Notice of Privacy Practices

Effective Date: 11/02/2026

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION, HOW YOU CAN ACCESS YOUR HEALTH INFORMATION, AND HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION. YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER AND ELECTRONIC FORM) AND TO DISCUSS IT WITH OUR PRIVACY OFFICER AT 1-800-461-9330 OR Nancy.Lipman@cplc.org
PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices ("Notice") describes the practices of Chicanos Por La Causa, Inc. (CPLC) for handling protected health information pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). This Notice applies to CPLC in our capacity as a hybrid covered entity health care provider subject to HIPAA and the following entities and designated health care components in our hybrid covered entity: Centro de la Familia (CDLF), Corazon, Keogh, Luces, Amanecer, Hummingbird House, and Corporate Shared Services (collectively "CPLC," "we," "us," or "our").

This Notice does not apply to our use or disclosure of information that we collect about you in our capacity as a non-HIPAA regulated covered entity. If you have questions about how we process personal information about you that is not subject to HIPAA, please review our Personally Identifiable Information Policy.

Our Uses and Disclosures

How do we typically use or disclose (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.
  - Example: A doctor treating you for an injury asks another doctor about your overall health condition. We send your information to your pharmacy to fill your prescriptions.

- **Run our organization**

  - We can use and share your health information to support our business, improve your care, educate our professionals, evaluate provider performance, 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. We may also tell your health plan about a service you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

How else can we use or disclose (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.

- **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 medications
  - 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.

- **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.

- **Comply with the law**

  - We will share information about you if state, federal, or local laws require it, including with the U.S. Department of Health and Human Services if it wants to see that we are complying with HIPAA.
  - Our use and disclosure of certain sensitive information may be further restricted by other federal, state, or local laws. This includes, for example, information related to alcohol and substance abuse, genetics, mental health, sexual health, and HIV/AIDS.

Further Protections for Substance Use Disorder Records

If you receive care for a substance use disorder ("SUD") from our CPLC Corazón center, any SUD records we maintain about you are subject to additional federal confidentiality protections, including as described in this Notice, and we will only use and disclose SUD records as outlined in this Notice and as permitted under 42 U.S.C. 290dd-2, as amended, and regulations at 42 C.F.R. Part 2 (collectively, "Part 2") and the HIPAA regulations.

- We will obtain your consent to use and disclose SUD records for treatment, payment, and healthcare operations when you begin or continue care with or are admitted to our CPLC Corazón center. If you do not sign this consent, we may not be able to treat you.

  SUD records that are disclosed to our business associates (e.g., our administrative support) or other treating providers pursuant to this consent may be further disclosed without your consent, to the extent HIPAA regulations permit such disclosure.

- We will not disclose SUD records without your consent except in limited circumstances, such as a medical emergency, limited scientific research, internal operational reviews, public health purposes, or based on a court order.

- We will not disclose SUD records (or provide testimony relating to the contents of SUD records) in court or other legal proceedings (civil, criminal, administrative, or legislative) against you without your consent or a court order.

- To the extent required by law, we will only use or disclose SUD records based on a court order after providing you with notice and an opportunity to be heard. A court order authorizing use or disclosure of SUD records must be accompanied by a subpoena or other similar legal mandate compelling disclosure of SUD records.

- We will not use or disclose SUD records to fundraise for the benefit of our SUD program unless we provide you with a clear and conspicuous opportunity to elect not to receive fundraising communications.

- We may maintain separate SUD counseling notes (for example, notes by a SUD mental health professional documenting a private counseling session) that are kept apart from the rest of your SUD records and medical record. We will not use or share these SUD counseling notes without your written consent, except as permitted or required by law (for example, certain limited uses by the provider for your treatment).

Part 2 does not protect health information about a crime committed on our premises or against our personnel or about any threat to commit such crime. Part 2 also does not prohibit the disclosure of health information to report suspected child abuse or neglect under state law to appropriate state or local authorities.

Other Particularly Sensitive Conditions

Certain other types of health information may have additional protection under state law. For example, health information about mental health, HIV/AIDS, sexual or reproductive health, and genetic testing may be treated differently and with more protections than other types of health information under certain state laws. To the extent applicable, we will get your permission before disclosing these categories of information to others in many circumstances.

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:

  - Share information with your family, close friends, or others involved in your care
  - 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 share your information to lessen a serious and imminent threat to health or safety of you or others.

- In these cases, we do not share your information unless you give us written permission:

  - Marketing purposes
  - Sale of your information
  - Most sharing of psychotherapy notes
  - You have the right to elect not to receive fundraising communications.

Your Rights

When it comes to your health information, you have certain rights.

You may:

- **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. We may require that you put your request in writing. Ask us how to do this using the contact information below.
  - 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 using the contact information below.
  - We may say "no" to your request, but we will 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 purposes. 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 information.

- **Get a list of those with whom we have shared your health information**

  - You can ask for a list (called an accounting of disclosures) of the times we have shared your health information for up to 6 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 will provide one accounting of disclosures 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 Notice**

  - You can ask for a paper or electronic copy of this Notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a 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 confirm that the person has this authority and can act for you before we allow that person to take any action.

- **Revoke your consent**

  - You can revoke your consent for us to use or disclose your health information except to the extent that we (or a third party to whom we disclosed your information based on your consent) have already acted in reliance on your consent.
  - To revoke your consent, contact the Privacy Officer in writing at the contact information below.

- **File a complaint if you feel your rights are violated**

  - You can complain if you feel we have violated your rights by contacting our Privacy Officer at the contact information below.
  - 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, S.W., Washington, D.C. 20201, calling 877-696-6775, or visiting https://www.hhs.gov/hipaa/filing-a-complaint/index.html.
  - We will not retaliate against you for filing a complaint with us or the U.S. Department of Health and Human Services Office for Civil Rights.

Our Responsibilities

We are required by HIPAA 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 protected health information.

- We must follow the duties and privacy practices described in this Notice and give you a copy of it (paper or electronic).

- We will not use or share your protected health information other than as described in this Notice unless you tell us we can in writing. When you provide us with your written authorization to use or disclose your information in a particular way, you may change your mind at any time. Let us know in writing if you change your mind using the contact information below.

Changes To the Terms of This Notice

WE RESERVE THE RIGHT IN OUR DISCRETION TO CHANGE THIS NOTICE AT ANY TIME. ALL CHANGES WILL APPLY TO ALL INFORMATION WE HAVE ABOUT YOU. THE UPDATED NOTICE WILL BE AVAILABLE UPON REQUEST, IN OUR OFFICES, AND ON OUR SITE.

Contact Information

If you have questions or concerns about your privacy rights, or the information contained in this Notice, please contact our Privacy Officer at 1008 E Buckeye Rd, Phoenix, AZ 85034 or calling 1-800-461-9330.

Origination Date: 04/13/2003