

ASIAN
HEALTH
SERVICES



NEW MEMBER HANDBOOK

OUR MISSION *To serve and advocate for the medically underserved, including the immigrant and refugee Asian community, and to assure equal access to health care services regardless of income, insurance status, language, or culture.*

ASIAN HEALTH SERVICES

NEW MEMBER HANDBOOK

Welcome to Asian Health Services (AHS)! The purpose of this handbook is to provide you with information to help you understand the healthcare system and the different services available to you as a member of Asian Health Services.

This handbook includes information about how to:

1. Schedule an appointment with your **health care providers:** medical provider, dental provider (dentist), mental health or behavioral health counselor and others.
2. Access health care needs if you are sick and do not have a scheduled appointment.
3. Access other AHS medical services – General Medical Care, Oral Health Services (dental), Perinatal Care & Labor Coaching, Pediatrics, Youth Program & Teen Clinic, Medical Care for the Elderly, Behavioral Health/Counseling, Specialty Mental Health, Urgent Care, X-Ray, Wildcat Clinic at Oakland High, and Anonymous & Confidential HIV/Hepatitis Testing.

Please read this handbook carefully. You may also visit our website for more information at www.asianhealthservices.org

Thank you,
Asian Health Services

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CLINIC HOURS AND LOCATIONS

PRIMARY CARE SERVICE LOCATIONS

1. **CHENMING & MARGARET HU MEDICAL CENTER:**
818 Webster Street, Oakland, CA 94607
Monday thru Friday – 9am – 12:30pm | 1:30 – 5pm
Saturday – 8:45am to 1pm
Phone: (510) 986-6800
2. **ROLLAND & KATHRYN LOWE MEDICAL CENTER:**
835 Webster Street, Oakland, CA 94607
Monday thru Friday – 9am – 12:30pm | 1:30 – 5pm
Phone: (510) 318-5800
3. **FRANK KIANG MEDICAL CENTER:**
250 East 18th Street, 2nd Floor, Oakland, CA 94606
Monday thru Friday – 9am – 12:30pm | 1:30 – 5pm
Phone: (510) 735-3888
4. **ASIAN HEALTH SERVICES PEDIATRICS SAN LEANDRO:**
101 Callan Avenue, Suite 105, San Leandro, CA 94577
Monday, Wednesday & Friday – 9am – 5pm
Tuesday – 9am – 4pm **Thursday** – 9:30am – 5:30pm
Phone: (510) 357-7077
After Hours Phone: (510) 214-8053
5. **ARC CLINIC:**
817 Harrison Street, Oakland, CA 94607
Tuesday & Thursday – 9am – 12:30pm | 1:30 – 5pm
Wednesday – 1:30 – 5pm
Phone: (510) 986-0430

6. **WILDCATS CLINIC, OAKLAND HIGH:**
1023 MacArthur Boulevard, Oakland, CA 94610
Medical Clinic Hours*:
Tuesday – 8:30am – 12:30pm | 1:30 – 4:30pm
Thursday – 8:30am – 12:30pm | 1:30 – 4:30pm
*** During academic school year. Summer schedule varies. Please check with school.**
Phone: (510) 874-7152
7. **TEEN CLINIC:**
818 Webster Street, Oakland, CA 94607
Tuesday – 5 – 7pm
Phone: (510) 986-1024 (Walk-Ins accepted)
8. **RADIOLOGY:**
388 8th Street, Oakland, CA 94607
Monday to Friday: 9am – 12:30pm | 1:30 – 5pm
Phone: (510) 986-6855

SPECIALTY MENTAL HEALTH SERVICE LOCATIONS

9. **SPECIALTY MENTAL HEALTH – OAKLAND:**
310 8th Street, Suite 210, Oakland, CA 94607
Monday through Friday – 9am – 12pm | 1pm – 5pm
Phone: (510) 735-3900
10. **SPECIALTY MENTAL HEALTH – SAN LEANDRO:**
433 Callan Avenue, Suite 301, San Leandro, CA 94577
Monday through Friday – 9am – 12pm | 1pm – 5pm
Phone: (510) 735-3900
By appointment only
11. **SPECIALTY MENTAL HEALTH – Language ACCESS Intake & Referral:**
310 8th Street, Suite 200A, Oakland, CA 94607
Monday to Friday: 9am – 12pm | 1pm – 5pm
Phone: (510) 735-3939

DENTAL SERVICE LOCATIONS

12. **MAIN DENTAL CLINIC:**

345 9th Street, Suite 302, Oakland, CA 94607

Monday thru Friday – 9am – 12:30pm | 1:30 – 5pm

Saturday – 8:30am – 1pm

Phone: (510) 986-6888

13. **HARRY AND JEANETTE WEINBERG DENTAL & WELLNESS CLINIC:**

190 11th Street, Oakland, CA 94607

Monday thru Friday – 9am – 12:30pm | 1:30 – 5pm

Phone: (510) 250-8300

14. **COLLEGE OF ALAMEDA DENTAL CLINIC:**

555 Ralph Appezato Memorial Parkway Building A-218

Monday and Friday during school year – 9am – 12:30pm | 1:30 – 5pm

Monday and Wednesday June thru August – 9am – 12:30pm | 1:30 – 5pm

Saturday September thru May – 8:30am – 1pm

Phone: (510) 986-6812

15. **FRANKLIN ELEMENTARY, SCHOOL-BASED CLINIC:**

915 Foothill Blvd, Oakland, CA 94606

Tuesday or Thursday* during school year – 9am -12:30pm | 1:30pm – 4:30pm

*Dates vary – Please check with the school office

16. **LINCOLN ELEMENTARY, SCHOOL-BASED CLINIC:**

225 11th Street, Oakland, CA 94607

Tuesday or Thursday* during school year – 9am -12:30pm | 1:30pm – 4:30pm

*Dates vary – Please check with the school office

17. **WILDCATS CLINIC, OAKLAND HIGH:**

1023 MacArthur Blvd, Oakland, CA 94610

Dental Clinic Hours*:

Friday – 9am -12:30pm | 1:30pm – 4:30pm

*** During academic school year**

NOTE: All medical centers are CLOSED the 4th Wednesday of every month, from 9:00 am to 1:30pm

ADMINISTRATIVE OFFICES

ADMINISTRATIVE OFFICES:

101 8th Street, Suite 100
Oakland, CA 94607
Phone: (510) 735-3100

❖ Member Services Department	(510) 986-6880
❖ Billing Department	(510) 986-6850
<i>Monday to Friday</i>	<i>9:00 am to 5:00 pm</i>

CLINIC AFTER HOURS PHONE LINE: **(415) 752-1316**

Except for Asian Health Services Pediatrics San Leandro, please call After Hours
Phone: (510) 214-8053

For medical emergencies (life threatening): Call 911. To speak with a doctor when AHS is closed:

When you call, tell the answering service:

1. Your name,
2. Your AHS Patient ID number or birth date,
3. Your phone number, and
4. The reason why you are calling.

The answering service will pass your information onto a doctor.

Asian Health Services serves all patients regardless of ability to pay.

Sliding Fee Scale for essential services are offered depending upon family size and income up at or below 200% of the Federal Poverty Level.

You may apply for sliding fee scale at the Member Services Department or ask our staff when you check-in.

YOUR PRIMARY CARE PHYSICIAN

At AHS, we strive to provide you quality and continuity of care with a primary care physician. Your primary care physician will be the main person to work with you on your medical and health care needs. Primary care physicians also work in a team with other AHS support staff to coordinate any other resources you need such as referrals and medication assistance.

Asian Health Services aims to provide culturally and linguistically competent health care services. Please let our staff know in advance if you require or prefer to have an interpreter available to assist you during your appointment.



YOUR MEDICAL APPOINTMENT

PLEASE ARRIVE 15 MINUTES PRIOR TO YOUR APPOINTMENT TIME

- **Step 1: Check-in**

- For every medical appointment, you will need:
 1. Appointment card
 2. Photo I.D. card
 3. Any health insurance card you have
 4. All your medications
 5. Co-payment for medical services
 6. Update any change of address and/or phone number
- A staff will check you in and ask you to sit in the waiting area
- When your provider is ready to see you, a nurse will come out, call your name, and take you to the exam room.

*** Children under 18 years old must be accompanied by their parent or legal guardian. Guardian must be over 21 and must bring a picture ID (except at our Teen Clinic and school-based clinic sites).

- **Step 2: Seeing your Doctor**

Before the doctor comes into the exam room to see you, a nurse or medical assistant will take all or some of these: weight, pulse, height and blood pressure (also temperature if necessary).

- **Step 3: Check out and scheduling a follow-up appointment**

After seeing your doctor, do not forget to check out

- It is important that you check out because you may need:
 - a lab form for a blood test
 - a referral form to see a specialist
 - a prescription for medication
 - to schedule a follow-up appointment, or
 - to have some financial matters processed, particularly if you are a sliding fee scale or HealthPAC patient.
- All these things will be done for you during the check-out process by **the clinic staff, not your doctor.**

SCHEDULING, CANCELING, MISSING MEDICAL APPOINTMENTS

NON-URGENT APPOINTMENT

A non-urgent appointment may include: a physical exam, a follow-up, or any regular visit to your doctor.

☎ To schedule, reschedule, or cancel a non-urgent medical appointment call your home clinic (please see insert at the end of this Patient Handbook for phone number). Cancellation calls should be made at least 24 hours in advance.

- When you call in, please be prepared tell the staff member:
 1. Your language (if you do not speak English),
 2. Your name
 3. Your AHS Patient ID number
- The receptionist may need to direct your call to a staff member who speaks your language. If the staff member is not available, leave a message in his/her voice mail with the above information and:
 - Your daytime phone number with area code
 - The reason why you need to make an appointment
 - OR the date of the appointment you wish to cancel or have missed. You may also ask to reschedule your appointment.

URGENT APPOINTMENT

An urgent care appointment is made for you (you may drop in) if you do not have a scheduled appointment and you have a medical problem that needs attention immediately or within a few days.

☎ To schedule an urgent care appointment when the clinic is open, call your home clinic (please see insert at the end of this Patient Handbook for phone number) and follow these instructions:

- 1. Listen to the message and choose your language.**
- 2. Follow recorded instructions**
- 3. Hold to speak to a staff member**
- 4. Be prepared to tell your name and date of birth or AHS ID.**

☎ If the clinic is closed, call 911 for MEDICAL EMERGENCIES. To speak with a doctor after hours call (415) 752-1316 (see page 5 for more details).

- An Advice Nurse will assess your medical problem over the phone and consult with a doctor, if necessary.

Depending on the severity of your condition, the Advice Nurse may provide you with medical advice or schedule an appointment for you.



ASK CLINIC STAFF TO ASSIST YOU WHEN:

- You do not know when you should see your primary care provider again or what you should do if you do not have enough medication until the next visit.
- You have serious health conditions and you need to see your primary care provider on a regular basis. The clinic staff can reschedule you in a reasonable amount of time.

ORDERING A MEDICATION REFILL

IMPORTANT DO NOT WAIT UNTIL YOU RUN OUT OF MEDICATION. You should make AT LEAST ONE WEEK IN ADVANCE to call the Pharmacy for refills.

Your medicine bottle label will indicate when you have no refills left.

NEW OAKLAND PHARMACY
822 WEBSTER STREET OAKLAND, CA 94607
PHONE: (510) 268-0288

RX#1491676 N 10/11/13 CCC S
TEST, TEST
822 WEBSTER STREET, OAKLAND, CA 94607 01/01/2005
LEE, GEORGE (510) 268-0288
340B- HCTZ 25MG TABLET Days Supply: 100
100

Please Call Ahead NDC#00603-3856-32 QUALITEST
→ **4 Refills Available** Until 10/11/14 DISP#: 0
REF#

THIS LABEL SHOWS THAT 4 REFILLS ARE LEFT.

NEW OAKLAND PHARMACY
822 WEBSTER STREET OAKLAND, CA 94607
PHONE: (510) 268-0288

RX#1491674 N 10/11/13 CCC S
TEST, TEST
822 WEBSTER STREET, OAKLAND, CA 94607 01/01/2005
LEE, GEORGE (510) 268-0288
340B- ATENOLOL 25MG TABLET Days Supply: 100
100

Please Call Ahead NDC#00781-1078-10 SANDOZ
→ **No Refills Left** DISP#: 0
REF#

THIS LABEL SHOWS THAT NO REFILLS ARE LEFT.

There are several ways to request a refill when you have NO refills left:

- 1) To contact your home clinic, please follow instructions on the insert at the end of this Patient Handbook.
- 2) **Insured Patients** (on private insurance or Medi-Cal): **call your pharmacist** (check the label on your bottle) who will contact an AHS provider for your refill, if necessary.
- 3) For sliding fee scale or HealthPAC patients: call your Advice Nurse (see insert for phone number).
- 4) Patients **may also walk in** and speak to an advice (triage) nurse for a refill with their medicine bottle(s).

To ensure that you have medicines in time, please call for refills when your medicine supply is still enough for one week.

Refills take 1-2 days to be ordered by the doctor and filled by the pharmacy.

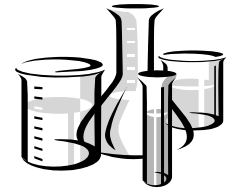
When you call AHS for a refill, please state:

1. your name and your AHS Patient ID number
2. your area code and daytime phone number(s)
3. the names of the medication you need to refill and the name and telephone number of the pharmacy you want to pick up your prescription at (for insured patients)

REMINDER: If you cannot remember the names of your medications, please have your bottles with you when you make the phone call so that the Advice Nurse can assist you in spelling out the names of the medication.

DIAGNOSTIC LABORATORY (LAB) & RADIOLOGY SERVICES

- Your provider may order labs (e.g. blood test, stool test, sputum test) or radiology services (e.g. x-ray, mammograms, sonograms/ultrasound, MRI, CT, PET) as a part of a standard medical assessment. Lab and Radiology results give information that your provider needs to provide quality medical care. As an AHS patient, you may go to AHS X-ray (Enter through 818 Webster Street) or your insurance or health program-approved network radiology offices. When a provider orders a lab test for you, a lab slip or a radiology referral form will be given to you along with the sheet of lab and/or radiology office locations. AHS staff will inform you which lab/radiology offices to go to when you check out from your medical visit.
- **You must get services from the lab/radiology offices designated by your insurance or health program.** If you go to a non-participating lab/office, your insurance will not pay for the services; therefore, you will be responsible for paying the lab/radiology service.
- Lab tests and other test results are generally available **2-4 weeks after your testing date.**



If you are uncertain about which lab or radiology office you need to go to, make sure to ask AHS staff during the check-out process. Your particular insurance's network lab/offices may change as well as their location.

- ☎ Call your home clinic to speak to an advice nurse to find out your blood test or other lab test results. A staff member will help you get your lab test results. Please do not call the lab/radiology office itself; no results will be given to you from the lab or the office.

REMINDER: When your labs or X-ray results are normal, AHS does not notify you. Your PCP will contact you, if you have any abnormal labs or X-ray results. All results are Private Health Information (PHI); therefore they can ONLY be released to you or your authorized representative or legal guardian.

DENTAL SERVICES

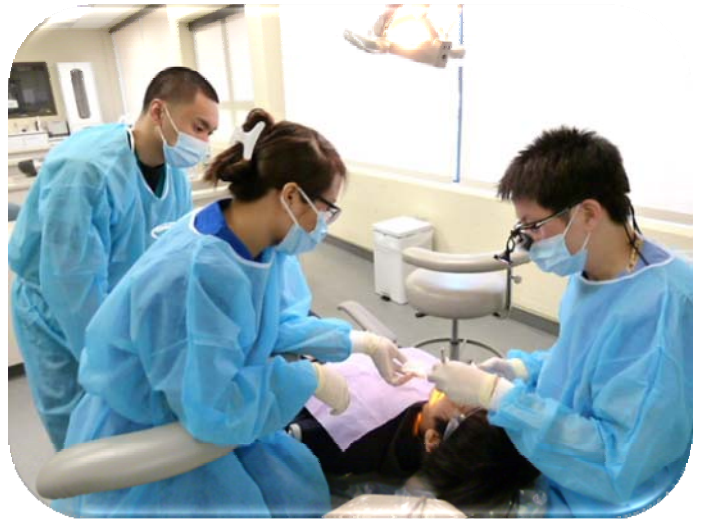
Asian Health Services Dental Clinic provides comprehensive dental services to the whole family. Your oral health is an integral part of your overall health.

Our services include

Comprehensive oral exam, digital x-rays, cleaning, fluoride, sealants, fillings, extractions, root canals, gum disease treatment, crowns, bridges, and dentures. We also provide implants in some special cases.

We also have specialists for advanced cases:

- Endodontics (Root canal)
- Oral surgery (Wisdom teeth extraction)
- Pediatric dentistry (Children)
- Periodontics (Implants)



Who can be seen?

- Due to the high volume of patients, the Dental Clinic **ONLY** accepts those who are already AHS medical patients **AND** currently are:
 - on Medi-Cal (including Alameda Alliance for Health) OR
 - on sliding fee scale or HealthPAC patients
- **Currently, no private insurance is accepted. If you have out-of-county plans, please contact our staff first to see if your plan covers dental services in Alameda County.**
- A sliding fee scale is applied to eligible patients, based on household income. Please check with dental clinic staff for more specific information.

What happens at your first dental visit?

PLEASE ARRIVE 15 MINUTES PRIOR TO YOUR APPOINTMENT TIME

- For every appointment, you will need:
 - 1.Appointment card
 - 2.Photo I.D. card
 - 3.Any health insurance card you have
 - 4.All your medications
 - 5.Co-payment for dental services
 - 6.Update any change of address and/or phone number
- Please sign in so staff knows you are at the clinic and they will check you in.
- When your provider is ready to see you, a staff will come out, call your name, and take you to the dental exam room.

**** Children under 18 must have a parent or guardian present. Guardian must be over 21 and must bring a picture ID. Non-parent guardian has to bring in authorization papers signed by parents and fill out an Affidavit of Authorization.**

At your first routine dental visit, you will receive a comprehensive oral exam and X-rays. The dentist will then provide you with a treatment plan based on your dental needs. After the exam, we will schedule appointments for you for your cleaning and follow-up care. If you need specialty procedures done, you may be referred to a specialist.

To schedule your dental appointment

Routine (Non-Urgent) Care:

To schedule a routine dental appointment, call the dental clinic at **(510) 986-6888**. You do not need a referral from your AHS provider but you have to be a current medical patient at AHS.

Dental emergencies (Urgent) Care:

During business hours, call **(510) 986-6888** for an appointment. Our staff will give you an appointment depending on triage outcomes and the level of urgency.

When the office is **closed**, please call **(510) 986-6888** and listen to instructions in English, Cantonese, Mandarin, Vietnamese, or Korean.

Canceling Dental Appointments:

Please call the dental clinic number **at least 24 hours** in advance to cancel your appointment so that we can accommodate other patients who may need an appointment.

If you missed an appointment, please call to reschedule. Because of the long wait time and limited capacity, we reserve the right to cancel your future appointments if you have repeated no shows or cancellations for your appointments. Please remember that it is imperative that you do call to cancel.

PEDIATRIC SERVICES

- Chenming and Margaret Hu
Medical Center
818 Webster Street
Oakland, CA 94607
(510) 986-6815

- Frank Kiang Medical Center
250 East 18th Street, 2nd
Floor
Oakland, CA 94606
(510) 986-6860

- Rolland & Kathryn Lowe
Medical Center
835 Webster Street
Oakland, CA 94607
(510) 318-5800

- Asian Health Services Pediatrics San Leandro
101 Callan Avenue, Suite 105
San Leandro, CA 94577
(510) 357-7077



Our pediatricians provide care for infants, children, and young adults under 18 years of age for routine, urgent, non-urgent, immunization and Well-Child Check appointments.

- If you have urgent questions about your child's health at a time when our center is closed, you can call our 24 hour line at (415) 752-1316 to speak with one of our pediatricians.
- If you feel that your child needs to be seen urgently by a doctor when our center is closed, you should take your child to

Children's Hospital Oakland Emergency Department
747 52nd Street
Oakland, CA 94609

PERINATAL PROGRAM

Enrolling as an AHS Prenatal Patient

AHS provides Comprehensive Prenatal services which includes medical care, health education, group classes, labor coach services, and nutrition education during your pregnancy to make sure that you receive the best personal attention and to help you understand and cope effectively with the biological, emotional, and social stresses that you may experience.



How do I enroll in the AHS prenatal program?

If you have missed your cycle, you might be pregnant. You can use a home pregnancy test as the first step to find out whether you are pregnant or have a verification of pregnancy status from an outside provider. If your pregnancy test is positive, our staff will schedule you to meet with a nurse right away.

After confirmation of pregnancy, a clinic staff member will enroll you to the **Comprehensive Perinatal Services Program** and will arrange four separate appointments:

1. **Membership Services Department** - staff will help you verify the health insurance that you have or assist you to apply for Medi-Cal coverage during your pregnancy.
2. **Prenatal intake** – This is one of the important appointments for pregnancy. A prenatal staff will meet with you for an intake individually or in same language group setting for the completion of all necessary health information for the prenatal chart.
 - a. **Individual intake:** You will learn about our comprehensive prenatal program. A comprehensive perinatal health worker (CPHW) staff will also review your personal medical and pregnancy history as well as personal issues related to your pregnancy. You'll also receive health education, nutrition education, health educational materials, and referrals for routine blood tests.

- b. **Group interview:** In a small group with other prenatal patients (Cantonese ONLY), you will learn about our comprehensive prenatal program. The topics, such as discomfort during first trimester, nutrition needs, and referrals for routine blood test will be discussed. Then you will meet individually with one of our nurses to review your personal medical and pregnancy history as well as personal issues related to your pregnancy.
- 3. **Prenatal Physical Examination (PE)** - One of our family practice physicians will see you to conduct a medical history and perform a physical exam, including a pelvic exam. Your family practice physician is available to answer any questions that you may have. He/she will see you regularly until you deliver.
 - a. **Mommies to Be:** It is a 10 session group medical visits that incorporate medical exam, prenatal and parenting educational topics and in conjunction with peer support.
To enroll to the Mommies-to-Be program, please consult with your Comprehensive Perinatal Health Worker (CPHW).
- 4. **Comprehensive Perinatal Health Worker (CPHW)** - One of our bilingual CPHW will provide individual counseling, health and nutrition education, and provide emotional support during prenatal and postpartum. The session will help you understand and cope effectively with the biological, emotional, and social changes of your pregnancy.

In addition, the following services are also available for you:

Prenatal Education Classes* taught by a bilingual educator. These classes are designed especially for you and your support person(s) to prepare you during your pregnancy, for labor and delivery, and for becoming a new parent. Partners and other family members are welcomed to attend. Topics include:

1. Childbirth Preparation and Family Planning
2. Breastfeeding, Smoking/2nd hand smoke, and New Mother and New Born Care

3. Child Passenger Safety, Postpartum Depression Awareness, and Postpartum care for New Mom

Delivery Hospital

You can choose to deliver your baby at:

1. **Alameda Health System** (Highland Hospital Campus) in Oakland **or**
2. **Alta Bates Summit Medical Center** (Ashby Campus), Berkeley

The hospital midwife or obstetrician will care for you when you are admitted to the hospital.

Volunteer Labor Coach Services

Through our volunteer labor coach program, you may request to have a bilingual volunteer labor coach who speaks your language to support you during the labor and delivery of your baby. Our bilingual labor coaches are trained by AHS who serve as advocates, labor supporter (physical and emotional), and interpreter during labor and delivery. The labor coaches are available only if you deliver at Alta Bates Summit Medical Center in Berkeley.

Postpartum

An AHS Perinatal staff will contact you after you deliver your baby to schedule following appointments for you and your newborn baby. It is very important that you and your baby are seen by our providers after being discharged from a hospital within below time frame,

1. Newborn appointment is scheduled with a provider within 1-3 days the baby is discharged from the hospital.
2. New mother appointment is scheduled as a postpartum appointment within 2 weeks or 4-6 weeks.
3. New mother appointment is scheduled as a postpartum appointment with your CPHW.

Breastfeeding Program

1. CPHWs will provide breastfeeding follow-up phone calls to all new mothers within two to three weeks after delivery to provide support and individual counseling for those having difficulties with breastfeeding.
2. Mothers will also have the opportunity to borrow a breast-pump to support breastfeeding effort.

Parenting Workshops

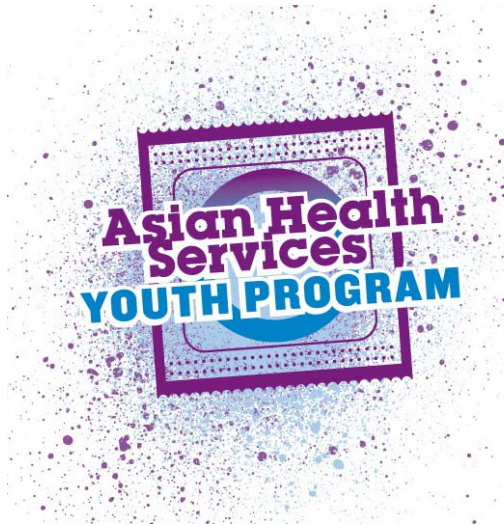
AHS' Perinatal staff will provide linguistically and culturally appropriate parenting workshops that focus on parent engagement early childhood learning activities, and monitoring childhood developmental milestones. Parenting workshops will include a diverse set of parenting education topics such as child developmental stages, reading, storytelling, signing, interactive play, mental and physical stimulation for children.

Workshops are conducted by age groups of children as follow:

- 2 months old
- 4 - 6 months old
- 9 -12 months old

***NOTE:** Depending on insurance coverage, fees may apply.

YOUTH PROGRAM & TEEN CLINIC



Asian Health Services Youth Program provides free and confidential reproductive health education, outreach, and clinical services for youth ages 12-25 living in Alameda County. The Youth Program aims to ensure a supportive, safe, and accessible environment that empowers youth to make informed decisions regarding their sexual health.

To sign up or register for a Teen Clinic appointment, please call (510) 986-1024 or stop by our office:

299 13th Street (at corner of Harrison Street)
Oakland, CA 94612

Accessible by

BART: 12th St./City Center BART station
Lake Merritt BART station

AC Transit lines & bus stops:

12th and Harrison Streets

1, 1R, 14, 18, 20, 40, 88, 618, 801, 840

14th and Harrison Streets

26

Youth Program Drop-in Office Hours:

Mondays, Wednesdays, Thursdays and Fridays 10:00 am-5:30 pm

Tuesdays 10:00 am-4:30 pm

Teen Clinic

Tuesdays

5:00 pm-7:00 pm at the Hu Medical Center
(818 Webster St.)

HIV/AIDS PROGRAM

HIV/AIDS Program provides primary health care to those living with HIV, and prevention programs to address the spread of HIV for individuals and communities at risk. AHS patients and non-patients alike can access the HIV/AIDS Program services.



HIV Testing and Counseling

- Testing is **FREE** and available to everyone regardless of identity, background, insurance status, or AHS membership. A rapid test is provided with same-day results ready in **20 minutes**. Results can be confidential. (AHS members are encouraged to speak to their primary care providers about being tested.)
 - Hu Medical Center: 818 Webster Oakland, CA 94607
 - HCH510: 416 8th Street, CA 94607
 - Steamworks: 2107 4th Street Berkeley, CA 94710
- Individual counseling sessions are provided to individuals at risk for HIV and in need of further support and education.
- Scheduling a Test and Counseling:
(510) 984-8660, Email: testing@ahschc.org

Prevention and Education

- Outreach and education programs conducted in the East Bay.
 - Individualized coaching sessions are available for Men who have sex with Men (MSM) to assess their risk and provide practical support to reduce their risk.
 - MOCHAA (Men of Color Health Alliance of Alameda) is a social program for young gay, bisexual, and queer men of color in Alameda County. Contact at mochaa@ahschc.org

PrEP and PEP Navigation

- Contact for PrEP and PEP:
(510) 410-2226, Email: PrEP@ahschc.org

HIV Care and Treatment

- Our HIV care team provides comprehensive health care for patients living with HIV.
- We are committed to the health and wellness of our patients, and ensure patients are connected to a range of medical, dental, psychosocial, and social services.
- HIV patients' support group
- AIDS Drug Assistant Program (ADAP) and Office of AIDS Health Insurance Premium Payment (OAHIPP) program enrollment

Advocacy

- The HIV/AIDS program is committed to bringing about awareness of HIV among Asian and Pacific Islander communities in the East Bay through campaigns and local advocacy.

For more information, please call (510) 986-6874

www.asianhealthservices.org/HIV
HCH510.ORG

NUTRITION SERVICES PROGRAM

Nutrition services program can help you improve health through lifestyle change. We offer individual counseling and group classes on specific topics to meet your needs.



- **Individual counseling**

- During individual counseling, a Registered Dietician (RD) will:
 1. Check your body composition (including weight, body fat, body muscle, visceral fat level)
 2. Evaluate your diet history, physical activity level and lifestyle
 3. Collaborate with you to develop a custom-made recommendation to manage your illness and improve your health status

How do I make an individual appointment with an AHS Nutritionist/Dietitian?

A nutrition counseling session is scheduled for you by clinic staff upon your doctor's referral. You may also ask your provider that you wish to see a nutritionist/dietician.

- **Nutrition classes (do not require doctor's referral)**

We have small group classes on specific topics including diabetes, heart health and weight management for adults. Classes are offered a few times a year. You can find information about them through flyers at AHS clinics. You can also ask your doctor about the schedule of these workshops.

How do I join a nutrition class?

Call (510) 986-6800 to sign up for a class

BEHAVIORAL HEALTH

At Asian Health Services, we understand our patients may face various stresses in life that may affect their health. The Behavioral Health Services staff work closely with the Medical Staff as a health care team to help our patients cope with life stressors affecting their overall wellness and daily functions. Our patients are important partners in our work together to bring about changes in their own health and well-being.

Types of Services Include:

I. Brief Therapy

- Assessment on life stressors, relational issues and transitions
- Brief counseling therapy on emotional well-being, stress management, and coping skills
- Coordination with medical provider for medication management
- Crisis intervention
- Safety planning
- Service coordination
- Domestic violence counseling and education

II. Case Management

- Evaluation of concrete service needs
- Information on, referral to, and service coordination with community resources (including but not limited to):
 - Public assistance
 - Housing assistance
 - Nutritional support
 - Transportation
 - Legal assistance
 - Community centers
 - Employment referrals

Referral Process:

- Patient must be current member of Asian Health Services
- Patients can initiate and discuss with their medical provider regarding the need to meet with behavioral health staff. At times, the medical provider may also make a referral recommendation based on the assessment of need.

Scheduling an appointment:

- Your first appointment is usually scheduled after your last visit with the doctor.
- You can also schedule an appointment at the front desk or call your medical clinic to schedule an appointment.
- Please contact the clinic to discuss an earlier appointment if needed

Scheduling an Urgent Behavioral Health Appointment

- If you are thinking of hurting yourself or others, please call 911 or the 24-hour Crisis Hotline 1-800-309-2131 for assistance. Telephone translation will be provided.
- If you plan to hurt yourself or others or are in extreme distress, please call 911 immediately.
- During business hours, if you feel an urgent behavioral health care need, contact your social worker to discuss the nature of your condition. Your social worker will decide with you the best care plan.
- If you have never seen a social worker in the Behavioral Health Care team but feel there's an urgent behavioral health related issue, please contact our Advice nurse (see insert) to discuss the nature of your condition. The nurse will decide with you on the best care plan.

Cancelling or rescheduling an appointment

Patients are advised to keep the appointment as scheduled to maintain the efficacy of the therapeutic process. We understand that there may be unforeseen circumstances that patients may not be able to keep the appointment as scheduled. Please inform AHS staff in advance to ensure a timely appointment is rescheduled for you. This will also allow others to utilize the appointment time you have vacated.

- Call your home clinic (see insert) to reschedule or cancel **at least 24 hours** prior to your scheduled appointment date

Contact your social worker to devise an interim plan if you are cancelling or rescheduling an appointment.

SPECIALTY MENTAL HEALTH

AHS' Specialty Mental Health (SMH) division provides linguistically and culturally appropriate mental health services to residents of Alameda County, including the Asian and Pacific Islanders (APIs) Medi-Cal populations, who meet medical necessity criteria for moderate to serve mental illness or are at risk of having a mental health issues.

Types of Services:

Medi-Cal

- Outpatient Crisis stabilization services
- Intensive Services for adults (18+) with Severe Mental Health conditions
- Mental Health services for infants/toddlers 0-5 years
- Mental Health services for school-age youth
- Mental Health services for adolescents

Free Services

- Mental health screening to determine medical necessity for Specialty Mental Health services
- Support Groups (youth and adults in Asian languages)
- Consultative counseling and case management services (youth and adults in Asian Languages)

Referral Process:

- Patient must be a resident of Alameda county
- Have Medi-Cal insurance
- Meet medical necessity criteria for moderate to serve mental health services per Alameda County Behavioral Health Care Services.
- Patients can discuss with their provider at AHS regarding the need to be referred to Specialty Mental Health services. At times, the AHS provider may also make a referral recommendation based on the assessment of need.

- Non patients of AHS may also contact the Alameda County Behavioral Health Care services ACCESS phone line to be assessed and referred for services at 1-800-491-9099.

Scheduling an Urgent Mental Health Appointment

- If you are thinking of hurting yourself or others, please call 911 or the 24-hour Crisis Hotline 1-800-309-2131 for assistance. Telephone translation will be provided.
- If you plan to hurt yourself or others or are in extreme distress, please call 911 immediately.
- During business hours, if you feel an urgent mental health need, contact your SMH counselor to discuss the nature of your condition. Your counselor will decide with you the best care plan.
- If you have never seen a counselor in the SMH Care team but feel there's an urgent behavioral health related issue and needing services, please contact 1-800-491-9099.
- **Cancelling or rescheduling an appointment**

Patients are advised to keep the appointment as scheduled. If you have to cancel, please call your SMH counselor to reschedule or cancel **at least 24 hours** prior to your scheduled appointment date.

Specialty Mental Health Asian ACCESS Line

SMH staff provide intake evaluation service to Asian language-speaking residents of Alameda County to replicate ACBHCS's own ACCESS service which is not able to provide the Asian linguistic/cultural specialty program. The Asian ACCESS line is **(510)735-3939**.

PATIENT COMPLAINTS WITHIN AHS

Policy: A patient may file a formal complaint when he/she is dissatisfied with the treatment at AHS. Upon a patient's request to file a complaint, the AHS staff receiving the complaint will attempt to resolve the complaint informally. If the complaint cannot be resolved informally, the AHS staff will contact the immediate supervisor.

COMMONLY USED WORDS AT AHS AND IN THE HEALTH CARE SYSTEM

Advice Nurse (Triage system): This is used if you need urgent care or a drop-in appointment. The Advice Nurse will arrange for you to see a PCP when you need urgent care.

AHS: Asian Health Services

Authorization: When your PCP writes you a referral and informs you that his/her office is processing the papers, it means that he/she is applying for an authorization from your health plan. It will take some time for the office and your health plan to complete the paperwork before you can make an appointment with a specialist.

Copay: A fixed amount (for example, \$15) you pay for a covered health care service, usually when you get the service. The amount can vary by the type of covered health care service.

Deductible: A set dollar amount that a person must pay before insurance coverage for medical expenses can begin.

Drop-In Appointment: An appointment made when you do not have a scheduled medical visit, but you want to see a PCP on the same day due to a medical problem.

- In such situations, call the Advice Nurse for Urgent Care. If your PCP is not available, another doctor may see you. *Also see "Urgent Care."*

Emergency: If you experience life-threatening symptoms, such as excessive bleeding, loss of consciousness, difficulty in breathing, etc., it is considered an emergency.

- In such situations, call 911 or go to the Emergency Room at the nearest hospital. If you go to the AHS Clinic, an Advice Nurse will determine if it is necessary to send you to an Emergency Room.

Enrollment: The process you go through in order to become an AHS patient and member.

HMO (Health Maintenance Organization): Organizations that contract with hospitals and other providers to form a network to provide a range of healthcare services for their members for a set fee.

- Members must see a provider or go to a hospital that is a part of the HMO and must get a referral from their primary care provider to see a specialist.
- An HMO is one example of Managed Care.

Health Plan: Health insurance that covers a specific range of healthcare services. Examples of health plans are health maintenance organizations (HMO), preferred provider organizations (PPO), traditional health insurance plans, or other governmental or state insurance (i.e.- Medi-Cal, Medicare).

MAGI Medi-Cal: *Please see “Medi-Cal”*

Managed Care: A health care network that offers a complete range of services for primary care and health maintenance. Your primary care provider provides and arranges for all your health needs. *HMOs are examples of Managed Care*

Medi-Cal: Is California’s health insurance program which provides health care services for low-income individuals including families with children, seniors, persons with disabilities, foster care, and pregnant women. Individuals may fit under one of the following based on status:

- **MAGI Medi-Cal:** Under the Affordable Care Act (ACA), starting in 2014, many low income people will be qualified for Medi-Cal under Coverage Expansion. Under MAGI (Modified Adjusted Gross Income) Medi-Cal, it will be based on the individual’s or family’s tax return only. There will be no longer any asset test.
- **Non-MAGI Medi-Cal:** Elderly, disabled, long-term care, and individuals deemed eligible for Medi-Cal as a result of other programs such as CalWORKs or foster care, are subject to the asset test.

Medicare: A federal healthcare program for elderly people, age 65 years and over, and for disabled individuals if they meet criteria based on work history, income, and/or citizenship status.

Member: When you have gone through the enrollment (registration) process at AHS, you have become a “member” of AHS (also known as AHS patient).

Member Services Department: Enrolls new patients, verifies and explains insurance coverage, helps to process problems related to insurance coverage, and conducts annual financial updates for patients in public programs. They also assist you with questions related to Medi-Cal, Medicare, or private insurance.

Network: a group of providers that is organized to give services to a group of people.

Non-MAGI Medi-Cal: *Please see “Medi-Cal”*

OB Patient: A patient who is pregnant and is seeing a PCP at AHS for perinatal care. OB is an abbreviated term for “obstetric.”

Patient ID Number (also known as Medical Record Number (MRN)): An identifiable number unique to every patient. The medical record number is maintained by the rendering healthcare entity and is linked to information that the patient provides the healthcare facility. Patient information includes, but is not limited to, his or her symptoms and medical history, the results of examinations, reports of x-rays and laboratory tests, diagnoses, and treatment plans.

PCP (Primary Care Provider): The doctor who sees you on a regular basis and coordinates referrals when you need to see specialists. This term is also known as a “family doctor” or “provider.”

PN (Patient Navigator): A staff member who helps patients access Asian Health Services and utilize our services. They help patients to check-in and out, answer questions, apply for programs that can cover their health costs, and serve as a resource for patients.

PPO (Preferred Provider Organizations): Organizations with a group of providers who provide medical services to members for rates that the providers agree upon.

- Members must see a provider within the PPO network.
- Members should check with their primary care provider to see if a referral is needed to see a specialist.

Private Health Insurance: Health insurance purchased by your employer or yourself. Examples include Kaiser, Blue Cross, Blue Shield, etc.

PSR: Patient Services Representative, usually referred to as “Receptionist”, the staff member who helps you to check in or check out.

Referral: A recommendation made by a provider for a patient to be seen by a specialist, diagnostic or therapeutic provider/ service.

Rx: A medical prescription.

Sliding Fee: Cost of services not covered by insurance are discounted on the basis of the patient's ability to pay. Ability to pay is determined by a patient's annual income and family size according to the most recent U.S. Department of Health & Human Services Federal Poverty Guidelines

Share of Cost: The amount of money a person must pay or incur in medical services in a given month before receiving Medi-Cal benefits. A share of cost is like an insurance deductible.

Specialist: A doctor who specializes in a specific medical field (gynecologist, nephrologist, etc.). You usually need a referral from your PCP to see a specialist.

Urgent Care: Refers to the need to see a doctor for an immediate (same day), but not life threatening medical problem.

Vital Signs: Refers to measuring temperature, pulse, respiration, and blood pressure.

ASIAN HEALTH SERVICES

PATIENT RIGHTS

You have the right to:

1. A full explanation of your treatment.
2. Receive information about the side effects of medicines and treatments that you receive.
3. Participate actively in decisions regarding your medical care.
4. Be informed that your medical-social history, diagnoses, treatment plans, and medical notes will be recorded.
5. Be informed that these records are kept confidential and that you have the right to request that records used for treatment, payment or health care operations are not shared with other healthcare providers or agencies. AHS will review your request and, if feasible, honor it.
6. Be informed that you can change your request at any time and allow other health care providers or agencies to view your records.
7. Receive a response in a reasonable amount of time when you request services.
8. Reasonable continuity of care.
9. Receive services without being discriminated against because of race, color, sex, beliefs, religion, age, sexual orientation, nationality, or physical handicap.
10. Be informed to use our services.
11. Be treated with respect, dignity, and consideration.
12. Be informed of your PCP's qualifications.
13. Know the names of the staff providing services.
14. Know in advance the time and place of your appointment and the name of the PCP.
15. Receive an explanation of your bill.
16. Request another AHS PCP if you are not satisfied with your present PCP.
17. Be informed that by law AHS must report all suspected cases of abuse, mistreatment, or negligence of children or adults.
18. Be informed that if you show imminent danger to yourself or others, we will take precautions to prevent a tragedy.
19. Be informed that there is a process to register complaints.
20. Request an interpreter for your language in any healthcare setting.
21. Be informed that a discounted sliding fee scale is available.

22. Be informed that no one will be denied access to services because of ability to pay.

ASIAN HEALTH SERVICES

PATIENT RESPONSIBILITIES

It is your responsibility to:

1. Keep your appointment and arrive 15 minutes prior to your appointment time.
2. Notify AHS at least 24 hours before the day of your appointment if you wish to cancel.
3. Tell your PCP if you do not understand his/her instructions.
4. Actively participate in your treatment and care.
5. Carefully read all written materials provided by AHS.
6. Treat staff with courtesy and respect.
7. Contact us when there is a change in your address, telephone number, insurance coverage, or family income.
8. Pay your bills on time.
9. Cooperate with AHS in providing complete and accurate information when requested.
10. Know that AHS reserves the right to withdraw care from patients who are verbally or physically abusive and/or threatening to the staff and who continually are non-compliant in:
 - a. following medical treatment and instructions,
 - b. making payments, or
 - c. keeping appointments

ASIAN HEALTH SERVICES

NOTICE OF PRIVACY PRACTICES

Effective Date: May 14, 2019

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.

We understand the importance of privacy and are committed to maintaining the confidentiality of your medical information. We make a record of the medical care we provide and may receive such records from others. We use these records to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to you as allowed by your health plan and to enable us to meet our professional and legal obligations to operate this medical practice properly. We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. This notice describes how we may use and disclose your medical information. It also describes your rights and our legal obligations with respect to your medical information.

If you have any questions about this Notice, please contact the **HIPAA Privacy Officer, Dong Suh, at (510) 735-3110**.

A. How This Medical Practice May Use or Disclose Your Health Information

The medical record is the property of this medical practice, but the information in the medical record belongs to you. The law permits us to use or disclose your health information for the following purposes:

1. Treatment. We use medical information about you to provide your medical care. We disclose medical information to our employees and others who are involved in providing the care you need. For example, we may share your medical information with other physicians or other health care providers who will provide services that we do not provide or we may share this information with a pharmacist who needs it to dispense a prescription to you, or a laboratory that performs a test. We may also disclose medical information to members of your family or others who can help you when you are sick or injured, or following your death.
2. Payment. We use and disclose medical information about you to obtain payment for the services we provide. For example, we give your health plan the information it requires for payment. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to you.
3. Health Care Operations. We may use and disclose medical information about you to operate this medical practice. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. Or we may use and disclose this information to get your health plan to authorize services or referrals. We may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management. We may also share your medical information with our "business associates," such as our billing service, that perform administrative services for us. We have a written contract with each of these business associates that contains terms requiring them and their subcontractors to protect the

confidentiality and security of your medical information. Although federal law does not protect health information which is disclosed to someone other than another healthcare provider, health plan, healthcare clearinghouse or one of their business associates, California law prohibits all recipients of healthcare information from further disclosing it except as specifically required or permitted by law. We may also share your information with other health care providers, health care clearinghouses or health plans that have a relationship with you, when they request this information to help them with their quality assessment and improvement activities, their patient-safety activities, their population-based efforts to improve health or reduce health care costs, protocol development, case management or care coordination activities, their review of competence, qualifications and performance of health care professionals, their training programs, their accreditation, certification or licensing activities, their activities related to contracts of health insurance or health benefits, or their health care fraud and abuse detection and compliance efforts. We may also share medical information about you with the other health care providers, health care clearinghouses and health plans that participate with us in "organized health care arrangements" (OHCAs) for any of the OHCAs' health care operations. OHCAs include hospitals, physician organizations, health plans, and other entities which collectively provide health care services. A listing of the OHCAs we participate in is available from the Privacy Official.

We are a part of an organized health care arrangement including participants in Oregon Community Health Information Network (OCHIN). A current list of OCHIN participants is available at www.ochin.org. As a business associate of AHS, OCHIN supplies information technology and related services to us 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 access 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 health information may be shared by us with other OCHIN participants when necessary for health care operation purposes of the organized health care arrangement.

4. Optional: Appointment Reminders. We may use and disclose medical information to contact and remind you about appointments via phone call, email or text messages (SMS). If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone.
5. Sign-in Sheet. We may use and disclose medical information about you by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.
6. Notification and Communication with Family. We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or, unless you had instructed us otherwise, in the event of your death. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. We may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.
7. Marketing. Provided we do not receive any payment for making these communications, we may contact you to encourage you to purchase or use products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments, therapies, health care providers or settings of care that may be of interest to you.

We may similarly describe products or services provided by this practice and tell you which health plans we participate in., We may receive financial compensation to talk with you face-to-face, to provide you with small promotional gifts, or to cover our cost of reminding you to take and refill your medication or otherwise communicate about a drug or biologic that is currently prescribed for you, but only if you either: (1) have a chronic and seriously debilitating or life-threatening condition and the communication is made to educate or advise you about treatment options and otherwise maintain adherence to a prescribed course of treatment, or (2) you are a current health plan enrollee and the communication is limited to the availability of more cost-effective pharmaceuticals. If we make these communications while you have a chronic and seriously debilitating or life-threatening condition, we will provide notice of the following in at least 14-point type: (1) the fact and source of the remuneration; and (2) your right to opt-out of future remunerated communications by calling the communicator's toll-free number. We will not otherwise use or disclose your medical information for marketing purposes or accept any payment for other marketing communications without your prior written authorization. The authorization will disclose whether we receive any financial compensation for any marketing activity you authorize, and we will stop any future marketing activity to the extent you revoke that authorization.

8. Sale of Health Information. We will not sell your health information without your prior written authorization. The authorization will disclose that we will receive compensation for your health information if you authorize us to sell it, and we will stop any future sales of your information to the extent that you revoke that authorization.
9. Required by Law. As required by law, we will use and disclose your health information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning those activities.
10. Public Health. We may, and are sometimes required by law, to disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. When we report suspected elder or dependent adult abuse or domestic violence, we will inform you or your personal representative promptly unless in our best professional judgment, we believe the notification would place you at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.
11. Health Oversight Activities. We may, and are sometimes required by law, to disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by federal and California law.
12. Judicial and Administrative Proceedings. We may, and are sometimes required by law, to disclose your health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.
13. Law Enforcement. We may, and are sometimes required by law, to disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.

14. Coroners. We may, and are often required by law, to disclose your health information to coroners in connection with their investigations of deaths.
15. Organ or Tissue Donation. We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.
16. Public Safety. We may, and are sometimes required by law, to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
17. Proof of Immunization. We will disclose proof of immunization to a school where the law requires the school to have such information prior to admitting a student if you have agree to the disclosure on behalf of yourself or your dependent.
18. Specialized Government Functions. We may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.
19. Worker's Compensation. We may disclose your health information as necessary to comply with worker's compensation laws. For example, to the extent your care is covered by workers' compensation, we will make periodic reports to your employer about your condition. We are also required by law to report cases of occupational injury or occupational illness to the employer or workers' compensation insurer.
20. Change of Ownership. In the event that this medical practice is sold or merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.
21. Breach Notification. In the case of a breach of unsecured protected health information, we will notify you as required by law. If you have provided us with a current email address, we may use email to communicate information related to the breach. In some circumstances our business associate may provide the notification. We may also provide notification by other methods as appropriate.
22. Psychotherapy Notes. We will not use or disclose your psychotherapy notes without your prior written authorization except for the following: (1) your treatment, (2) for training our staff, students and other trainees, (3) to defend ourselves if you sue us or bring some other legal proceeding, (4) if the law requires us to disclose the information to you or the Secretary of HHS or for some other reason, (5) in response to health oversight activities concerning your psychotherapist, (6) to avert a serious threat to health or safety, or (7) to the coroner or medical examiner after you die. To the extent you revoke an authorization to use or disclose your psychotherapy notes, we will stop using or disclosing these notes.
23. Research. We may disclose your health information to researchers conducting research with respect to which your written authorization is not required as approved by an Institutional Review Board or privacy board, in compliance with governing law.
24. Fundraising. We may use or disclose your demographic information, the dates that you received treatment, the department of service, your treating physician, outcome information and health insurance status in order to contact you for our fundraising activities. If you do not want to receive these materials, notify the Privacy Officer listed at the top of this Notice of Privacy Practices and we will stop any further fundraising communications. Similarly, you should notify the Privacy Officer if you decide you want to start receiving these solicitations again.

B. When This Medical Practice May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, this medical practice will, consistent with its legal obligations, not use or disclose health information which identifies you without your written authorization. If you do authorize this medical practice to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

C. Your Health Information Rights

1. Right to Request Special Privacy Protections. You have the right to request restrictions on certain uses and disclosures of your health information by a written request specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have imposed. If you tell us not to disclose information to your commercial health plan concerning health care items or services for which you paid for in full out-of-pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons. We reserve the right to accept or reject any other request, and will notify you of our decision.
2. Right to Request Confidential Communications. You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask that we send information to a particular email account or to your work address. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.
3. Right to Inspect and Copy. You have the right to inspect and copy your health information, with limited exceptions. To access your medical information, you must submit a written request detailing what information you want access to, whether you want to inspect it or get a copy of it, and if you want a copy, your preferred form and format. We will provide copies in your requested form and format if it is readily producible, or we will provide you with an alternative format you find acceptable, or if we can't agree and we maintain the record in an electronic format, your choice of a readable electronic or hardcopy format. We will also send a copy to any other person you designate in writing. We will charge a reasonable fee which covers our costs for labor, supplies, postage, and if requested and agreed to in advance, the cost of preparing an explanation or summary, as allowed by federal and California law. We may deny your request under limited circumstances. If we deny your request to access your child's records or the records of an incapacitated adult you are representing because we believe allowing access would be reasonably likely to cause substantial harm to the patient, you will have a right to appeal our decision. If we deny your request to access your psychotherapy notes, you will have the right to have them transferred to another mental health professional.
4. Right to Amend or Supplement. You have a right to request that we amend your health information that you believe is incorrect or incomplete. You must make a request to amend in writing, and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your health information, and will provide you with information about this medical practice's denial and how you can disagree with the denial. We may deny your request if we do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. If we deny your request, you may submit a written statement of your disagreement with that decision, and we may, in turn, prepare a written rebuttal. You also have the right to request that we add to your record a statement of up to 250 words concerning anything in the record you believe to be incomplete or incorrect. All information related to any request to amend or supplement will be maintained and disclosed in conjunction with any subsequent disclosure of the disputed information.
5. Right to an Accounting of Disclosures. You have a right to receive an accounting of disclosures of your health information made by this medical practice, except that this medical

practice does not have to account for the disclosures provided to you or pursuant to your written authorization, or as described in paragraphs 1 (treatment), 2 (payment), 3 (health care operations), 6 (notification and communication with family) and 18 (specialized government functions) of Section A of this Notice of Privacy Practices or disclosures for purposes of research or public health which exclude direct patient identifiers, or which are incident to a use or disclosure otherwise permitted or authorized by law, or the disclosures to a health oversight agency or law enforcement official to the extent this medical practice has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities.

6. You have a right to notice of our legal duties and privacy practices with respect to your health information, including a right to a paper copy of this Notice of Privacy Practices, even if you have previously requested its receipt by e-mail.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact our Privacy Officer listed at the top of this Notice of Privacy Practices.

D. Changes to this Notice of Privacy Practices

We reserve the right to amend our privacy practices and the terms of this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with this Notice. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted in our reception area, and a copy will be available at each appointment. We will also post the current notice on our website.

E. Complaints

Complaints about this Notice of Privacy Practices or how this medical practice handles your health information should be directed to our Privacy Officer listed at the top of this Notice of Privacy Practices.

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Region IX
Office of Civil Rights
U.S. Department of Health & Human Services
90 7th Street, Suite 4-100
San Francisco, CA 94103
800-368-1019
Fax: 202-619-3818
TDD: 800-537-7697
OCRMail@hhs.gov

The complaint form may be found at www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf. You will not be penalized in any way for filing a complaint

Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

Asian Health Services complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. AHS does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Asian Health Services:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Dong Suh, Civil Right Coordinator.

If you believe that AHS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Dong Suh
101 8th Street, Suite 100
Oakland, CA 94607
dsuh@ahschc.org
Voice: 510-735-3110
Fax: 510-735-3299

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Dong Suh is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



ASIAN HEALTH SERVICES

This handbook is available in Chinese, English, Korean and Vietnamese.

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