



## **NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

Effective Date of Notice: May 14, 2013.

### ***Our Legal Duty:***

The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") requires Lumina Healthcare, LLC, along with its allied health professionals (together, "Lumina"), to maintain the privacy of protected health information ("PHI"), to provide you with notice of its legal duties and privacy practices with respect to PHI, and to notify you following a breach of your unsecured PHI. The term PHI includes all individually identifiable health information transmitted or maintained regardless of form (oral, written, electronic).

Lumina is required by law to take reasonable steps to ensure the privacy of your personally identifiable health information and to inform you about:

- Lumina's uses and disclosures of PHI;
- Your privacy rights with respect to your PHI;
- Your right to file a complaint with Lumina and to the Secretary of the United States Department of Health and Human Services; and
- The person or office to contact for further information about Lumina's privacy practices.

Lumina is required to abide by the terms of its notice of privacy practices currently in effect; however, Lumina reserves the right to change the terms of its notice and to make the new notice provisions effective for all PHI that it maintains. Before a significant change is made to its privacy practices, Lumina will revise this notice and redistribute the revised notice to its patients.

### **Section 1. Uses and Disclosures of Your Protected Health Information**

#### ***Required Uses and Disclosures.***

Upon your request, Lumina is required to give you access to certain PHI in order to inspect and to copy it. Use and disclosure of your PHI may be required by the Secretary of the Department of Health and Human Services to investigate or determine Lumina's compliance with the privacy regulations.

#### ***Uses or Disclosures to Carry Out Treatment, Payment, and Health Care Operations***

Lumina and its business associates will not use and disclose your PHI without your consent, authorization, or opportunity to agree or object to carry out treatment, payment and health care operations.

**Treatment** is the provision, coordination or management of health care and related services. It also includes but is not limited to consultations and referrals between one or more of your health care providers. For example, Lumina may share your PHI with dental professionals for the purpose of providing treatment and may use your PHI to provide treatment.

**Payment** includes but is not limited to billing, collection, and financial assistance. For example, Lumina may review your PHI to determine whether you qualify for financial assistance.

**Health care operations** include but are not limited to quality assessment and improvement, reviewing the competence or qualifications of health care professionals, legal services, auditing functions, fraud and abuse compliance

programs, business management, and general administrative activities. For example, Lumina may use information about the dates of your treatment to evaluate the services offered by Lumina.

***Other Uses and Disclosures for Which Consent, Authorization or Opportunity to Object is Not Required***

Use and disclosure of your PHI is allowed without your consent, authorization or request under the following circumstances:

(a) You. Your PHI may be disclosed to you when requested under and required by 45 C.F.R. §164.524 or §164.528 or to notify you of a breach of security with respect to your PHI.

(b) Minors. If you are an unemancipated minor, your PHI may be disclosed to a parent, guardian, or other person acting in loco parentis if such person has authority to act on your behalf and such disclosure is permitted by law.

(c) Relatives, Close Friends and Other Caregivers. Your PHI may be disclosed to a family member, other relative, a close personal friend or any other person identified by you when you are present for, or otherwise available prior to, the disclosure, if (1) your agreement is obtained; (2) you do not object to the disclosure after being provided an opportunity to object; or (3) it can be reasonably inferred that you do not object to the disclosure.

(d) Emergencies. If you are not present, or the opportunity to agree or object to a use or disclosure cannot practicably be provided because of your incapacity or an emergency circumstance, Lumina may exercise professional judgment to determine whether a disclosure is in your best interests. If information is disclosed to a family member, other relative or a close personal friend, Lumina would disclose only information believed to be directly relevant to the person's involvement with your health care or payment related to your health care. Your PHI also may be disclosed in order to notify (or assist in notifying) such persons of your location, general condition, or death. Your PHI may be used or disclosed to a public or private entity authorized by law or its charter to assist in disaster relief efforts, for the purpose of coordinating with such entities the notification of your family member, other relative or close friend of your location, general condition, or death.

(e) Public Health Activities. Your PHI may be used or disclosed for the following public health activities: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; (2) to report child abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports; (3) to report information about products and services under the jurisdiction of the U.S. Food and Drug Administration; (4) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; (5) to report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.

(f) Victims of Abuse, Neglect or Domestic Violence. Your PHI may be disclosed to a governmental authority, including a social service or protective services agency, when required by law, with your agreement, or when authorized by law to report abuse, neglect, or domestic violence if there is a reasonable belief that the disclosure is necessary to prevent serious harm to you or other potential victims or a law enforcement or other public official determines an immediate law enforcement activity depends upon the disclosure and would be materially and adversely affected by waiting until you can agree.

(g) Health Oversight Activities. Your PHI may be disclosed to a health oversight agency for oversight activities authorized by law, including audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight of the health care system or Government benefit or regulatory programs for which PHI is relevant to determine eligibility and compliance.

(h) Judicial and Administrative Proceedings. Your PHI may be disclosed in the course of a judicial or administrative proceeding in response to an order of a court or administrative tribunal or in response to a subpoena, discovery request, or other lawful process.

(i) Law Enforcement Officials. Your PHI may be disclosed to the police or other law enforcement officials as required or permitted by law or in compliance with a court order or a grand jury or administrative subpoena.

(j) Decedents. Your PHI may be disclosed to a coroner or medical examiner as authorized by law. Your PHI may be used or disclosed to others without your authorization after fifty (50) years from the date of death. Your PHI may be disclosed to funeral directors, consistent with applicable law, as necessary to carry out their duties with respect to the decedent. If necessary for funeral directors to carry out their duties, your PHI may be disclosed prior to, and in reasonable anticipation of death.

(k) Health or Safety. Your PHI may be disclosed when permitted by law to prevent or lessen a serious and imminent threat to a person's or the public's health or safety or is necessary for law enforcement to identify and apprehend a criminal.

(l) Military, Veterans, National Security and Other Government Functions. Your PHI may be disclosed to units of the government with special functions, such as the U.S. military or the U.S. Department of State under certain circumstances.

(m) Workers' Compensation. Your PHI may be disclosed as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs.

(n) Fundraising Purposes. Your PHI may be used or disclosed for fundraising purposes; however, you have the right to opt out of receiving such fundraising communications

(o) As Required by Law. Your PHI may be disclosed when required to do so by any other law not already referred to in the preceding categories.

(p) Except as otherwise indicated in this notice, uses and disclosures will be made only with your written authorization subject to your right to revoke such authorization.

### ***Uses and Disclosures That Require Your Written Authorization***

***Marketing***. Lumina must obtain an authorization for any use or disclosure of PHI for marketing, except if the communication is in the form of: (A) A face-to-face communication made by a covered entity to an individual; or (B) A promotional gift of nominal value provided by the covered entity.

***Sale of PHI***. Lumina must obtain an authorization for any sale of your PHI.

***Highly Confidential Information***. Federal and California law requires special privacy protections for certain highly confidential information about you ("Highly Confidential Information"), including the subset of your PHI that: (1) is maintained in psychotherapy notes; (2) is about mental health and developmental disability services; (3) is about alcohol and drug abuse prevention, treatment, and referral; (4) is about HIV/AIDS testing, diagnosis or treatment; (5) is about communicable disease(s); (6) is about genetic testing; (7) is about child abuse and neglect; (8) is about domestic and elder abuse; or (9) is about sexual assault. In order for your Highly Confidential Information to be disclosed for a purpose other than those permitted by law, your written authorization is required.

## **Section 2. Your Rights**

### ***Right to Request Restrictions on Uses and Disclosures of Protected Health Information***

You may request that Lumina restrict uses and disclosures of your PHI to carry out treatment, payment or health care operations, or to restrict uses and disclosures to family members, relatives, friends or other persons identified by you who are involved in your care or payment for your care. Notwithstanding the foregoing, Lumina is not required to agree to your request for a restriction. However, Lumina will comply with any request by you to restrict the disclosure of PHI to a health plan if (a) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise



required by law, or (b) the disclosure is related solely to a health care item or service for which you, or a person on your behalf, have paid for the services in full. You or your personal representative may request restrictions on uses and disclosures of your PHI by providing written notice to the following officer:

Contact Officer: Sheila Kerr  
Telephone: (800) 373-5400, ext. 248  
E-mail: [skerr@luminahealthcare.com](mailto:skerr@luminahealthcare.com)  
Address: Lumina Healthcare, LLC  
1590-D Rosecrans Avenue, Box 230  
Manhattan Beach, CA 90266

### ***Right to Confidential Communications***

Lumina will accommodate any reasonable written request from you to receive your PHI by alternative means of communication or at alternative locations.

### ***Right to Inspect and Copy Protected Health Information***

(a) "*Designated Record Set*" means the medical records and billing records about individuals maintained by or for Lumina; or other information used in whole or in part by or for Lumina regarding health care services rendered to individuals.

(b) You have a right to inspect and obtain a copy of your PHI contained in a "designated record set," for as long as Lumina maintains the PHI, except for psychotherapy notes or information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; prohibited by law, or exempt pursuant to 42 C.F.R § 493.3(a)(2).

### ***Right to Amend Protected Health Information***

(a) You have the right to request that Lumina amend your PHI or a record about you in a designated record set for as long as the PHI is maintained in the designated record set.

(b) Lumina has sixty (60) days after the request is made to act on the request. A single thirty (30)-day extension is allowed if Lumina is unable to comply with the deadline. If the request is denied in whole or part, Lumina must provide you with a written denial that explains the basis for the denial. You or your personal representative may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your PHI.

(c) Requests for amendment of PHI in a designated record set should be made in writing to the following officer:

Contact Officer: Sheila Kerr  
Telephone: (800) 373-5400, ext. 248  
E-mail: [skerr@luminahealthcare.com](mailto:skerr@luminahealthcare.com)  
Address: Lumina Healthcare, LLC  
1590-D Rosecrans Avenue, Box 230  
Manhattan Beach, CA 90266

### ***The Right to Receive an Accounting of Disclosures of Protected Health Information***

(a) At your request, Lumina will also provide you with an accounting of disclosures by Lumina of your PHI during the six (6) years prior to the date of your request. However, such accounting need not include PHI disclosures made: (1) to carry out treatment, payment or health care operations; (2) to individuals about their own PHI; (3) prior to the compliance date; or (4) based on your written authorization.



(b) If the accounting cannot be provided within sixty (60) days, an additional thirty (30) days is allowed if the individual is given a written statement of the reasons for the delay and the date by which the accounting will be provided.

(c) If you request more than one accounting within a twelve (12)-month period, Lumina will charge a reasonable, cost-based fee for each subsequent accounting.

(d) The requested information will be provided within thirty (30) days if the information is maintained on site or within sixty (60) days if the information is maintained offsite. A single thirty (30)-day extension is allowed if Lumina is unable to comply with the deadline.

(e) You or your personal representative may request access to your PHI by sending a written request to the following officer:

Contact Officer: Sheila Kerr  
Telephone: (800) 373-5400, ext. 248  
E-mail: [skerr@luminahealthcare.com](mailto:skerr@luminahealthcare.com)  
Address: Lumina Healthcare, LLC  
1590-D Rosecrans Avenue, Box 230  
Manhattan Beach, CA 90266

(f) If access is denied, you or your personal representative will be provided with a written denial setting forth the basis for the denial, a description of how you may exercise those review rights and a description of how you may complain to the Secretary of the U.S. Department of Health and Human Services.

#### ***The Right to Receive a Paper Copy of This Notice Upon Request***

You may obtain a paper copy of this Notice upon written request to the following officer:

Contact Officer: Sheila Kerr  
Telephone: (800) 373-5400, ext. 248  
E-mail: [skerr@luminahealthcare.com](mailto:skerr@luminahealthcare.com)  
Address: Lumina Healthcare, LLC  
1590-D Rosecrans Avenue, Box 230  
Manhattan Beach, CA 90266

#### ***A Note About Personal Representatives***

You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of his/her authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you. Proof of such authority may take one of the following forms:

- a power of attorney for health care purposes, notarized by a notary public;
- a court order of appointment of the person as the conservator or guardian of the individual

Lumina retains discretion to deny access to your PHI to a personal representative to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect.

#### ***Minimum Necessary Standard***

When using or disclosing PHI or when requesting PHI from another covered entity, Lumina will make reasonable efforts to limit protected health information to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request, taking into consideration practical and technological limitations. However, the minimum necessary standard will not apply in the following situations:



- Disclosures to or requests by a health care provider for treatment
- Uses or disclosures made to you as permitted by law;
- Disclosures made to the Secretary of Health and Human Services as permitted by law;
- Uses or disclosures made pursuant to a written authorization as permitted by law;
- Uses or disclosures that are required by law; and
- Uses or disclosures required for Lumina's compliance with legal regulation.

This notice does not apply to information that has been de-identified. De-identified information is information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual is not individually identifiable health information.

***Fundraising***

Lumina and its business associates may contact you regarding Lumina's fundraising endeavors. You have a right to opt out of receiving such communications by providing written notice to Lumina. Lumina will not condition your treatment upon your choice not to receive fundraising communications.

**Section 3. Your Right to File a Complaint with Lumina or the Secretary**

If you believe that your privacy rights have been violated, you may complain to Lumina by providing a written complaint to the following officer:

Contact Officer: Sheila Kerr  
Telephone: (800) 373-5400, ext. 248  
E-mail: [skerr@luminahealthcare.com](mailto:skerr@luminahealthcare.com)  
Address: Lumina Healthcare, LLC  
1590-D Rosecrans Avenue, Box 230  
Manhattan Beach, CA 90266

You may file a complaint with the Secretary of the U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue S.W., Washington, D.C. 20201. The DENTIST will not retaliate against you for filing a complaint.

**Section 4. Whom to Contact at Lumina for More Information**

If you have any questions regarding this notice or the subjects addressed in it, you may contact the following officer:

Contact Officer: Sheila Kerr  
Telephone: (800) 373-5400, ext. 248  
E-mail: [skerr@luminahealthcare.com](mailto:skerr@luminahealthcare.com)  
Address: Lumina Healthcare, LLC  
1590-D Rosecrans Avenue, Box 230  
Manhattan Beach, CA 90266