



## NOTICE OF PRIVACY PRACTICES

Gateway Learning Group, Inc.  
Melissa Willa, Chief Executive Officer and Privacy Officer  
Effective Date: March 17, 2017

### OUR LEGAL DUTY

Federal and state law requires us to maintain the privacy of your health information. That law also requires us to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices we describe in this notice while it is in effect. This Notice takes effect March 17, 2017 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided applicable law permits such changes. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request.

You may request a copy of our notice at any time. We will provide you with a copy promptly. For more information about our privacy practices, or for additional copies of this notice, please use the contact information listed at the end of this notice.

### USES AND DISCLOSURES OF HEALTH INFORMATION

We are required by applicable federal and state law to maintain the privacy of your protected health information. "Protected health information" (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We use and disclose PHI for treatment, payment and health care operations. For example:

**Treatment.** We may use and disclose your health information for treatment or disclose it to a physician or other health care provider providing treatment for you so that they can order our services. For example, we may issue a report to your physician so that he or she can order services for you.

**Payment.** We may use and disclose your PHI for payment activities including submitting claims and invoices, determining eligibility or coverage, reviewing services and responding to audit requests from payers, such as insurers and school districts.

**Health Care Operations.** We may use and disclose your health information for our health care operations. Health care operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities. We may disclose your health information to another health care provider or organization

that is subject to federal Privacy rules and that has a relationship with you to support their health care operations. For example, information about your health care may be reviewed by our administrative team or our consultants to evaluate the quality of the professionals who have provided you with health care.

**On Your Authorization.** You may give us written authorization to use your health information or disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any uses or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this notice.

**To Your Family and Friends.** We may disclose your health information to a family member, friend or other person to the extent necessary to help with your health care or with payment for your health care. Before we disclose your health information to these people, we will provide you with an opportunity to object to our use or disclosure. If you are not present, or in the event of your incapacity or an emergency, we will disclose your medical information based on our professional judgment or whether the disclosure would be in your best interest. We may use our professional judgment and our experience with common practice to make reasonable inferences of your best interest.

**Scheduling.** We may use or disclose your health information to communicate with you regarding your treatment schedule via emails, phone calls or voicemail messages.

**Change of Ownership.** In the event that Gateway is sold or merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.

**Treatment Alternatives.** We may use and disclose your medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health-Related Products and Services.** We may use and disclose your PHI to tell you about related products or services that may be of interest to you.

**Breach Notification.** In the case of a breach of unsecured protected health information, we will notify you as required by law. If you have provided us with a current e-mail address, we may use e-mail to communicate information related to the breach. In some circumstances our business associate may provide the notification. We may also provide notification by other methods as appropriate.

**Public Benefit.** We may use your medical information as authorized by law for the following purposes deemed to be in the public interest:

- As required by law
- For public health activities, including disease and vital statistic reporting, and FDA oversight
- To report abuse, neglect, or domestic violence
- To health oversight agencies
- In response to court and administrative orders and other lawful processes
- To avert a serious threat to health or safety
- In certain research activities

## WHEN WE MAY NOT USE OR DISCLOSE YOUR HEALTH INFORMATION

Except as described in this Notice of Privacy Practices, Gateway will, consistent with its legal obligations, not use or disclose health information which identifies you without your written authorization. If you do authorize this medical practice to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

## PATIENT RIGHTS

**Access.** You have the right to look at or get copies of your health information, with limited exceptions. You must make a request in writing to obtain access to your health information. You may request access by sending us a letter to an address at the end of this notice. There may be a cost-based fee associated with providing copies of the information requested, depending on the volume of information.

**Disclosure Accounting.** You have the right to receive a list of instances in which we have or our business associates have disclosed your health information over the last six years (but not before July 1, 2011). That list will not include disclosures for treatment, payment, healthcare operations, or disclosures authorized by you.

**Restriction.** You have the right to request that we place restrictions on our use or disclosure of your health information. In addition, you may pay out-of-pocket for our services; if you do so, you may request that we not share your health information with your health plan or health insurance company. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). Any agreement we make to a request for additional restrictions must be in writing signed by our Privacy Officer. Your request is not binding unless our agreement is in writing.

**Alternative Communication.** You have the right to request that we communicate with you about your health information by a specific way. You must make your request in writing. You must specify in your request the alternative means or locations and provide satisfactory explanation of how you will handle payment under the alternative means or location you request.

**Amendment.** You have the right to request that we amend your health information. Your request must be in writing, and it must explain why we should amend the information. We may deny your request under certain circumstances, but we will let you know within sixty (60) days whether we have agreed to amend the information as you have requested.

## CHANGES TO THIS NOTICE OF PRIVACY PRACTICES

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with the terms of this Notice currently in effect. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted in our reception area, and a copy will be available at each appointment.

## QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us using the information listed at the end of this notice. If you believe that:

- We may have violated your privacy rights
- We made a decision about access to your health information incorrectly
- Our response to a request you made to amend or restrict the use or disclosure of your health information was incorrect, or
- We should communicate with you by alternative means or at alternative locations

You may contact us using the information listed below. You may also submit a complaint to the US Department of Health and Human Services by to: Office of Civil Rights, 90 7<sup>th</sup> Street Suite 4-100, San Francisco, CA 94103; 877-696-6775; <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>. We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the US Department of Health and Human Services.

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