

# East Bay Innovations Notice of Privacy Practices and Consent



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.**

<b>Your Rights</b> <b>When it comes to your health information, you have certain rights.</b> This section explains your rights and some of our responsibilities to help you.	
Get a copy of your health and claims records	<ul style="list-style-type: none"><li>You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.</li><li>We will provide a copy or a summary of your health and claims records, usually within 30 days of your request.</li></ul>
Ask us to correct health and claims records	<ul style="list-style-type: none"><li>You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.</li><li>We may say “no” to your request, but we’ll tell you why in writing within 60 days.</li></ul>
Request confidential communications	<ul style="list-style-type: none"><li>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.</li><li>We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.</li></ul>
Ask us to limit what we use or share	<ul style="list-style-type: none"><li>You can ask us not to use or share certain health information for treatment, payment, or our operations.</li><li>We are not required to agree to your request, and we may say “no” if it would affect your care.</li></ul>
Get a list of those with whom we’ve shared information	<ul style="list-style-type: none"><li>You can ask for a list (accounting) of all the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.</li><li>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).</li></ul>
Get a copy of this privacy notice	<ul style="list-style-type: none"><li>You can ask for a paper copy of this notice at any time, and can find the current version on the EBI website at <a href="http://www.eastbayinnovations.org">www.eastbayinnovations.org</a>.</li></ul>
Choose someone to act for you	<ul style="list-style-type: none"><li>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.</li><li>We will make sure the person has this authority and can act for you before we take any action.</li></ul>
File a complaint if you feel your rights are violated	<ul style="list-style-type: none"><li>You can complain if you feel we have violated your rights by following our Grievance Procedure, which will be provided to you.</li><li>You can file a complaint with the US Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Ave., S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting <a href="http://www.hhs.gov/ocr/privacy/hipaa/complaints/">www.hhs.gov/ocr/privacy/hipaa/complaints/</a>.</li><li>We will not retaliate against you for filing a complaint.</li></ul>

<b>Your Choices</b> 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:	<ul style="list-style-type: none"> <li>• Share information with your family, close friends, or others involved in payment for your care</li> <li>• Share information in a disaster relief situation</li> <li>• Contact you for fundraising efforts</li> </ul> <p><i>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.</i></p>
	<p><b>We will never market or sell your personal information.</b></p>

Our Uses and Disclosures	How do we typically use or share your health information?	We typically use or share your health information in the following ways.
Help manage the health care treatment you receive	<ul style="list-style-type: none"> <li>• We can use your health information and share it with professionals who are treating you</li> </ul>	<p><b>Example:</b> A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.</p>
Pay for your health services	<ul style="list-style-type: none"> <li>• We can use and disclose your health information as we pay for your health services</li> </ul>	<p><b>Example:</b> We share information about you with Vital Link to coordinate payment for your PERS.</p>
Gain authorization for services	<ul style="list-style-type: none"> <li>• We may disclose your health information to your health plan, Regional Center (RC), Department of Health Care Services, and other entities that pay for the services you receive through EBI.</li> </ul>	<p><b>Example:</b> You receive authorized services through RC that we provide and we provide RC with updates on your goals, which can include health information.</p>

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. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: <a href="http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html">www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html</a>	
Help with public health and safety issues	<ul style="list-style-type: none"> <li>• We can share health information about you for certain situations such as               <ul style="list-style-type: none"> <li>○ Preventing disease</li> <li>○ Reporting adverse reactions to medications</li> <li>○ Reporting suspected abuse, neglect, or domestic violence</li> <li>○ Preventing or reducing a serious threat to anyone's health or safety</li> </ul> </li> </ul>	
Comply with the law	<ul style="list-style-type: none"> <li>• We will share information about you if state or federal laws require it.</li> </ul>	

Address law enforcement, and other government requests	<ul style="list-style-type: none"> <li>• We can use or share health information about you <ul style="list-style-type: none"> <li>○ For law enforcement purposes or with a law enforcement official</li> <li>○ With health oversight agencies for activities authorized by law</li> <li>○ For special government functions such as military, national security, and presidential protective services</li> </ul> </li> </ul>
Respond to lawsuits and legal actions	<ul style="list-style-type: none"> <li>• We can share health information about you in response to a court or administrative order, or in response to a subpoena</li> </ul>
Conduct outreach, enrollment, care coordination and case management	<ul style="list-style-type: none"> <li>• We can share your information with other government benefits programs for reasons such as outreach, enrollment, care coordination, and case management</li> </ul>
Administer our programs	<ul style="list-style-type: none"> <li>• We can share your information with our contractors and agents who help us administer our programs</li> </ul>
Comply with special laws	<ul style="list-style-type: none"> <li>• There are special laws that protect some types of health information such as mental health services, treatment for substance use disorders, and HIV/AIDS testing and treatment. We will obey these laws when they are stricter than this notice.</li> </ul>

## 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](http://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 (effective 10/15/25), and the changes will apply to all information we have about you. The new notice will be available upon request and on our website.

## This Notice of Privacy Practices applies to the following organizations.

This notice applies to all EBI programs dealing with health information, including ILS, HN, LTC, SLS, CDS, SES, TCCM, and Affinity. For a full list of programs currently run by EBI, please visit our website at [www.eastbayinnovations.org](http://www.eastbayinnovations.org)

## For More Information

Please contact us to request a copy of this notice in other languages or to get a copy in another format, such as large print or Braille. Have questions, please contact our Safety Officer at [info@eastbayinnovations.org](mailto:info@eastbayinnovations.org).

EBI does not have full copies of your medical records. If you want to look at, get a copy of, or change your medical records, please contact your doctor, dentist, health plan, or other medical provider.

**East Bay Innovations  
HIPAA Compliance Client Consent Form**

By signing this form, I acknowledge that I have been provided and understand my rights and choices, EBI's uses and disclosures, and EBI's responsibilities as it relates to my protected health information and privacy.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Relationship to Authorized Representative