those about your treatment, payment and healthcare operations, and certain other disclosures (such as any you asked us to make). We will 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

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your right to make choices about your health information.
- We will make sure that person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can file a complaint if you feel we have violated your rights by contacting our Compliance Officer at: Desert Oasis Healthcare, 275 N. El Cielo Drive, Palm Springs, CA 92262. Attention: Compliance Officer.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to: Office for Civil Rights, DHHS., 90 7<sup>th</sup> Street, Suite 4-100, San Francisco, CA 94103. Or (415)437-8310; (415)437-8311 (TDD), (415)437-8329 FAX, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)
- We will not retaliate against you for filing a complaint.

Your Choices

You have some choice in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Contact you for fundraising efforts

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situation described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to

- Share information with your family, close friends and other involved in your care.
- Share information in a disaster relief situation.
- Include your information in a hospital directory.

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases, we never share your information unless you give us written permission

- Marketing purposes
- Sale of your information (DOHC does not sell patient information)
- Most sharing of psychotherapy notes

In the case of fundraising

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

**Our Uses and Disclosures**

We typically use or share your health information in the following ways.

Treatment

- We can use your health information and share it with other professionals who are treating you.
- *Example: A doctor is treating you for an injury asks another doctor about your overall health condition.*

Operations

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.
- *Example: We use health information about you to manage your treatment and services.*

### Payment

- We can use and share your health information to bill and get payment from the health plans or other entities.
- *Example: We give information about you to your health insurance plan, so it will pay for your services.*

### Help with public health and safety issues

We can share health information about you for certain situations such as:

- 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

### Research

We can share your information for health research.

### Comply with the law

We will share health information about you if state or federal law require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.

### Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations if you are an organ donor.

### Work with a medical examiner or funeral director

We can share health information with the coroner, medical examiner, or funeral director when an individual dies.

### Address worker's compensation, law enforcement, and other government requests

We can use or share health information about you:

- For worker's compensation claims.
- For law enforcement purposes or with a law enforcement official.
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services.

Respond to lawsuits and legal actions

We can share health information about you in response to a court order, or in response to a subpoena.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

**Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information (PHI).
- We will let you know promptly if a breach occurs that may have compromised the privacy and security of your information.
- We must follow duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless; you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

[www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html](http://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html)

Changes to the terms of this notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available by request, in our office and on our website.

**Effective Date of Notice:** June 11, 2019

**To Contact Our Compliance Officer:**

Email: [Ryan.Galli@MyDOHC.com](mailto:Ryan.Galli@MyDOHC.com)

Phone: (760) 320-4122

Fax: (760) 320-4374

Mail: Desert Oasis Healthcare  
275 N. El Cielo Drive  
Palm Springs, CA 92262  
Attn: Compliance Officer



Your Health. Your Life. Our Passion.

275 North El Cielo Road  
Palm Springs, CA 92262  
(760) 320-8814  
Attention: Compliance Officer  
[www.mydohc.com](http://www.mydohc.com)

Desert Oasis Healthcare  
(DOHC)

**NOTICE OF PRIVACY PRACTICES**

**Acknowledgement of Receipt of Notice of Privacy Practices**

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This Notice of Privacy Practices describes how your medical information may be used and disclosed and how you may obtain access to your medical information. Please review this notice carefully.

I acknowledge that I have received a copy of the Noticed of Privacy Practices:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date of Birth:

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

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

Patient

Parent/Guarantor

Power of Attorney

I decline a copy of the Notice of Privacy Practices:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date of Birth

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

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

Instructions to Receptionists: Provide a copy of the Notice of Privacy Practice to each patient. Forward only this signed signature page to the Health Information Management Department (HIM) to be scanned into the patient's chart.