Your Rights. Your Information. Our Responsibilities.

By the Bay Health Privacy Officer
17 E. Sir Francis Drake Blvd.
Larkspur, CA 94939
Phone: (415) 927.2273 / Fax: (888) 204.4081

This **Notice of Privacy Practices** 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.	
Get an electronic or paper copy of your medical record	• You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you, in the format you request when readily producible. 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 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. Ask us how to do this. • We may say "no" to your request, but we'll 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 office 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. o We are not required to agree to your request, and we 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
Get a list of those with whom we've shared information	• You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. • 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'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one 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 medical power of attorney or if someone is your legal guardian, that person can exercise your 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.
File a complaint if you feel your rights are violated	• You can complain if you feel we have violated your rights by contacting us using the information on page 1. • You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to: 200 Independence Avenue, SW, Washington, DC 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. • We will not retaliate against you for filing a complaint.
Your Rights Regarding Substance Use Disorder Treatment Records (42 C.F.R. Part 2)	• If we receive or maintain information about you from a substance use disorder treatment program that is subject to 42 C.F.R. Part 2, you have the right to request restrictions on certain uses and disclosures of your Part 2 Program records, receive an accounting of disclosures, inspect and obtain a copy of your records as permitted by law, and file a complaint if you believe your Part 2 rights have been violated. We will not retaliate against you for exercising these rights.

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 the situations described below, talk to us. Tell us what you want us to do, and we will

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 care • Share information in a disaster relief situation • Include your information in a hospital directory • Contact you for fundraising efforts *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
In the case of fundraising:	• We may contact you for fundraising efforts, but you can tell us not to contact you again, and we will honor your request promptly.

How do we typically use or share your health information? We typically use or share your health information in the following ways.		
Treat you	We can use your health information and share it with other professionals who are treating you. We may also share health information about you electronically through a health information exchange that allows providers involved in your care to access some of your By the Bay Health records to coordinate services for you.	*Example: A doctor treating you for an injury asks another doctor about your overall health condition.*
Run our organization	We can use and share your health information to run our practice, improve your care, and contact you when necessary.	*Example: We use health information about you to manage your treatment and services.*
Bill for your 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.*
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, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.		
Help with public health and safety issues	We can share health information about you for certain situations such as: • Preventing disease • Helping with product recalls • Reporting adverse reactions to medicines • Reporting suspected abuse, neglect, or domestic violence • Preventing or reducing a serious threat to anyone's health or safety	
Do research	We can use or share your information for health research.	
Comply with the law	We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.	
Respond to organ and tissue donation requests	We can share health information about you with organ procurement organizations.	
Work with a medical examiner or funeral director	We can share health information with a coroner, medical examiner, or funeral director when an individual dies.	
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 presidential 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.
Substance Use Disorder Treatment Records (42 C.F.R. Part 2)	• If we receive or maintain information about you from a substance use disorder treatment program that is subject to 42 C.F.R. Part 2 ("Part 2 Program records"), those records receive special federal privacy protections that are more stringent than HIPAA.These protections limit when your substance use disorder information may be shared and restrict its use for law enforcement, legal, or administrative purposes. • You may provide a single written consent for all future uses and disclosures of your Part 2 Program records for treatment, payment, and health care operations. You have the right to revoke your consent at any time in writing, except to the extent that we have already relied on it. • If we receive your Part 2 Program records through a general consent you provide to a Part 2 Program for treatment, payment, and health care operations, we may use and disclose those records for treatment, payment, and health care operations as described in this Notice. • If we receive your Part 2 Program records through a specific consent you provide to us or another third party, we will use and disclose those records only as permitted by that consent. • Information protected under 42 C.F.R. Part 2 may not be redisclosed by the recipient unless permitted by federal law or with your written consent. • In no event will we use or disclose your Part 2 Program records, or testimony that describes information from those records, in any civil, criminal, administrative, or legislative proceeding against you without your written consent or a court order after providing you notice as required by law. • We are prohibited from using your Part 2 Program records to discriminate against you, deny benefits, or take adverse action against you except as permitted by federal law.

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 information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will notify you following a breach of your unsecured protected health information as required by law, including what happened, what information was involved, steps you should take to protect yourself, and what we are doing to investigate and mitigate the harm.
- We will not require you to waive your privacy rights as a condition of receiving treatment, payment, enrollment, or eligibility for benefits.

For more information:
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 web site.

Effective date of notice: February 16, 2026.

This Notice of Privacy Practices applies to the following organization:
By the Bay Health, which operates in the counties of Marin, San Francisco, San Mateo, Sonoma, and the cities of American Canyon, Napa and Vallejo.

If you have questions, please contact

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