



## Notice of Privacy Practices

December 16, 2025

**A statement describing PHC California's policies and procedures for preserving the confidentiality of medical records is available and will be furnished to you upon request.**

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.

If you are of the age and capacity to consent to sensitive services, you are not required to get any other member's authorization to get sensitive services or to submit a claim for sensitive services.

You can ask PHC California to send communications about sensitive services to another mailing address, email address, or telephone number that you choose. This is called a "request for confidential communications." If you consent to care, PHC California will not give information on your sensitive care services to anyone else without your written permission. If you do not give a mailing address, email address, or telephone number, PHC California will send communications in your name to the address or telephone number on file.

PHC California will honor your requests to get confidential communications in the form and format you asked for. Or we will make sure your communications are easy to put in the form and format you asked for. We will send them to another location of your choice. Your request for confidential communications lasts until you cancel it or submit a new request for confidential communications.

### Right to Request Confidential Communications

You have the right to request that we communicate with you about medical matters in the form and format you request, if readily producible in the requested form and format, or at alternative locations. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you may either call Member Services at 1-800-263 - 0067 (TTY 711), 8:00 am to 8:00 pm, Monday through Friday or email us at [php@positivehealthcare.org](mailto:php@positivehealthcare.org). You may also make your request in writing to Attn: Member Services, PHC California, P.O. Box 46160, Los Angeles, CA 90046. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

We will implement confidential communications requests within seven (7) calendar days of receipt of an electronic or telephonic request or 14 calendar days of receipt by first-class mail.

We will acknowledge receipt of confidential communications requests and advise you of the status of implementation of your request if you contact us to inquire.

We will follow your confidential communication request until you cancel or change your request.

We will not condition your enrollment in PHC California or receipt of covered services on you making or not making a confidential communication request.

PHC California's statement of its policies and procedures for protecting your medical information (called a "Notice of Privacy Practices") is included below:

## **Who Will Follow this Notice**

PHC California is a Medi-Cal managed health plan and HMO ("Plan") offered by AIDS Healthcare Foundation ("AHF"). This notice describes AHF's practices and that of:

- All departments, units, employees, staff, volunteers, and other personnel of AHF and its affiliates.
- All AHF affiliates including AHF MCO of Florida, Inc., AHF Healthcare Centers, AIDS Healthcare Foundation Disease Management of California, Inc. When we use the term "we," "us" and "our" in this notice, we are referring to AHF and these affiliates.

All the persons and organizations listed above may share medical information with each other for treatment, payment or health care operations purposes described in this notice or allowed by law.

## **Our Pledge and Responsibilities Regarding Your Medical Information**

We understand that information about you and your health is personal. We are committed to protecting medical information about you which also includes demographic data about you, such as race/ethnicity, language, gender identity and sexual orientation data.

In the course of providing health care, we collect protected health information ("PHI") from members and patients and other sources, including other health care providers. PHI includes identifiers such as your name, Social Security number, or other information that reveals who you are. For example, your medical record is PHI because it includes your name and other identifying information. For simplicity, throughout this notice, we will use the term "medical information" instead of "PHI," but the two terms will have the same meaning.

Your medical information may be used, for example, to provide health care services and customer services, evaluate benefits and claims, administer health care coverage, measure performance (utilization review), detect fraud and abuse, review the competence or qualifications of health care professionals, and fulfill legal and regulatory requirements. The types of medical information we collect and keep may include, for example:

- Hospital, medical, mental health and substance abuse records, X-ray reports, pharmacy records and appointment records;
- Information from member/patients, for example, through surveys, applications and other forms, and online communications; and
- Information about your relationship with AHF, such as medical services received and claims history.

Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic. We are required by law to:

- Make sure that medical information that identifies you is kept private, except in certain situations described below;
- Tell you about your rights and our legal duties with respect to your medical information; and
- Follow the terms of the notice that is currently in effect.

## **How We May Use and Disclose Your Medical Information**

The following categories describe different ways that we use and disclose medical information. In each instance, we will only share the minimum necessary medical information with recipients who are obligated to maintain the confidentiality of that information.

### **HIV, AIDS and Other Types of Medical Information**

For any disclosure of your health information, we will always apply any heightened protections required by state and federal laws to special categories of information such as tests, test results, and status. We will also make disclosures subject to any restrictions that you have requested that we have agreed to as detailed further in this notice.

### **Disclosure at Your Request**

We may disclose information when requested by you. We may ask that you make a request in writing.

### **For Treatment**

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, health care students, or other health care personnel who are involved in taking care of you. Our personnel will use and disclose your medical information in order to provide and coordinate the care and services you need: for example, prescriptions, X-rays, and lab work. If you need care from health care providers who are not part of the plan's network, such as community resources to assist with your health care needs at home, we may disclose your medical information to them.

## **For Payment**

Your medical information may be needed to determine our responsibility to pay for, or to permit us to bill and collect payment for, treatment and health-related services that you receive. For example, we may have an obligation to pay for health care you receive from an outside provider. When you or the provider sends us the bill, we use and disclose your medical information to determine how much, if any, of the bill we are responsible for paying.

## **For Health Care Operations**

We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to run the plan, and make sure that all of our members receive quality care. For example, we may use medical information to review your treatment and services and to evaluate the performance of our staff in helping you. We may use medical information to determine premiums and other costs of providing health care. We may also combine medical information about many members to decide what additional services the plan should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes. We may also combine the medical information we have with medical information from other plans to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

## **Appointment Reminders**

If you have provided us with your cell phone number as your primary contact number, we may use your cell phone number to contact you directly to remind you of your upcoming appointments for treatment or health care. In all instances, all cell phone communications will comply with state and federal regulations.

## ***Treatment Alternatives and Health-Related Products and Services***

If you have provided us with your cell phone number as your primary contact number, we may use that number: (1) to tell you about treatment alternatives or other health-related benefits and services that may be of interest to you, including those provided by AHF or its affiliated organizations; (2) for your treatment; (3) for case management or care coordination, or (4) to direct or recommend alternative treatments, therapies, health care providers, or settings of care. For example, we may tell you about a new drug or procedure or about educational or health management activities.

## ***Business Associates***

We occasionally contract with third party business associates who perform certain functions or activities on our behalf, such as payment and health care operations. We may disclose your medical information to the business associates only to the extent necessary for them to perform their services and only where the business associates have agreed to safeguard your medical information and comply with applicable state and federal privacy laws.

#### ***Individuals Involved in Your Care or Payment for Your Care***

We may release medical information about you to individuals who you have indicated to us as being involved in your medical care. If you have not previously authorized this in writing, and you are not present or lack the decision-making capacity to consent to a disclosure to a friend or family member, we will use our professional judgment to determine if it is in your best interest to disclose your medical information. For example, we may allow someone to pick up a prescription for you. We may also give information to someone who helps pay for your care. Also, if you are either unconscious or otherwise unable to communicate, we may attempt to contact someone we believe can make health care decisions for you (e.g., a family member or agent under a health care power of attorney).

#### ***Disaster Relief Activities***

In addition, we may disclose medical information about you to a state or federal agency assisting in a disaster relief effort.

#### ***Research***

We may use and disclose medical information about you for research purposes, but only as either approved and directed by a human subject institutional research board (IRB) or as authorized in writing by you.

#### ***As Required By Law***

We will disclose medical information about you when required to do so by federal, state or local law.

#### ***To Avert a Serious Threat to Health or Safety***

We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat and only to the extent necessary.

### **Specialized Disclosures under the Health Insurance Portability and Accountability Act (HIPAA)**

## **Organ and Tissue Donation**

We may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, but only to the extent necessary, only as permitted by applicable state and federal laws, and subject to any restrictions described in this notice.

## **Military and Veterans**

If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

## **Workers' Compensation**

We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

## **Public Health Activities**

We may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report the abuse or neglect of children, elders and dependent adults;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law;
- To notify emergency response employees regarding possible exposure to HIV/AIDS, but only to the extent necessary to comply with state and federal laws.

## **Health Oversight Activities**

We may disclose medical information to an authorized state or federal health oversight agency.

We may disclose medical information about you to the extent necessary to federal officials authorized to conduct intelligence, counterintelligence, and other national security activities as

required by federal law or to provide protective services to the President and others and conduct related investigations.

### **Inmates**

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose medical information about you to the correctional institution or law enforcement official. This disclosure might be required, for example, (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

### **Certain Internal Use by Multidisciplinary Teams**

We may internally use or share your health information with a multidisciplinary team of our own staff but only to the extent relevant to the prevention, identification, management or treatment of an abused child and the child's parents, or elder abuse and neglect, and subject to the restrictions mentioned at the top of this notice.

### **Electronic Sharing and Pooling of Your Information.**

We may take part in or make possible the electronic sharing or pooling of your healthcare information. We also participate in national health reform efforts and may use and share information as permitted by law to achieve regional or national goals, including regional or nationally approved population health management or wellness initiatives.

The most common way we do this is through local or regional health information exchanges (HIEs). From time to time, we may also take part in state- or nation-wide internet-based HIEs. As permitted by law, your health information will be shared through the HIE to provide faster access, better coordination of care and to assist us, other healthcare providers, health plans, and public health officials in making more informed decisions.

HIEs help doctors, hospitals and other healthcare providers within any geographic area provide quality care to you. If you travel and need medical treatment, HIEs allow other doctors or hospitals to electronically contact us about you. This helps us manage your care when more than one doctor is involved. It also helps us to keep your health bills lower (by avoiding repeated labs and tests). And finally, it helps us to improve the overall quality of care we provide to you and other patients.

## **Your Rights Regarding Your Medical Information**

You have the following rights regarding medical and demographic information we maintain about you.

### **Right to Authorize**

You have the right to authorize in writing the use and disclosure of any and all information about you. The form of authorization is available at <https://positivehealthcare.net/california/phc/members/pubs/>.

### **Right to Inspect and Copy**

In general, you have the right to inspect and copy your medical information. Usually, this includes medical and billing records, but may not include some mental health information or other information that may be withheld by law.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to Member Services. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by AHF will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

### **Right to Amend**

If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the plan.

To request an amendment, your request must be made in writing and submitted to Member Services. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the plan;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Even if we deny your request for amendment, you have the right to submit a written addendum, not to exceed 250 words, with respect to any item or statement in your record you believe is incomplete or incorrect. If you clearly indicate in writing that you want the addendum to be

made part of your medical record we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect.

### **Right to an Accounting of Disclosures**

You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of your medical information, excluding our own uses for treatment, payment and health care operations (as described above), and subject to other exceptions provided by law.

To request this list or accounting of disclosures, you must submit your request in writing to Member Services. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional requests, we may charge you for the cost of providing the list. We will notify you of the cost, and you may choose to withdraw or modify your request before charges are incurred.

### **Right to Request Restrictions**

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

If we do agree to your request, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to Member Services. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

### **Right to a Paper Copy of This Notice**

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, please contact Member Services.

### **Right to Withdraw Participation in HIEs**

If you wish to obtain a current list of the HIEs that we participate in or if you want to opt-out of participating in HIEs, please contact the Privacy Officer:

Privacy Officer  
AIDS Healthcare Foundation  
6255 W. Sunset Blvd., 21 Floor  
Los Angeles, CA 90028  
Phone: 1-323-860-5200 (TTY 711)  
E-mail: [legalnotices@ahf.org](mailto:legalnotices@ahf.org)

## **Changes to This Notice**

We reserve the right to change this notice at any time. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. If we make an important change to this notice, we will send it to you. You may also obtain a copy of our current notice at any time by contacting Member Services.

## **Concerns about Our Use of Your Medical Information**

If you believe your privacy rights have been violated, you may file a complaint with the plan. To file a complaint with the plan, contact Member Services at 1-800-263-0067 (TTY 711). All complaints must be submitted in writing.

You may also file a complaint with the Secretary of the Department of Health and Human Services, through its Office of Civil Rights. For more information, please visit  
<https://www.hhs.gov/hipaa/filing-a-complaint/index.html>.

After filing your complaint (grievance) with PHC California, if the complaint is not resolved after 30 days, or you are unhappy with the result, you can call the California Department of Managed Health Care (DMHC) for assistance. Ask DMHC to review your complaint. If your matter is urgent, such as those involving a serious threat to your health, you may call DMHC right away without first filing a complaint with PHC California. You can call DMHC for free at 1-888-466-2219 (TTY 1-877-688-9891 or 711), or go to: <https://www.dmhc.ca.gov>, which has complaint forms and instructions online.

You may also file a complaint with the California Department of Healthcare Services (DHCS) by contacting the Office of HIPAA Compliance (OHC):

DHCS Privacy Officer  
PO Box 997413 MS 4721  
Sacramento, CA 95899-7413  
Toll-free: 1-866-866-0602  
TTY: 1-877-735-2929  
Phone: 1-916-445-4646  
Fax: 1-916-440-7680  
E-mail: [privacyofficer@dhcs.ca.gov](mailto:privacyofficer@dhcs.ca.gov)

*You will not be penalized for filing a complaint.*

## **Other Uses of Medical Information**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will stop any further use or disclosure of your medical information for the purposes covered by your written authorization, except where we or others have already relied on your permission.