



Notice of Privacy Practices

Privacy Practices

This notice describes how protected medical and drug-related information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

General Information

Information regarding your health care, including payment for health care and treatment, is primarily protected by three federal laws: (i) the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. § 1320d et seq., 45 C.F.R. Parts 160 & 164; (ii) the additional privacy and security requirements enacted pursuant to Subtitle D of the Health Information Technology for Clinical Health Act (HITECH), including 45 C.F.R. Sections 164.308, 164.310, 164.312, and 164.316; and (iii) the Confidentiality Law, 42 U.S.C. § 290dd-2, 42 C.F.R. Part 2. Under these laws, Endure Urgent Care may not say to a person outside Endure Urgent Care that you are a patient, nor may Endure Urgent Care disclose any information identifying you or disclose any other protected information about you, except as permitted by federal or state law.

How Endure Urgent Care May Use and Disclose Medical Information about You

The following list describes the ways Endure Urgent Care may use and disclose your medical information without your written authorization. The examples provided serve only as guidance and do not include every possible use or disclosure.

For Treatment: We may use and disclose your Protected Health Information to provide, coordinate, or manage your health care and any related service. For example, we may disclose your PHI to other doctors who need the information to provide you with care.

For Payment: We may use and disclose medical information about you so that the treatment and services you receive may be billed and payment may be collected from you, an insurance company, or a third party. We may also tell your health plan about a treatment or procedure you are going to receive in order to obtain prior approval or to determine whether your plan will cover the services.

For Health Care Operations: We may use and disclose medical information about you for our operations. For example, we may use your PHI to assess our treatment and services. These uses and disclosures are necessary to operate Endure Urgent Care in an efficient manner and to ensure that all individuals receive quality care.

Treatment Reminders: We may use and disclose medical information in order to remind you of a scheduled treatment appointment or procedure.

Business Associates: We may disclose your PHI to persons who perform functions, activities or services to us or on our behalf that require the use or disclosure of PHI. To protect your health information, we require the business associate to appropriately safeguard your information.

Required by Law: We will disclose medical information about you when required to do so by federal or state laws.

To Avert a Serious Threat to Health or Safety: We may use and disclose medical information about you to medical or law enforcement personnel when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Sale of Endure Urgent Care: We may use and disclose medical information about you to another health care entity in the sale, transfer, merger, or consolidation of Endure Urgent Care, unless your medical information includes information about substance use disorder treatment services provided to you. Such information will only be transferred to the new entity pursuant to your written authorization as further described below.

Electronic Disclosure: We may disclose your medical information orally, in paper format or through the use of any electronic means.

Special Situations

Organ and Tissue Donation: If you are an organ donor, we may disclose your PHI to organizations that handle procurement of organ, eye, or tissue transplantations

Military and Veterans: If you are a member of the armed forces, we may release medical information about you as required by military command authorities.

Workers' Compensation: We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Qualified Personnel: We may disclose medical information for research or for management audit, financial audit, or program evaluation, but Endure Urgent Care personnel may not directly or indirectly identify you in any report of the research, audit, or evaluation, or otherwise disclose your identity in any manner.

Public Health Risks: We may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury, or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

All such disclosures will be made in accordance with the requirements of federal and state laws and regulations.

Health Oversight Activities: We may disclose medical information to a health oversight agency for activities authorized by law. Health oversight agencies include public and private agencies authorized by law to oversee health care providers and the health care industry in general.

Law Enforcement: We may disclose your PHI, so long as applicable legal requirements are met, for law enforcement purposes, such as providing information to the police about the victim of a crime.

Coroners, Medical Examiners, and Funeral Directors: We may release medical information to a coroner or medical examiner when authorized by law (e.g., identify a deceased person or determine cause of death) or to funeral directors.

Inmates: If you are an inmate of a correctional facility or under the custody of a law enforcement official, we may release health and treatment information about you to the correctional facility or law enforcement official. Such release would be necessary for: (1) the facility to provide you with proper care; (2) to protect your health and safety or the health and safety of others; and (3) to ensure the safety and security of the correctional facility.

Other Uses and Disclosures

Endure Urgent Care will not use or disclose your medical information for any other purposes (including, without limitation, marketing), unless you give Endure Urgent Care your written authorization to do so. If you give Endure Urgent Care such written authorization for a purpose not described in this Notice, then you may, in most cases, revoke such authorization in writing at any time. Your revocation will be effective for all your medical information Endure Urgent Care maintains, unless our practice has already taken action in reliance on your prior authorization.

Substance Use Disorder Treatment: Your medical information related to such services is protected by federal law and regulation (see 42 CFR Part 2) and will only be used or disclosed by Endure Urgent Care pursuant to: (1) your written authorization; (2) a court order or other legal requirement; (3) medical needs in an emergency to qualified medical personnel; or (4) research, audit, or program evaluation purposes to qualified personnel. This includes use or disclosure of such information in the event of a sale, transfer, merger, or consolidation of Endure Urgent Care. If you do not provide written authorization in such an event, your information will not be transferred.

Please note that federal law or state regulations protecting alcohol or drug treatment records do not protect any information about a crime committed by a patient of Endure Urgent Care or a member of our practice workforce, or any information about suspected child abuse or neglect that is otherwise reportable under state law to appropriate state or local authorities. A violation of the federal law and regulations that protect the confidentiality of substance use disorder treatment patient records is a crime. Suspected violations may be reported to appropriate authorities in accordance with 42 CFR Part 2.

Your Health Information Rights

Right to Inspect and Copy: You have the right to inspect and obtain a paper or electronic copy of medical information that may be used to make decisions about your care, except for information compiled for use in a civil, criminal, or administrative proceeding or in other limited circumstances.

To inspect and copy your medical information, you must submit your request in writing to the Endure Urgent Care Compliance Officer. If you request a copy of the information, our practice may charge a fee as established by its licensing authority, if applicable, for the costs of copying, mailing, or summarizing your medical records.

Endure Urgent Care may deny your request to inspect and copy your medical information in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. A third-party licensed health care professional chosen by Endure Urgent Care will review your request and denial. This professional will not be the same person who denied your request. Our practice will comply with the outcome of the review.

Right to Amend: If you feel that medical information maintained about you is incorrect or incomplete, you may ask your provider to correct or amend the information. You have the right to request an amendment for as long as the information is kept by Endure Urgent Care.

To request an amendment, your request must be made in writing and submitted to the Endure Urgent Care Compliance Officer. In addition, you must provide a reason that supports your request. Our provider may deny your request for an amendment if it is not in writing or does not include a reason to support the request.

Right to an Accounting of Disclosures: You have the right to request an "accounting of disclosures." This is a list of the disclosures made of your medical information for purposes other than treatment, payment, or health care operations.

To request this list, you must submit your request in writing to the Endure Urgent Care Compliance Officer. Your request must state a time period, which may not be longer than six (6) years. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be provided to you by our practice for free. For additional lists within the 12-month period, you may be charged for the cost of providing the list. Our practice will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions: You have the right to request a restriction or limitation on the medical information Endure Urgent Care uses or discloses about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information our practice uses or discloses about you to someone who is involved in your care or the payment for your care. Our practice is not required to agree to such a request. Should our practice agree to your request, we will comply with your request unless the information is needed to provide you with emergency treatment.

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

To request restrictions, you must make your request in writing to the Endure Urgent Care Compliance Officer. In your request you may indicate: (1) what information you want to limit; (2) whether you want to limit our practice's use and/or disclosure; and (3) to whom you want the limits to apply. For example, you may not want disclosures to be made to your spouse.

Right to Request Confidential Communications: You have the right to request that Endure Urgent Care communicate with you about medical matters in a certain way or at a certain location. To request that our practice communicate in a certain manner, you must make your request in writing to the Endure Urgent Care Compliance Officer. You do not have to state a reason for your request. Our practice will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Changes to This Notice

Endure Urgent Care reserves the right to change its privacy and security practices and to make the new provisions effective for all Protected Health Information that our practice holds or maintains. Should our privacy practices change, we will post the amended Notice of Privacy Practices in our office and on our website.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Endure Urgent Care Compliance Officer. To file a complaint with us, you can go to our webpage and do a contact us or you may call the office and ask to speak with our Compliance Officer. You may also file a complaint with the Office for Civil Rights, U.S. Department of Health and Human Services by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

All complaints should be submitted in writing. Please send to:

Compliance Officer
Endure Urgent Care
4451 Sepulveda Blvd,
Culver City, California 90230-4847

We will NOT retaliate against you in any way for filing a complaint.

Communications Consent Form

As a patient of Endure Urgent Care, you may request that we communicate with you via email, telephone voice mail, and text messages (the Services) to:

Provide Reminders Regarding Upcoming Appointments

Provide Test Results,

Treatment Summaries and Recommendations for Follow-Up Care

Distribute Financial/Billing Information

Such as Invoices and Receipts The purpose of this document is to obtain your consent and alert you to the risks, limitations and conditions of use for use of Services.).

Your health is important to us and we will make every effort to reasonably comply with your request to receive communications via email, however, we reserve the right to deny any request for email communications when it is determined that granting such a request would put you and/or Endure Urgent Care at risk of violating security and privacy laws.

I understand that Endure Urgent Care offers a secure Patient Portal where I can access portions of my medical record. Confidential patient information should ordinarily only be exchanged through Endure or other secure communication devices. Open email exchanges should generally be limited to communications that do not contain sensitive patient information.

I authorize Endure Urgent Care to communicate with me using the information I provide during the registration process. I also authorize Endure Urgent Care to share patient surveys, information about its programs and services offered in the community, including programs or services specific to me, using email communications.

I understand that I can “opt out” of the use of email as a means of communication by notifying Endure Urgent Care in writing. By signing below, I acknowledge my recognition and understanding of the inherent risks of communicating my health information via unencrypted email and hereby consent to receive such communications despite those risks. Messages containing clinically relevant information may be incorporated into the medical record at the provider’s discretion.

We will use reasonable means to protect the security and confidentiality of information sent and received using the Services, however, we cannot guarantee the security and confidentiality of electronic communications and wants to alert you of the following key risks:

Use of electronic communications to discuss sensitive information can increase the risk of such information being disclosed to third parties.

- It is not possible to completely secure the information.
- Employers and online services may have a legal right to inspect and keep electronic communications that pass through their system.
- Electronic communications can introduce malware into a computer system, and potentially damage or disrupt the computer, networks, and security settings.
- Electronic communications can be forwarded, intercepted, circulated, stored, or even changed without the knowledge or permission of the urgent care
- Electronic communications maybe disclosed in accordance with a duty to report or a court order. If email or text is used as an e-communication tool, the following are additional risks: If email or text is used as an e-communication tool, the following are additional risks:

- Email, text messages, and instant messages can more easily be misdirected, resulting in increased risk of being received by unintended and unknown recipients.
- Email, text messages, and instant messages can be easier to falsify than handwritten or signed hard copies. It is not feasible to verify the true identity of the sender, or to ensure that only the recipient can read the message once it has been sent.

Electronic communications concerning diagnosis or treatment may be printed or transcribed in full and made part of your medical record.

Other individuals authorized to access the medical record, such as staff and billing personnel, may have access to those communications

we may forward electronic communications to staff and those involved in the delivery and administration of your care.

By signing below:

- I have been provided with a Notice of Privacy Practices that provides me a more complete description of the uses and disclosures of certain health information.
- I understand that Endure Urgent Care reserves the right to change their Notice of Privacy Practices and prior to implementation will provide an updated copy to the patient in the clinic.
- I may request a copy of the updated Notice of Privacy Practices by calling the clinic or requesting a copy in person at my appointment
- If I want to authorize Endure Urgent Care to discuss/share my protected health information with other individuals, I will contact the front office to file an authorization HIPPA form
- I acknowledge my recognition and understanding of the inherent risks of communicating my health information via unencrypted email and hereby consent to receive such communications despite those risks. Messages containing clinically relevant information may be incorporated into the medical record at the provider’s discretion.

Printed Patient Name

Date

Patient Signature