



SENIOR ADVOCACY NETWORK - SENIOR LAW PROJECT

A Non-Profit Corporation

821 13th Street, Suite A, Modesto, CA 95354

Legal: (209) 577-3814 – Housing: (209) 497-6226

Fax: (209) 577-1026

<http://senioradvocacynetwork.org/>

Notice of Privacy Practices

Community Supports

- Housing Transition & Navigation Services
- Housing Tenancy Sustaining Services

Effective Date: 7.1.25	Revised Date: 7.1.25	Supersedes: ALL
Distribution: Employee Drive		

This Notice of Privacy Practices (the "Notice") describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully.

Our Commitment to Your Privacy

Senior Advocacy Network is committed to protecting the privacy of your health information. We understand that your health information is personal, and we are dedicated to maintaining the confidentiality and security of that information. This Notice explains how we may use and disclose your health information, as well as your rights with respect to that information.

Uses and Disclosures of Health Information

We may use and disclose your health information for the following purposes:

1. Treatment

We may use and disclose your health information to provide, coordinate, or manage your healthcare. This may include communicating with other healthcare providers about your treatment or referring you to other healthcare providers.

2. Payment

We may use and disclose your health information to obtain payment for services we provide. For example, we may disclose your information to your health insurance company to facilitate payment for treatment.

3. Healthcare Operations

We may use and disclose your health information for our healthcare operations, including administrative activities, quality improvement programs, and audits.

4. Required by Law

We may disclose your health information when required by law, such as to comply with a court order, government investigation, or public health reporting requirements.

5. Public Health and Safety

We may disclose your health information to prevent or control disease, injury, or disability, report adverse events, or to notify persons who may have been exposed to a communicable disease.

6. Health Oversight Activities

We may disclose your health information to government agencies for oversight activities such as audits or investigations related to healthcare delivery or compliance.

7. Law Enforcement

We may disclose your health information to law enforcement officials in certain situations, including to comply with legal orders or in response to an emergency.

8. Family and Friends

We may disclose your health information to family members, close friends, or others you identify who are involved in your healthcare or payment for healthcare, unless you object.

9. Research

We may use or disclose your health information for medical research, provided that the research meets certain conditions to protect your privacy.

10. Disaster Relief

We may disclose your health information to organizations involved in disaster relief efforts, such as the American Red Cross, to assist in notifying family members of your location and status.

Your Rights Regarding Your Health Information

You have the following rights regarding your health information:

1. Right to Inspect and Copy

You have the right to inspect and copy your health information in our records, with some exceptions. Requests to inspect or copy your records must be made in writing.

2. Right to Amend

If you believe that information in your medical record is incorrect or incomplete, you may request an amendment to your record. Your request must be in writing and explain the reason for the amendment.

3. Right to an Accounting of Disclosures

You have the right to request a list of disclosures of your health information made by us, except for those disclosures made for treatment, payment, or healthcare operations.

4. Right to Request Restrictions

You have the right to request a restriction on certain uses and disclosures of your health

information. While we are not required to agree to your request, we will consider it carefully.

5. Right to Confidential Communications

You have the right to request that we communicate with you about your health information in a certain way or at a certain location, such as sending information to an alternate address or using different communication methods.

6. Right to Receive a Copy of This Notice

You have the right to receive a paper copy of this Notice upon request, even if you have agreed to receive it electronically.

Our Duties

1. Confidentiality

We are required by law to maintain the privacy of your health information and to provide you with a copy of this Notice that explains our privacy practices.

2. Notification of Breach

In the event of a breach of your protected health information (PHI), we will notify you as required by law.

3. Changes to this Notice

We may update this Notice from time to time. If we make significant changes to our privacy practices, we will update the effective date at the top of this page. We will also make the revised Notice available upon request.

How to File a Complaint

If you believe that your privacy rights have been violated, you may file a complaint with Senior Advocacy Network or with the U.S. Department of Health and Human Services Office for Civil Rights (OCR). You will not be penalized for filing a complaint.

- **Contact Information for Filing Complaints**

Senior Advocacy Network
Attention: Privacy Officer or Executive Director
209-497-6226
executive@senioradvocacynetwork.org
821 13th St, Suite A, Modesto CA 95354

- **Contact Information for OCR**

U.S. Department of Health and Human Services Office for Civil Rights
<https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>
Phone: 1-800-368-1019, TDD: 1-800-537-7697
Email: OCRMail@hhs.gov