



Office of Compliance Services

Notice of Privacy Practices: Summary

Your Health Information and Privacy

We respect your privacy and are committed to protecting your health information. We are required by law to maintain the privacy of your health information and to provide you with this notice of our legal duties and privacy practices. This summary explains how your health information may be used and disclosed, and how you can access it.

IMPORTANT NOTE: This is only a summary and does not include all details of our privacy policy. The full Notice of Privacy Practices is available as a printed copy upon request.

I. How We May Use and Disclose Your Health Information

We may use and share your information for:

- **Treatment** – to provide, coordinate, or manage your care.
- **Payment** – to bill and receive payment for services from your health plan.
- **Healthcare Operations** – to improve services, conduct quality assessments, staff training, outcome evaluation, audits, or compliance activities.
- **Required by Law** – when legally required by federal, state or local law. Examples include, but are not limited to, reporting certain diseases to public health authorities; suspected abuse or neglect of a child, elder, or dependent adult; domestic violence; threats to your health and safety or that of others; responding to court orders; national security; correctional facility if you're in custody; complying with government audits or oversight.

II. Your Rights

You have the right to:

- **Access Your Information** – request to inspect or obtain a copy of your health record, in either paper or electronic form.
- **Request an Amendment** – ask us to correct or update your health information if you believe it is inaccurate or incomplete.
- **Request Restrictions** – ask us to limit certain uses or disclosures of your health information (we may not always be required to agree).
- **Request Confidential Communication** – request an alternative method or location for communications (e.g., receiving calls at home only).
- **Request an Accounting of Disclosures** – ask us to provide a list of certain disclosures we have made of your health information, excluding those made for treatment, payment, or healthcare operations.
- **Receive the Full Notice of Privacy Practices (Notice)** – request a full copy of the Notice at any time.
- **File a Complaint** – If you believe your privacy rights were violated, you may file a complaint with our Office of Compliance Services by calling 510-618-3333 or emailing

ACHealth.Compliance@acgov.org or with the U.S. Department of Health and Human Services, Office for Civil Rights. Filing a complaint will not affect your care or services.

- **Be Notified of a Breach** – you have the right to be informed if there is a breach of your unsecured health information.

III. **Notice of Changes**

We may update our privacy practices from time to time. Any changes will be posted and available upon request.

IV. **Questions or Request**

If you have questions, complaints, or would like additional information regarding this Notice or our privacy practices, please contact:

AC Health Office of Compliance Services

1000 San Leandro Blvd. Suite 300

San Leandro, CA 94577

Phone: 510-618-3333

Email: ACHealth.Compliance@acgov.org

**I acknowledge that I have been offered or received the
Notice of Privacy Practices**

Client or Client Representative Signature

Date

PRINT Client/Representative Name

AC Health Department/Program Name