

G.U. RECON CLINIC

Notice of Privacy Practices

Website: gurecon.com

This notice describes how health information about you may be used and disclosed by G.U. Recon Clinic and how you can get access to this information. Please review this document 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 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 will provide a copy or a summary of your health information, usually within 30 days of your request. In most cases, we will provide your records for free. At times, we may charge a reasonable, cost-based fee. We will tell you in advance if we need to charge a 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. 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. We are not required to agree to your request, and we may say "no" if it would be harmful or compromise your care. If you pay for a service or healthcare item out-of-pocket in full, you can ask us not to share that information with your health insurer

for payment or operations purposes. We will say "yes" unless a law requires us to share that information.

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 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 healthcare operations, and certain other disclosures (such as any you asked us to make).

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 make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

If you feel we have violated your rights, you may file a complaint by contacting our Privacy Officer. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights.

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.

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.
- Include your information in a hospital directory (if applicable).
- Contact you for fundraising efforts or to provide information about health-related products/services.

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.

OUR USES AND DISCLOSURES

How do we typically use or share your health information?

Treat you: We can use your health information and share it with other professionals who are treating you and to help coordinate your care.

Run our organization: We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Bill for your services: We can use and share your health information to bill and get payment from health plans or other entities.

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:

- Helping with public health and safety issues (preventing disease, product recalls).
- Reporting suspected abuse, neglect, or domestic violence.
- Conducting health research.
- Complying with the law.
- Responding to organ and tissue donation requests.
- Working with a medical examiner or funeral director.
- Addressing workers' compensation, law enforcement, and other government requests.
- Responding to lawsuits and legal actions.

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.

ELECTRONIC COMMUNICATION, AI, AND SAFETY

Calling, Texting, and Emailing: We may contact you via phone, text, or email for appointment reminders or billing. There is a risk that unencrypted texts and emails could be accessed by others. You have the right to opt out.

Artificial Intelligence (AI): We may use your health information or de-identified data in AI tools and models to facilitate your care, run operations, or conduct research responsibly with appropriate safeguards.

Monitoring: CCTV and other audio/video monitoring may be in operation at our facilities for the safety of patients, staff, and the public.

CONTACT INFORMATION

G.U. Recon Clinic

45 Castro St. Ste 111

San Francisco, CA 94114

Phone: 415-481-3890

Email: admin@gurecon.com

Website: gurecon.com