



## Health Insurance Portability and Accountability Act (HIPAA) 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.

Clariss Health ("CH," "we," "our," or "us") is required by law to: maintain the privacy and confidentiality of your protected health information (i.e., identifiable information about you that relates to your past, present, or future physical or mental health, the provision of health care to you, or the payment for the provision of health care to you); provide you with this notice of our legal duties and privacy practices with respect to your protected health information; and to notify you in the event of a breach of your unsecured protected health information. When we use or disclose your protected health information, we are required to abide by the terms of this notice.

### **I. Uses and Disclosures of Your Health Care Information Without Written Authorization**

We may use or disclose your protected health information without your written authorization for the following purposes:

#### **Treatment, Payment and Health Care Operations**

We may use or disclose your protected health information for your treatment, for payment for health care services provided to you or for health care operations. For example:

- Treatment – We use and disclose your protected health information to provide treatment and other services to you. For example, we may need to consult with other health care providers regarding your condition. We may also use your information to direct you to certain

alternative treatments, therapies, health care providers or settings of care.

- Payment – We may use and disclose your protected health information to obtain payment for health care services that we provide to you. For example, although most of our services are currently performed without charge or at low-cost, there are certain times when we may submit a claim for payment to Medi-Cal for health care services we provide you.
- Health Care Operations – We may use and disclose your protected health information for our own internal administration, planning, and various activities to improve the quality of care we deliver to you. For example, we may use protected health information to evaluate the quality and competence of our health care providers. In addition, in the event that we merge with another organization, your health information or record will become the property of the new owner.

#### **Disclosure to Relatives, Close Friends and Other Caregivers.**

We may disclose your protected health information to a family member, a close personal friend, or any other person who is identified by you when you are present for, or otherwise available prior to, the disclosure if: (1) we obtain your agreement or provider you with the opportunity to object to the disclosure and you do not object; or (2) we reasonably infer that you do not object to the disclosure.

If you are not present for or are unavailable prior to a disclosure (e.g., when we receive a telephone call from a family member or other caregiver), we may exercise our professional judgment to determine whether a disclosure is in your best interests. If we



disclose information under such circumstances, we would disclose only information that is directly relevant to the person's involvement with your care.

We may disclose protected health information to notify or assist in notifying a family member, personal representative, or another person responsible for your care of your location, general condition, or death.

#### **As Required by Law.**

We may use and disclose your protected health information when required to do so by any applicable law.

#### **Public Health**

We may disclose your protected Health Information to: (1) report health information to public health authorities for purposes related of preventing or controlling disease, injury, or disability; (2) report child abuse or neglect to a government authority authorized by law to receive such reports; (3) report to the Food and Drug Administration information about products under its jurisdiction; (4) 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; and (5) report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.

#### **Health Oversight Activities.**

We may disclose your protected health information to an agency that oversees the health care system and is responsible for ensuring compliance with government health care program rules, such as Medicaid.

#### **Judicial and Administrative Proceedings**

We may disclose your protected health information in the course of any administrative or judicial proceeding in

response to a legal order or other lawful process.

#### **Law Enforcement**

We may disclose your protected health information to a law enforcement official for law enforcement purposes if certain conditions are met.

#### **Victims of Abuse, Neglect or Domestic Violence**

We may use and disclose your protected health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may share your information if necessary to prevent a serious threat to your health or safety or the health or safety of others.

#### **Deceased Persons**

We may disclose your protected health information to coroners, medical examiners, or funeral directors.

#### **Organ Donation**

We may disclose your health information to organizations involved in procuring, banking, or transplanting organs and tissues.

#### **Research**

We may disclose your protected health information to researchers conducting research that has been approved by an Institutional Review Board pursuant to a valid authorization from you or when an Institutional Review Board or privacy board has waived the authorization requirement. Under certain circumstances, your protected health information may be disclosed without your authorization to researchers preparing to conduct a research project, for research on decedents or as part of a data set that omits your name and other information that can directly identify you.



### **Public Safety**

It may be necessary 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 to the general public.

### **Specialized Government Agencies**

We may disclose your protected health information for military, national security, prisoner, and government benefits purposes.

### **Workers' Compensation**

We may disclose your Protected Health Information as authorized by and to the extent necessary to comply with state law relating to workers' compensation or other similar programs.

## **II. Uses and Disclosures of Your Health Care Information With Written Authorization**

Except as described in the prior section, we will only use or disclose your protected health information with your written authorization.

### **Marketing**

We must obtain your written authorization to use or disclose your protected health information for purposes that are considered marketing under the HIPAA privacy rules (other than face-to-face encounters and to give you a promotional gift of nominal value).

### **Sale of Protected Health Information**

We will not sell your protected health information without your written authorization.

### **Psychotherapy Notes**

We will not use or disclose your psychotherapy notes without your written authorization except for your treatment,

payment for your care, for our mental health training programs, or to defend ourselves in a legal action or other proceeding brought by you.

### **Highly Confidential Health Information**

Federal and California law requires special privacy protections for certain highly confidential health information about you, including substance use disorder treatment program records, HIV/AIDS status, genetic information and other information that is given special privacy protection under state or federal laws other than HIPAA. We will obtain your authorization before disclosing any of your highly confidential health information.

All other uses and disclosures of your protected health information not described in this notice will be made only with your written authorization.

### **Revocation of Your Authorization**

If you authorize us to use or disclose your protected health information, you may later revoke (take back) your authorization, except to the extent that we have taken action in reliance upon it, by delivering a written revocation statement to us using the contact information at the end of this notice

## **III. Special Protections for Reproductive Health Information**

"Reproductive health information" includes details related to pregnancy, contraception, pregnancy termination, fertility treatments, and other related services. When required by law, we will not use or disclose your reproductive health information without your authorization.

We are prohibited from using or disclosing your reproductive health information for purposes of conducting or imposing liability in connection with a criminal, civil, or administrative proceeding based solely on the fact that a person sought, obtained,



provided, or facilitated reproductive health care, provided we reasonably determine that such care was lawful. For example, if you seek reproductive health services that are legal in your state or travel out of state to obtain reproductive health services, we will not disclose your information to law enforcement or other authorities for the purpose of investigating, prosecuting, or imposing liability on you or your healthcare provider.

#### **Attestation Requirement for Certain Uses and Disclosures of Reproductive Health Information.**

In some situations, we may be asked to share your reproductive health information with others, such as law enforcement, courts, or government agencies. Before we do, the person or group requesting your reproductive health information must provide a statement, called an attestation, that certain conditions have been met. We are required to obtain an attestation in the following circumstances:

- Requests from Law Enforcement – If law enforcement asks for your reproductive health information for an investigation, we will only share it if they confirm that the information will not be used to investigate or prosecute you or your healthcare provider for legal reproductive health care.
- Court Orders or Subpoenas – If a court or lawyer requests your reproductive health information for a legal case, we will require them to confirm that the information will be used properly and in accordance with the law.
- Government Investigations or Audits – If a government agency needs your information for auditing or investigating our healthcare practices, we will ask for an

attestation to ensure the information is used only for that purpose.

- Requests from Coroners and Medical Examiners – If a coroner or medical examiner requests reproductive health information, we need them to provide a statement confirming that the information is needed for their official duties, such as investigating the cause of death or performing autopsies.

#### **IV. Your Rights**

You have certain rights under HIPAA. Please contact us using the contact information at the end of this notice to exercise them.

- You have the right to request restrictions on certain uses and disclosures of your protected health information (1) for treatment, payment and health care operations, (2) to individuals (such as a family member, other relative, close personal friend or any other person identified by you) involved with your care or with payment related to your care, or (3) to notify or assist in the notification of such individuals regarding your location and general condition. Please be advised, however, that we are not required to agree to the restriction that you requested unless the request is required by law.
- You have the right to have your protected health information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery, upon your request.
- You have the right to inspect and copy your health information. Under limited circumstances, we may deny you access to a portion of your



records. If you request copies, we may charge you a reasonable copy fee.

- You have a right to request that CH amends your protected health information. Please be advised, however, that CH is not required to agree to amend your protected health information. If your request to amend your health information has been denied, you will be provided with an explanation of our denial reason(s) and information about how you can disagree with the denial.
- You have a right to receive an accounting of disclosures of your PHI made by us during any period of time prior to the date of your request provided such period does not exceed six years. If you request an accounting more than once during a twelve (12) month period, we may charge you a reasonable fee for the accounting statement.
- You have a right to request and receive a paper copy of this notice at any time upon request.

## **V. Changes to this Notice of Privacy Practices**

We reserve the right to amend this notice at any time in the future, and to make the new provisions effective for all protected health information that we maintain. If we change this notice, we will post the new notice in our waiting room and on our website at [www.clarishealth.org](http://www.clarishealth.org)

## **VI. Complaints**

Complaints about your Privacy Rights or about how we handle your health information should be directed to our Privacy Officer using the contact information at the end of this notice.

If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:

DHHS, Office of Civil Rights  
200 Independence Avenue, S.W.  
Room 509F HHH Building  
Washington, DC 20201

## **VII. Contact Information and Effective Date**

This notice is effective as of April 28, 2025.

If you have questions about any part of this notice or if you want more information about your privacy rights or to exercise them, please contact us at:

Clariss Health  
11500 W Olympic Blvd #570  
Los Angeles, CA 90064  
ATTN: Privacy Officer

Email: [info@clarishealth.org](mailto:info@clarishealth.org)

Phone: (310) 268-8400 (ask for the Privacy Officer)