PEOPLE'S COMMUNITY CLINIC

YOUR INFORMATION YOUR RIGHTS OUR RESPONSIBILITIES

This Notice of Privacy Practices, effective 8/17/2026, 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.

To receive an electronic or paper copy of your medical record.
- You can ask to see or get an electronic or paper copy of our medical record and other health information we have about you. 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 but are not required to charge a reasonable cost-based fee.

Ask us to correct your medical record.
- You can ask us to correct health information about you that you think is incorrect or incomplete.
  - We may say "no" to your request, but 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 work 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 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 operations 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 have shared information.
- You can ask for a list "an accounting" of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why we shared it.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We may charge a reasonable, cost-based fee if you ask for multiple accounts 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 your health care power of attorney or if someone is your legal guardian, that person can exercise your privacy 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 or follow his/her directions regarding your health information.

FILE A COMPLAINT IF YOU FEEL YOUR RIGHTS ARE VIOLATED.

You have the right to complain as follows:
- Through our Operations Department: 512.684.1904
- Through our Compliance Department: 512.684.1912
- Through the U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR).
  1) **By mailing a letter to: 200 Independence Ave, S.W., Washington, D.C. 20201,**
  2) **By calling by phone: 1.877.696.6775, or**
  3) **Visit online: www.hhs.gov/ocr/privacy/hipaa/complaints/**

- **We will not retaliate against you for filing a complaint.**

YOUR CHOICES

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 situations 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, or others involved in your medical care.
- Share information in a disaster relief situation.
- Include your information in a clinic 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.
- Most sharing of psychotherapy notes.
- Substance use disorder (SUD)

In the case of fundraising:
- We may contact you for fundraising efforts, but you can tell us not to contact you again.
- If we have your substance use disorder patient records, subject to 42 CFR Part 2, we will give you clear and obvious notice in advance and a choice about whether to receive fundraising communications that use your Part 2 information.

OUR USES AND DISCLOSURES

How do we typically use or share your health information? We typically use or share your health information in the following ways:

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

Run our organization.
- We can use and share your health information to run our practice, improve your care, and contact you when necessary. We may use technology tools,

including artificial intelligence systems, to support your care; these tools operate under the same privacy protections described in this notice.
  - Example: We use health information about you to manage your treatment and services.

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

To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.

HOW ELSE CAN WE USE OR SHARE YOUR HEALTH INFORMATION?

We are allowed or required to share your information in other ways -(usually in ways that contribute to the public good). We have to meet many conditions in the law before we can share your information for these purposes. In all cases, including those listed below, if we have substance use disorder patient records about you, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues.
We can share health information about you related to:
- 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.
- Social service for purposes of, but not limited to; supportive housing, public benefits, counseling, and job readiness.

Do research.
- We can use or share your information for health statistics.

Comply with the law(s).
- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services to see that we are complying with federal privacy law(s).

Work with a medical examiner or funeral director
- We can share health information with a coroner, medical examiner, or funeral director.

Address workers' compensation, law enforcement, and other government requests.

We can use or share health information about you:
- For workers' 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 protective services. **Respond to lawsuits and legal actions.**
- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

WE ALSO SHARE YOUR INFORMATION WITH OTHER LOCAL HEALTHCARE PROVIDERS AND PLANS

People's Community Clinic is part of an organized health care arrangement including participants in OCHIN. A current list of OCHIN participants is available at www.ochin.org as a business associate of People's Community Clinic, OCHIN supplies information technology and related services People's Community Clinic and other OCHIN participants. OCHIN also engages in quality assessment and improvement activities on behalf of its participants. For example, OCHIN coordinates clinical review activities on behalf of participating organizations to establish best practice standards and assess clinical benefits that may be derived from the use of electronic health record systems.

OCHIN also helps participants work collaboratively to improve the management of internal and external patient referrals. People's Community Clinic may share your personal health information with other OCHIN participants or a health information exchange only when necessary for medical treatment or for the health care operations purposes of the organized health care arrangement. Health care operations can include, among other things, geocoding your residence location to improve the clinical benefits you receive.

Personal health information may include past, present, and future medical information as well as information outlined in the Privacy Rules. The information, to the extent disclosed, will be disclosed consistent with the Privacy Rules or any other applicable law as amended from time to time. You have the right to change your mind and withdraw this consent; however, the information may have already been provided as allowed by you. This consent will remain in effect until revoked by you in writing. If requested, you will be provided with a list of entities to which your information has been disclosed.

WE MAY SHARE YOUR INFORMATION TO HELP CONNECT YOU WITH COMMUNITY RESOURCES

People's Community Clinic partners with findhelp (formerly Aunt Bertha), a secure social care coordination platform, to help connect patients with community resources and services that address social needs such as food, housing, transportation, utilities, and other supportive services.

People's Community Clinic may share your personal information with Findhelp to communicate and collaborate with community-based organizations (CBOs), health care providers, and social service agencies involved in supporting your care. People's shares only the minimum necessary information needed to support these activities. Findhelp and participating organizations are required to protect your information in accordance with applicable privacy and security laws and agreements.

You may be asked to opt-in to participate in this program. If you choose not to participate, your decision will not affect your ability to receive care from People's Community Clinic.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your protected health information.
- We must follow the 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. Let us know in writing if you change your mind.

For more information see:
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.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 upon request, in our office, and on our website.

Please ask any People's staff member for assistance with any item mentioned in this notice, and we will be happy to help you.