



Exer Urgent Care Notice of HIPAA Privacy Practices

Effective Date – May 14, 2025

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.

WHO FOLLOWS THIS NOTICE

This joint notice describes the privacy practices of Exer Urgent Care and Facey Medical Foundation (“we” or “us”). We participate in an organized health care arrangement (“OHCA”), as the term is defined at 45 C.F.R. § 160.103 of the HIPAA regulations. The OHCA formed between us is based on the fact that we are: (i) each covered entities under HIPAA, as the term “covered entity” is defined at 45 C.F.R. § 160.103 of the HIPAA regulations; (ii) participating together in an organized system of health care; (iii) holding ourselves out to the public as participating in a joint arrangement, as reflected in our strategic objectives, the branding of the clinics, and the notice of privacy practices provided to patients; and (iv) participating in joint activities that include quality assessment and improvement activities in which treatment provided is assessed by each of us and utilization review in which health care decisions are reviewed by collectively. As an OHCA, we may share your information as necessary to carry out related treatment, payment or health care operations, or as otherwise permitted by law, when providing you services at the clinic locations.

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. Ask us how to do this. We will provide a copy or 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. 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 purposes 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’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 below. You can also 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, S.W., Washington D.C. 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 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 follow your instructions.

In these cases, you have both the right and choice to tell us to: (1) Share information with your family, close friends, or others involved in your care; (2) Share information in a disaster relief situation. 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, and 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.

In the case of our participation in internal Health Information Exchange(s) (HIEs) and external HIE networks, we may share information about you electronically with other organizations.

OUR USES AND DISCLOSURES

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. For example, a doctor treating you for an injury asks another doctor about your overall condition.

Run our organization: We can use and share your health information to run our practice, improve your care, and contact you when necessary. For 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. For 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 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 for certain situations such as (1) preventing disease; (2) helping with product recalls; (3) reporting adverse reactions to medications; (4) reporting suspected abuse, neglect or domestic violence; (5) 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 required 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: (1) for workers' compensation claims; (2) for law enforcement purposes or with a law enforcement official; (3) with health oversight agencies for activities authorized by law; (4) 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.

SPECIAL CATEGORIES OF INFORMATION

In many circumstances, we are required to provide more restrictive treatment to the following types of information: psychotherapy notes, genetic testing information, information on persons with developmental disabilities, information concerning HIV/AIDS testing, and alcohol and drug use treatment.

Patient Substance Use Disorder Records

Certain Exer Urgent Care programs may be subject to the federal substance use disorder confidentiality law and regulations found at 42 U.S.C. § 290dd2 and 42 C.F.R. Part 2 ("Part 2") as a substance use disorder treatment program ("Part 2 Program"). In such instances, information regarding your substance use disorder treatment, including your presence in a Part 2 Program, and payment for those services, is protected by both HIPAA and may have additional privacy protections under Part 2. Under Part 2, you generally must give written consent before information identifying you as a patient of a Part 2 Program or your substance use disorder records may be disclosed, including to entities or individuals who are paying your insurance claims. We may ask that you help us care for you and support your treatment goals by providing a written consent that allows the Part 2 Program's providers to receive from and disclose to other treating providers your identity and information in order to provide you the care you need, to obtain payment for care and treatment, and to allow for communication with other professionals, friends and advocates involved in your treatment or recovery.

Pursuant to Part 2, there are limited circumstances in which a Part 2 Program may acknowledge your presence in the program or disclose your substance use disorder records protected by Part 2 to others outside the Part 2 Program without your written consent, such as:

- To medical personnel in medical emergencies when prior consent cannot be obtained from you;
- For research purposes;
- For audits and evaluations;
- To the Department of Veterans Affairs or Armed Forces;
- For communication within a Part 2 Program or between a Part 2 Program and an entity having direct administrative control over that Part 2 Program;

- Pursuant to an agreement with a qualified service organization;
- To report crimes on Part 2 Program premises or against Part 2 Program personnel, or a threat to commit such a crime;
- To report suspected child abuse or neglect to appropriate authorities; or
- As permitted by a valid court order.

Violation of the federal law and regulations by a Part 2 Program is a crime and suspected violations may be reported to appropriate authorities consistent with the regulations under 42 CFR § 2.4. You may report any suspected Part 2 Program violations to the Privacy Officer listed below, or to the United States Attorney for the judicial district in which the violation occurs, as well as to the Substance Abuse and Mental Health Services Administration (SAMHSA) office responsible for opioid treatment program oversight. The contact information for the Office of the United States Attorney of the Central District of California is:

United States Attorney's Office
Central District of California
312 North Spring Street, Suite 1200
Los Angeles, California 90012
<https://www.justice.gov/usao-cdca/contact#mail>

Part 2 does not protect either (i) information related to a patient's commission of a crime on the premises of the Part 2 Program or against personnel of the Part 2 Program, or (ii) reports of suspected child abuse and neglect made under state law to appropriate state or local authorities.

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 not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. 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.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT:

Exer Urgent Care
Privacy Officer
2381 Rosecrans Ave. Suite 115
El Segundo, CA 90245
800-218-9474
PrivacyOfficer@exerurgentcare.com