Wilmington Community Clinic

Wilmington Community Clinic
1009 North Avalon Boulevard, Wilmington, CA 90744
(310) 549-5760 • www.wilmingtoncc.org

Notice of Privacy Practices

NOTICE — POSTED AND GIVEN ON REQUEST

Effective date: November 19, 2026. *This notice applies to all WCC sites, including Avalon and the Wilmington Middle School Wellness Center. Questions? Call our Privacy Officer at (310) 549-5760.*

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.

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 a copy of your health record

- You can ask to see or get an electronic or paper copy of your health record and other health information we have about you. Ask the front desk or the Privacy Officer.
- We will give you a copy or a summary, usually within 15 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your health record

- You can ask us to correct health information about you that you think is wrong or incomplete. We may say “no,” but we will tell you why in writing within 60 days.

Ask for confidential communications

- You can ask us to contact you in a specific way (for example, home or cell 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, 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 with your health insurer. We will say “yes” unless a law requires us to share it.

Get a list of those with whom we have shared information

- You can ask for a list (accounting) of the times we have shared your health information for six years before the date you ask, who we shared it with, and why.
- We will include all disclosures except those about treatment, payment, and health care operations, and certain others (such as any you asked us to make). We will provide one list a year for free but may 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 it electronically. We will give it to you 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 use your rights and make choices about your health information. We will make sure the person has this authority before we take any action.

File a complaint if you feel your rights are violated

- You can complain to our Privacy Officer at (310) 549-5760 or Wilmington Community Clinic, 1009 North Avalon Blvd., Wilmington, CA 90744.
- 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:

- 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 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.

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. Example: your provider sends a referral to a specialist. We also share information through LANES (Los Angeles Network for Enhanced Services), a health information exchange, so your other doctors and hospitals can see your records when they treat you. You are included in LANES automatically. If you do not want us to share your information through LANES, tell us in writing.
- **Run our organization.** We can use and share your health information to run our clinic, improve your care, and contact you when necessary. Example: we use your information to check the quality of care and to send appointment reminders.
- **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 Medi-Cal or your health plan so it will pay for your services.

Our electronic health record partner: OCHIN

> **In short:** WCC uses OCHIN for our electronic health record. OCHIN and the other clinics that use it work as one group. We may share your health information with them, or with a health information exchange, only to treat you or to run and improve care. This can include mapping your home address to plan better care. You can cancel this in writing at any time and ask for a list of who received your information.

Wilmington Community Clinic is part of an organized health care arrangement including participants in OCHIN. A current list of OCHIN participants is available at www.ochin.org. As a business associate of Wilmington Community Clinic, OCHIN supplies information technology and related services to Wilmington Community Clinic and other OCHIN participants. OCHIN also engages in quality assessment and improvement activities on behalf of its participants. For example, OCHIN coordinates clinical review activities on behalf of participating organizations to establish best practice standards and assess clinical benefits that may be derived from the use of electronic health record systems. OCHIN also helps participants work collaboratively to improve the management of internal and external patient referrals. Your personal health information may be shared by Wilmington Community Clinic with other OCHIN participants or a health information exchange only when necessary for medical treatment or for the health care operations purposes of the organized health care arrangement. Health care operations can include, among other things, geocoding your residence location to improve the clinical benefits you receive.

The personal health information may include past, present and future medical information as well as information outlined in the Privacy Rules. The information, to the extent disclosed, will be disclosed consistent with the Privacy Rules or any other applicable law as amended from time to time. You have the right to change your mind and withdraw this consent, however, the information may have already been provided as allowed by you. This consent will remain in effect until revoked by you in writing. If requested, you will be provided a list of entities to which your information has been disclosed.

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.

- **Help with public health and safety issues,** such as preventing disease, helping with product recalls, reporting adverse reactions to medicines, reporting suspected abuse, neglect, or domestic violence, and preventing or reducing a serious threat to anyone's health or safety.
- **Do research,** when the law allows and with privacy protections in place.
- **Comply with the law,** including sharing with the U.S. Department of Health and Human Services if it wants to see that we are complying with federal privacy law.
- **Respond to organ and tissue donation requests** and work with a medical examiner or funeral director.
- **Address workers' compensation, law enforcement, and other government requests,** including health oversight activities and special government functions such as military, national security, and presidential protective services.
- **Respond to lawsuits and legal actions,** such as a court or administrative order or a subpoena, as the law allows.

Extra Protections for Certain Information

Federal and California laws give some kinds of health information more protection than described above. When these laws apply, we follow the stricter rule.

Substance use disorder treatment records (42 CFR Part 2)

- Records from WCC's substance use disorder treatment services, including medication for addiction treatment, are protected by federal law (42 CFR Part 2).
- We need your **written consent** to use or share these records, including for treatment, payment, and health care operations. You may give one consent for all future uses and disclosures for treatment, payment, and health care operations. Once you do, we and other HIPAA-covered providers and plans may use and share them as HIPAA allows.
- Without your consent, we may share these records only in the limited cases Part 2 allows, such as a medical emergency, certain research, audits and program evaluations, reporting suspected child abuse or neglect, public health reporting without your identity, or a court order that meets Part 2 requirements.
- Your records, or testimony about their content, **cannot be used or shared in any civil, criminal, administrative, or legislative investigation or proceeding against you** unless you give specific written consent or a court issues an order that meets Part 2 requirements.
- You may take back (revoke) your consent in writing at any time, except for actions we already took based on it. You have the right to ask for a list of disclosures made with your consent and to ask us to limit uses and disclosures.
- If we ever want to use these records for fundraising, we will first give you a clear chance to say no.
- You may report a possible Part 2 violation to our Privacy Officer or to the HHS Office for Civil Rights (contact information above).

Mental health, HIV, and genetic test information

- California law limits sharing of mental health records, HIV test results, and genetic test results. We will ask for your written permission before sharing them, except when the law allows or requires it.

Minors

- If you are under 18 and the law lets you agree to your own care — for example, pregnancy, birth control, sexually transmitted infections, and certain mental health and substance use services — you control who sees those records. We will not share them with your parent or guardian without your permission unless the law allows or requires it.

Reproductive and gender-affirming care

- California law protects information about abortion, contraception, pregnancy, and gender-affirming care. We will not share this information in response to a subpoena, warrant, or request from another state, or for a law enforcement or civil action, about care that is legal in California, unless the law requires it.

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.

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, posted at each WCC site, and on our website, www.wilmingtoncc.org.

Questions or need help? Privacy Officer, Wilmington Community Clinic, 1009 North Avalon Blvd., Wilmington, CA 90744 • (310) 549-5760. Free interpreters and other formats (such as large print) are available — just ask. TTY: 711. The Notice of Availability of Language Assistance Services (taglines in 18 languages) is attached to this notice.