

Notice of Privacy Practices



445 Grant Avenue, Suite 700 | San Francisco | CA 94108

Tel 415-955-8800 | Fax 415-955-8819 | www.cchphmo.com

Effective Date: April 14, 2003

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.

If you have any questions about this notice, please contact the CCHP Privacy Officer at 415-955-8800.

Chinese Community Health Plan, (CCHP) and its affiliated health care providers appreciate the opportunity to provide health care benefits to you and your family. CCHP understands the importance of privacy and are committed to maintaining the confidentiality of your medical information. In the course of providing the health benefit programs we administer or offer, CCHP must collect, use and disclose protected health information. We consider this information confidential and private and consequently, we have policies and procedures in place to protect the information against unlawful use and disclosure. CCHP is required by law to maintain the privacy of protected health information and to provide individuals with notice of our legal duties and privacy practices with respect to protected health information. This notice describes how CCHP may use and disclose your medical information. It also describes your rights and our legal obligations with respect to your medical information.

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A. How CCHP May Use or Disclose Your Health Information

Your information may be used or shared by CCHP in order to provide or arrange for your care. The information we use and share includes, but is not limited to:

- Your name,
- Address,
- Personal facts,
- Medical care given to you,
- The cost of your medical care, and
- Your medical history.

Some actions we take when we act as a health plan include:

- Checking your eligibility and enrollment to see whether you are covered,
- Approving, giving, and paying for services,
- Investigating alleged fraudulent cases,
- Checking the quality of care you receive, and
- Coordinating the care you receive.

The following categories describe different ways that we use and disclose protected health information. The examples given within each category are not meant to be exhaustive and not every use or disclosure will be listed within a category. The law permits us to use or disclose your health information for the following purposes:

1. **Treatment.** CCHP uses and discloses your protected health information for treatment. For example, we may disclose protected health information to your doctors, nurses, technicians, or other hospital/health care facility personnel who are involved in taking care of you. Or we may share this information with a pharmacist who needs it to dispense a prescription to you, or a laboratory that performs a test. We may also disclose protected health information about you to people outside the hospital/healthcare facility who may be involved in your care after you are discharged.
2. **Payment.** CCHP uses and discloses protected health information in order to make payment for the health care services you receive. CCHP reviews, approves, and pays for health care claims sent to us for your medical care. When we do this, we share information with the doctors, clinics, and others who bill us for your care. For example, we may receive information about your treatment at Chinese Hospital and we will pay Chinese Hospital for the services you receive. Your Primary Care Physician or specialist may also tell us about a treatment you are going to receive in order to obtain prior authorization so that we will cover your treatment. If you are enrolled in CCHP as a dependent of another member (such as your spouse), we may disclose health information about you to that member for purposes of obtaining and administering payment.
3. **Health Care Operations.** CCHP may use and disclose protected health information about you for health care operations. In general, these uses and disclosures are activities necessary to run the health plan and make sure that all of our members receive quality care and include but are not limited to the following: quality assessments, performance reviews, underwriting and other activities related to renewing or replacing health insurance contracts, medical reviews, conducting or arranging for legal or auditing services, business planning and development and business management and administration. CCHP may also share your medical information with our "business associates," such as our billing service, that perform administrative services for us. For

example, CCHP contracts with another organization to handle our prescription drug program and process prescription drug claims. We have a written contract with each of these business associates that contains terms requiring them to protect the confidentiality of your medical information. Although federal law does not protect health information which is disclosed to someone other than another healthcare provider, health plan or healthcare clearinghouse, under California law all recipients of health care information are prohibited from re-disclosing it except as specifically required or permitted by law. CCHP may also share your information with other health care providers, health care clearinghouses or health plans that have a relationship with you, when they request this information to help them with their quality assessment and improvement activities, their efforts to improve health or reduce health care costs, their review of competence, qualifications and performance of health care professionals, their training programs, their accreditation, certification or licensing activities, or their health care fraud and abuse detection and compliance efforts. We may use health information to review our providers' treatment and services and to evaluate the performance of our staff in caring for you. We may also combine our members' information to decide what additional services the health plan should offer.

4. **Notification and Communication With Family.** CCHP may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. CCHP may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.
5. **Required by Law.** As required by law, CCHP will use and disclose your protected health information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning these activities.
6. **Public Health.** CCHP may, and are sometimes required by law to disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. When we report suspected elder or dependent adult abuse or domestic violence, we will inform you or your personal representative promptly unless in our best professional judgment, we believe the notification would place you at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.
7. **Health Oversight Activities.** CCHP may, and are sometimes required by law to disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by federal and California law.
8. **Judicial and Administrative Proceedings.** CCHP may, and are sometimes required by law, to disclose your health information in the course of any administrative or judicial proceeding to the

extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.

9. **Law Enforcement.** CCHP may, and are sometimes required by law, to disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.
10. **Public Safety.** CCHP may, and are sometimes required by law, to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
11. **Specialized Government Functions.** CCHP may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.
12. **Organ or Tissue Donation.** CCHP may disclose your health information to the organizations involved in procuring, banking, or transplanting organs and tissues.
13. **Workers' Compensation.** CCHP may release protected health information about you for workers' compensation or similar programs.
14. **Disclosure to Employers.** CCHP may disclose protected health information to an employer if such information is needed to conduct an evaluation relating to medical surveillance of the workplace, or to evaluate whether the individual has a work-related illness or injury.
15. **Coroners, Medical Examiners and Funeral Directors.** CCHP may, and are required by law, to disclose your health information to a coroner, funeral director or medical examiner in connection with their investigations of deaths.
16. **Whistleblowers and CCHP Employee Crime Victims.** CCHP employees may share your protected information to a health oversight agency, public health agency or lawyer authorized by the law to investigate or oversee CCHP.
17. **Fundraising.** CCHP may use or disclose your demographic information and the dates that you received treatment in order to contact you for fundraising activities. If you do not want to receive these materials, notify the Privacy Officer listed at the top of this Notice of Privacy Practices.

B. When CCHP May Not Use or Disclose Your Health Information

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

C. Your Health Information Rights

1. **Right to Request Special Privacy Protections.** You have the right to request restrictions on certain uses and disclosures of your health information by a written request to the Privacy Officer, Chinese Community Health Plan, 445 Grant Avenue, Suite 700, San Francisco, CA 94108, specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have imposed. For example, you could ask that CCHP not disclose information about a surgery you had to a family member. In your request, you must tell us what information you want to limit; whether you want to limit our use, disclosure or both; and to whom you want the limits to apply (for example, not tell your spouse or children). CCHP reserves the right to accept or reject your request, and will notify you of our decision.
2. **Right to Request Confidential Communications.** You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask that we send information to a particular e-mail account or to your work address. CCHP will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications. To request confidential communications, you must make your request in writing to the Privacy Officer, Chinese Community Health Plan, 445 Grant Avenue, Suite 700, San Francisco, CA 94108.
3. **Right to Inspect and Copy.** You have the right to inspect and copy your health information, with limited exceptions. To access your health information, you must submit a written request to the Privacy Officer, Chinese Community Health Plan, 445 Grant Avenue, Suite 700, San Francisco, CA 94108 detailing what information you want access to and whether you want to inspect it or get a copy of it. We will charge a reasonable fee, as allowed by California and federal law. We may deny your request under limited circumstances. If we deny your request to access your child's records or the records of an incapacitated adult you are representing because we believe allowing access would be reasonably likely to cause substantial harm to the patient, you will have a right to appeal our decision. If we deny your request to access your psychotherapy notes, you will have the right to have them transferred to another mental health professional. **IMPORTANT: CCHP does not have complete copies of your medical records. If you want to look at, get a copy of, or change your medical records, please contact your doctor or clinic.**
4. **Right To Amend or Supplement.** You have a right to request that we amend your health information that you believe is incorrect or incomplete. You must make a request to amend in writing to the Privacy Officer, Chinese Community Health Plan, 445 Grant Avenue, Suite 700, San Francisco, CA 94108, and include the reasons you believe the information is inaccurate or incomplete. CCHP is not required to change your health information, and will provide you with information about this denial and how you can disagree with the denial. We may deny your request if we do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. You also have the right to request that we add to your record a statement of up to 250 words concerning any statement or item you believe to be incomplete or incorrect.
5. **Right to an Accounting of Disclosures.** You have a right to receive an accounting of disclosures of your health information made by CCHP, except that CCHP does not have to account for the disclosures provided to you or pursuant to your written authorization, or as described in paragraphs A.1 (treatment), A.2 (payment), A.3 (health care operations), A.4 (notification and communication

with family) and A.11 (specialized government functions) of this Notice of Privacy Practices or disclosures for purposes of research or public health which exclude direct patient identifiers, or which are incident to a use or disclosure otherwise permitted or authorized by law, or the disclosures to a health oversight agency or law enforcement official to the extent CCHP has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities. To request an accounting of disclosures, you must submit your request in writing to the Privacy Officer, Chinese Community Health Plan, 445 Grant Avenue, Suite 700, San Francisco, CA 94108. Your request must state a time period, which may not be longer than six years and may not include dates before **April 14, 2003**. Your request should indicate in what form you want the list (for example, on paper or on computer file). CCHP must provide the list or accounting of disclosures within 60 days from receipt, unless CCHP obtains an extension of up to 30 days by informing the member of the reason for the delay and the date by which the accounting will be provided. The accounting of disclosures must include the following information: the date of each disclosure, the name and address or the organization or person who received the protected health information and a brief description of the information disclosed. The first list you request within a 12-month period will be free. For additional lists, CCHP may charge you the costs of providing the list. CCHP 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.

- 6. Right to a Paper Copy of this Notice.** You have the right to a paper copy of this Notice of Privacy Practices, even if you have previously requested its receipt by e-mail. You may obtain a copy of this notice at our website, www.cchphmo.com. To obtain a paper copy of this notice, please contact our Member Services Department at 415-834-2118.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact our Privacy Officer listed at the top of this Notice of Privacy Practices.

D. Changes to this Notice of Privacy Practices

CCHP reserves 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 this Notice. 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. CCHP will also post the current notice on our website.

E. Complaints

Complaints about this Notice of Privacy Practices or how CCHP handles your health information should be directed to our Privacy Officer listed at the top of this Notice of Privacy Practices. If you are not satisfied with the manner in which CCHP handles a complaint, you may submit a formal complaint to:

Region IX
Office for Civil Rights
U.S. Department of Health & Human Services
90 7th Street, Suite 4-100
San Francisco, CA 94103
(415) 437-8310; (TDD) (415) 437-8311

FAX (415) 437-8329

E-mail: OCRComplaint@hhs.gov

The complaint form may be found at:

www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaintpackage.pdf.

Or

Secretary of the U.S. Department of Health and Human Services
Office for Civil Rights
Attention: Regional Manager
50 United Nations Plaza, Room 322
San Francisco, CA 94102

For additional information, call (800) 368-1019
or U.S. Office for Civil Rights at (866) OCR-PRIV (866-627-7748)
(TTY) (866) 788-4989

YOU WILL NOT BE PENALIZED FOR FILING A COMPLAINT.

REVISED JULY, 2009

資料保密規定通知



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Tel 415-955-8800 | Fax 415-955-8819 | www.cchphmo.com

生效日期：二零零三年四月十四日

此通知說明閣下的醫療資料在甚麼情況下會被使用及透露，
以及如何取得這些資料。
請仔細查閱。

如閣下對此通知有任何疑問，請致電 415-955-8800 與華人保健計劃資料保密負責人聯絡。

華人保健計劃 (CCHP) 及其所屬的醫療護理機構非常榮幸能為閣下及其家人提供醫療服務。華人保健計劃明白到私隱的重要性，故此對閣下的醫療資料定必保持機密。在提供及管理醫療服務過程中，我們必須收集，使用及透露有關閣下受保護的醫療資料。我們將這些資料視為保密及屬私人性質；所以，我們對有關的資料的保密有其規定及程序，以免有不合法的使用及洩露。我們根據法律的要求對閣下的醫療資料定必保持機密處理，並提供此份有關我們履行法律責任及保密規定的通知。此通告是敘述華人保健計劃怎樣使用及透露閣下的醫療資料，您的權利及在法律上我們對閣下醫療資料的責任。

中文譯本只供參考，所有內容以英文版本為準

Revised 7.2009

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A. 華人保健計劃如何使用或透露閣下的醫療資料

華人保健計劃會使用或共用閣下的資料，以便為閣下提供或安排醫療服務，我們會使用或透露包括，但不只限於以下的項目：

- 姓名
- 地址
- 個人因素
- 獲得的醫療服務
- 醫療服務費用，及
- 醫療病歷

作為一個保健計劃，我們會：

- 調查閣下的會員資格，
- 批准，接受及支付有關服務，
- 調查涉嫌的欺騙事項，
- 調查閣下所獲得的醫療服務質量，及
- 協調閣下的醫療服務

以下各項是說明我們在甚麼情況下使用或透露閣下受保護的醫療資料，雖然並不是每一種情況均列舉出來。法律允許我們在下列情況下使用或提供閣下的醫療資料。

1. **治療** 華人保健計劃為了您的治療服務而使用及透露閣下受保護的醫療資料，例如，我們可能將閣下有關的醫療資料提供參與為您治療的醫生，護士，醫療技術員或其它醫院或醫療機構的職員。我們或可能與藥劑師或化驗室共同使用有關的醫療資料以便配藥或執行測試的需要。我們也可能會為了您出院後的治療而將您的醫療情況轉告給醫院或醫療護理機構以外的有關人仕。
2. **付費** 華人保健計劃為了您治療服務的付費問題，可能需要使用或透露閣下受保護的醫療資料。華人保健計劃會審批及支付有關閣下所需的醫療服務費用，而將受保護的醫療資料與有關的醫生，診所及其他呈交賬單的人仕共同使用。例如，我們可能收到閣下在東華醫院已接受的治療而需支付給東華醫院該次的治療費用。閣下的家庭醫生或專科醫生可能告訴我們您將要接受治療以便事先徵得我們授權同意您所治療的付費。如果閣下是以會員的家屬的身份(例如：配偶)加入華人保健計劃，我們可能向會員提供閣下的醫療資料以便取得及分配有關費用。
3. **醫療護理的運作** 華人保健計劃會因您護理運作的需要，可能使用或透露閣下受保護的醫療資料。一般而言，這樣做是確保所有會員均得到高質素的服務包括，但不限制於：質素平估，服務水平審查，醫療審核以及其它有關健康保險的續約問題，醫療複審，安排法律或查賬服務，業務計劃及拓展，營業及行政管理等。華人保健計劃可能與有合約的公司，例如管理我們賬單的公司共同使用閣下的醫療資料。又例如，

華人保健計劃與合約的處方藥物計劃及處方藥物索賠程序的公司使用閣下的醫療資料。我們亦會在書面合約內與每有間合約的公司說明閣下的醫療資料必須保持機密。雖然，聯想法例並沒有保護有關的醫療資料，提供給予其他人仕除了醫療提供者，保健計劃或醫療情報交換所；但加州法例，除特別要求或得到法律上許可之外，所有收到醫療資料的人員是禁止提供醫療記錄給其他人仕或機構。華人保健計劃可能會與閣下有醫療相關如醫療提供者，醫療情報交換所或保健計劃共同使用您的醫療資料，如他們要求該資料是用作幫助質素平估及改善行動，盡力去改善醫療及其服務開支費用，審查的能力，資格及專業的保健成果，培訓計劃，工作任務，證書或執照，或發現有其醫療保健的欺騙及濫用等。我們可能需要使用閣下受保護的醫療資料去檢查有關的醫療提供機構對您的治療及服務情況，以便評估我們的服務水準。我們也可能將其他會員的醫療資料合併研究，以便決定保健計劃應該增加何種的服務。

4. **家屬通知及通訊** 華人保健計劃會透露您的醫療資料去協助閣下的家屬，您的代表或負責您一般健康的人仕有關您的去向或死亡。在災難的情況下，我們會透露資料給賑災機構從而協助有關通知程序。華人保健計劃可能透露該資料給予有關介入及負責閣下健康的人仕。我們會優先給予閣下在透露有關的醫療資料之前作出同意或反對的機會，雖然，如果我們相信該資料是用於必要的緊急情況下，我們亦有可能在您反對之下而提供該資料。如果我們得不到您的同意或反對，我們的專業人員會聯絡您的家屬及有關人仕作出最好的判斷。
5. **法律要求** 法律規定，華人保健計劃會使用及透露閣下受保護的醫療資料，但只會提供有限度的有關醫療資料。當法律要求我們報告有關虐待，疏忽或家庭暴力，或對審判或訴訟程序，又或對執法人員需要作出回應，我們將進一步依從有關該行動之要求。
6. **公共健康** 華人保健計劃可能在法律要求下，透露閣下的醫療資料給予公共健康管理機構之用：預防或疾病控制，損傷或殘障，報告兒童，耆英或成人受虐待，疏忽，家庭暴力，向食品及藥物管理局報告有關的產品及對藥物的反應，及疾病或揭露傳染病的感染。當我們報告有關懷疑可能存在的耆英或成人虐待，家庭暴力等問題，我們會即時通知您或您個人的代表，除非在我們的判斷下這通知會令您受傷害或您的個人代表就是暴力者。
7. **醫療監督** 華人保健計劃可能在法律要求下，包括在政府查賬，調查，審查，檢查執照及其它程序期間，透露閣下的醫療資料給予醫療監督機構；此限制是受到聯邦及加州法律所管制。
8. **訴訟及執行政序** 華人保健計劃可能在法律要求下，明確地經由法院或訴訟的指示而透露閣下的醫療資料給予任何審判及訴訟程序；如果在合理的情況下，我們亦會提供有關的醫療資料作為您所回應的出庭聆訊，請求或其它法律上的程序並通知您的要求及不反對的決定，或您的反對已經由法院或訴訟令解決的事項。
9. **法制的執行** 華人保健計劃可能在法律要求下透露閣下的醫療資料給予執法人員作為以下之用：例如鑒別及尋找疑犯，刑事逃犯，資料證人或失蹤人仕，遵守法院傳令，逮捕搜查令，大陪審團出庭聆訊及其它執法的用途。

10. **公共安全** 華人保健計劃可能在法律要求下，透露閣下的醫療資料給予相關的人仕從而防止及減少嚴重或急切威脅個人或公眾健康及安全。
11. **專業政府運作** 華人保健計劃可能透露閣下的醫療資料給予監管您的軍事或因為國家安全的事務或勞教中心或執法人員使用。
12. **人體器官或組織的捐贈** 華人保健計劃可能透露閣下的醫療資料給予有關的機構用作可以獲得，收集，移植人體器官及組織的用途。
13. **勞工保險** 華人保健計劃可能透露閣下的醫療資料給予勞工保險或相關的機構。
14. **提供資料給僱主** 華人保健計劃可能透露閣下的醫療資料給予您的僱主，以作需要評估有關閣下的工傷或工作範圍內的醫療問題。
15. **驗屍官，法醫及殯葬官** 華人保健計劃可能在法律要求下，透露閣下的醫療資料給予驗屍官，法醫及殯葬官以作死因研究。
16. **有關華人保健計劃僱員的資料使用** 華人保健計劃的僱員可能透露閣下受保護的醫療資料給予有關醫療監督機構，公共衛生部門或對華人保健計劃進行或監督的執業律師。
17. **籌款** 華人保健計劃可能使用或透露閣下的個人資料或接受治療的日期從而聯絡您參與籌款的活動。如果您不願意收到有關的資料，請通知此資料保密規定的負責人。

B. 華人保健計劃何時不可使用或透露閣下的醫療資料

除了此資料保密通知所敘述之外，華人保健計劃不會未經閣下授權同意而使用或透露有關的醫療資料。如果閣下授權華人保健計劃使用或透露閣下的醫療資料作其它用途，您可以在任何時間以書面方式撤消您之前的授權。

C. 有關閣下醫療資料的權利

1. **有權要求特別的私隱保護** 閣下有權以書面方式呈交華人保健計劃資料保密規定通知的負責人 Privacy Officer, Chinese Community Health Plan, 445 Grant Avenue, Suite 700, San Francisco, CA 94108 要求在某些情況下限制使用或透露有關的醫療資料，列明那些資料您需要受到限制，及那些資料您希望可以來使用。例如，閣下可以要求華人保健計劃不要將您的診療手術資料告知您的家屬，在您的要求中，您必須告知我們那些資料您要受到限制或透露，及那些人仕不可知道 (如閣下的配偶或孩子)。華人保健計劃有權保留接受或拒絕您要求並將會通知閣下我們的決定。

2. **有權要求保密的聯絡方法** 閣下有權要求以某些方法或某處地點得到您的醫療資料。例如，要求我們將該資料送往閣下的電郵網址或工作地點。華人保健計劃會在所有的合理要求下同意閣下以書面方式列明怎樣或在那裡希望得到的聯絡方法。假如要求取得保密的聯絡方法，請以書面方式呈交華人保健計劃資料保密規定通知的負責人 Privacy Officer, Chinese Community Health Plan, 445 Grant Avenue, Suite 700, San Francisco, CA 94108。
3. **有權查閱及複印** 除了在限制情況之外，閣下是有權查閱及複印有關的醫療資料。欲想取得閣下個人的醫療資料，您必須以書面方式呈交華人保健計劃資料保密規定通知的負責人 Privacy Officer, Chinese Community Health Plan, 445 Grant Avenue, Suite 700, San Francisco, CA 94108 並詳細列明您所需要查閱或複印的資料。我們會根據加州及聯邦法例向閣下收取合理的費用。在有限度的情況下，假如您需要得到您的孩子記錄或您作為代表一位已授權給您的成人記錄，而我們相信如果批准這查閱是可能導致病人有重大的傷害，我們亦會拒絕您查閱及複印的要求。但您是有權對此決定作出上訴。又如果我們拒絕閣下取得您的精神心理治療記錄，您是有權將其資料轉移往其他的精神健康專家。**重要：華人保健計劃是沒有閣下完整的病歷，如果您需要查閱，複印或更改您的病歷記錄，請與閣下的醫生或診所聯絡。**
4. **有權修正或補充** 假如閣下相信您的醫療資料是不正確或不完整，您是有權要求我們為您提出修正，但您必須以書面方式呈交華人保健計劃資料保密規定通知的負責人 Privacy Officer, Chinese Community Health Plan, 445 Grant Avenue, Suite 700, San Francisco, CA 94108 並注明有關不準確或不完整的理由。華人保健計劃是不會修改您的醫療資料，但會提供被拒絕或您可以不同意該拒絕的資料。我們亦會因以下的情況而拒絕您的要求：例如，我們沒有您的醫療資料，或我們沒有開設您的檔案資料(除非，某人或某中心的檔案資料不會再作修改)，或閣下不允許查閱及複印有關的資料，又或該資料是準確或完整。您亦有權要求我們在記錄上加上您認為是不完整或不正確的任何說明，補充的資料不能超過二百五十字。
5. **有權取得所透露的醫療資料一覽表** 您有權收到由華人保健計劃所透露閣下的醫療一覽表，但列在此通知書上有關A.1 (治療)，A.2 (付款)，A.3 (醫療操作)，A.4 (通知及聯絡其家屬)及 A.11 (政府的特別運作)，華人保健計劃是無需提供您這些有關的列表。除非是用作公共健康研究，或應法律上的要求，或政府機構的要求，或如透露此一覽表會妨礙有關政府機構去執行他們的工作。假如要求取得此一覽表，請以書面方式呈交華人保健計劃資料保密負責人 Privacy Officer, Chinese Community Health Plan, 445 Grant Avenue, Suite 700, San Francisco, CA 94108，閣下的要求必須列明在那一段期間的資料，此期限不能超過六年以上，同時，我們不受理於二零零三年四月十四日之前所透露的資料。您必須注明以那種方式收到此一覽表(例如，書面或電郵)。華人保健計劃在收到您要求後的六十日之內提供該份醫療表，如果，華人保健計劃需要三十日的延長期，我們通知會員有關延長的理由及何時收到此一覽表。此一覽表包括：每次透露資料的日期，機構或收件人的姓名，地址及一份簡短的說明。第一次在十二個月內的要求是免費，再次要求需付手續費，我們會通知閣下需付的費用，以便閣下可以取消或修改您的要求。

6. **有權取得此通知的複印本** 閣下有權取得此資料保密規定通知的複印本，無論之前是要求以電郵而得到的。閣下亦可以從我們的網址 www.cchphmo.com 取得此通知。如欲取得此通知的複印本，請致電 415-834-2118 與會員服務部聯絡。

欲知詳情或需要了解各項的權利，請與華人保健計劃資料保密規定負責人聯絡。

D. 更改此保密規定通知

華人保健計劃保留日後在任何時候更改此資料保密通知的權利。直至資料修正本完成，法例要求我們遵守此通知。當修正本完成後，修正後的資料保密通知將繼續應用於所有受保護的醫療資料上。我們會把修正的版本放於網上。

E. 投訴

投訴有關此資料保密通知或華人保健計劃所處理閣下的醫療資料，請直接與資料保密負責人聯絡。如果閣下不滿意華人保健計劃的處理方法，您亦可以將投訴的內容以書面交往下列地址：

Region IX

Office for Civil Rights

U.S. Department of Health & Human Services

90 7th Street, Suite 4-100

San Francisco, CA 94103

電話：(415) 437-8310；聽力殘障人士電話 TDD (415) 437-8311

傳真：(415) 437-8329 電郵：OCRComplaint@hhs.gov

投訴表格：www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaintpackage.pdf

或

Secretary of the U.S. Department of Health and Human Services

Office for Civil Rights

Attention: Regional Manager

50 United Nations Plaza, Room 322

San Francisco, CA 94102

查詢詳情，請致電 (800) 368-1019

或致電 (866) OCR-PRIV (866-627-7748) 與 U.S. Office for Civil Rights 聯絡

聽力殘障人士電話 TTY (866) 788-4989

閣下不會因為提出投訴而受到懲罰