



## **Notice of Privacy Practices**

Effective 2/4/26

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450 N Wiget Ln, Walnut Creek, CA 94598

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 health 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 and to provide individuals with notice of our legal duties and privacy practices with respect to protected health information. It also describes your rights and our legal obligations with respect to your health information. If you have any questions about this Notice, please contact our Compliance Office.

**Please read through the following important information and sign the acknowledgement.**

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

Boomerang Healthcare collects health information about you and stores it in a secured electronic medical record. The medical record is the property of Boomerang Healthcare, 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 and share your health information to provide your medical care:
  - To our employees and others who are involved in providing the care you need. For example, we may share your health information with other physicians or other health care providers who will provide services that we do not provide.
  - With a pharmacist who needs it to dispense a prescription to you or a with laboratory that performs a test.
  - To members of your family or others who can help you when you are sick or injured. If you are not able to tell us your preference, for example if you are unconscious, we may share your information if we believe it is in your best interest.
2. **Payment**. We use and share your health information to obtain payment for the health care services we provide. This includes sharing information with your health plan to secure payment, obtain authorization for services or referrals, and to assist other healthcare providers with their own billing and collection activities.
3. **Health Care Operations**. We use and share your health information to operate our practice, including:
  - Improving the quality of care we provide both in person and virtually through telehealth.
  - Conducting legal reviews and audits.
  - Detecting and preventing fraud, waste, and abuse.
  - Managing and planning our business.

We also work with business partners, called "business associates," that perform services for us, such as billing, quality assessment, training, and accreditation. We require these business associates to sign a contract that legally binds them to protect the privacy and confidentiality of your health information. Under California law, all recipients of your health information are prohibited from re-disclosing it unless specifically required or permitted by law.

We may also share your information with other healthcare providers, health plans, or healthcare clearinghouses that have a relationship with you.

4. **Appointment Reminders.** We may contact you at home by mail or phone or text message to remind you about appointments. 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.** To ensure we see every patient in a timely manner, we may use a sign-in sheet and may call your name when we're ready to see you. Please be aware that other patients or visitors in the waiting room may see or hear your name.
6. **Communication with Family and Others Involved in your Care and for Notification.** 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 in the event of your death.
  - To a relief organization in the event of a disaster so that they may coordinate these notification efforts.
  - 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 do so prior to making these disclosures. However, we may disclose this information in a disaster even if you had previously objected if we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, we will use our professional judgment to decide if sharing your information is in your best interest.
7. **Marketing or Sale of Data.** We may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments or health-related benefits and services that may be of interest to you, or to provide you with small gifts. We may also encourage you to purchase a product or service when we see you. We will not otherwise use or disclose your health information for marketing purposes, or sell your information, without your written authorization.
8. **Required by Law.** As required by law, we will disclose your health information, but we will limit our use or disclosure to the relevant requirements of the law:
  - To report abuse, neglect, or domestic violence. If we suspect you are a victim of abuse, we are required by law to report it. We will inform you of this report unless we believe doing so would put you in danger.
  - Respond to judicial, administrative proceedings, or to law enforcement officials

- We will further comply with the requirements set forth below.

9. **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 or other legal 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 administrative order.
10. **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.
11. **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 public.
12. **Public Health.** We may and are sometimes required by law to disclose your health information to public health authorities or other appropriate government authorities for purposes of:
  - Reporting problems with products and reactions to medications to the Food and Drug Administration.
  - Reporting disease or infection exposure.
  - Preventing or controlling disease, injury, or disability.
  - Reporting child, elder, or dependent adult abuse or neglect.
  - Reporting domestic violence.
13. **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.
14. **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, and licensure and other proceedings, subject to the limitations imposed by federal and California law.

15. **Coroners, Medical Examiners, or Funeral Directors.** We may, and are often required by law, to disclose your health information to coroners or medical examiners in connection with their investigations of deaths. We may also share health information with funeral directors as necessary to carry out their duties.
16. **Organ or Tissue Donation.** We may disclose your health information to organizations involved in procuring, banking, or transplanting organs and tissues.
17. **Workers' Compensation.** We may disclose your health information as necessary to comply with workers' compensation laws. For example, to the extent your care is covered by workers' compensation, we will make periodic reports to your workers' compensation insurance company 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.
18. **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 and responsibility of the new owner. You will maintain the right to request that copies of your health information be transferred to another physician or medical group.
19. **Research.** Your health information may be used for medical research without your written permission if the research has been reviewed and approved by an independent board to ensure your privacy is protected.

## **D. 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 not use or disclose health information that 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.

## **E. 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 disclosures of that information you wish to have imposed. We reserve the right to accept or reject your 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 health information, you must submit a written request detailing what access you want and whether you want to inspect it or get a copy of it.
  - We will charge a reasonable fee, as allowed by California and federal law.
  - We may deny your request under limited circumstances.
  - If we deny your request to access the records of your child or a legally appointed representative of a patient because we believe it could cause them serious harm, you have the 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.** 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 may deny your request under certain circumstances, such as:
    - We did not create the information.
    - The information is not part of the medical record we maintain.
    - The information is accurate and complete as is.
    - You do not have a right to access or copy the information.
  - If we deny your request, we will provide you with a written explanation of our reasons. You have the right to respond with a written statement of up to 250 words disagreeing with our decision, which we will add to your record.
5. **Right to an Accounting of Disclosures.** You have a right to receive an accounting of

disclosures of your Health Information. However, this does not include certain disclosures such as those made:

- To carry out treatment, payment, and health care operations.
- For which we had a signed authorization.
- Of your PHI to you.
- To persons involved in your care and persons acting on your behalf.
- For notifications for disaster relief purposes.
- For research or public health in which the health information does not include direct patient identifiers.
- 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.
- That are otherwise not covered by the right to an accounting.

6. **Right to a Paper Copy of this Notice of Privacy Practices**. Even if you have previously requested receipt by e-mail you have the right to a paper copy.

7. **Substance Use Disorder (SUD) Treatment Records**. Boomerang Healthcare is not a Part 2 provider but may receive or maintain records from outside providers.

- SUD records have heightened confidentiality protections under federal law.
- Uses and disclosures of SUD records are more strictly limited than uses and disclosures of other protected health information, including use and disclosure of SUD records for treatment, payment, and health care operations, which generally requires patients' written consent.
- Individuals have certain rights regarding the protection of their SUD records, including protection against certain redisclosures.
- SUD records cannot be used in civil, criminal, or administrative proceedings against a patient without the patient's consent or a court order.
- Individuals have the right to opt-out (not receive) any fundraising communications.

8. 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 Compliance Office listed at the top of this Notice of Privacy Practices.

## F. Changes to this Notice of Privacy Practices

We reserve the right to amend 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 maintain a copy of the current notice on our [website](#), posted in our treatment facilities, and a copy will also be available at each appointment.

## G. Complaints

Complaints about this Notice of Privacy Practices or how this medical practice handles your health information should be directed to our Compliance Office listed at the top of this Notice of Privacy Practices. You will not be retaliated against for filing a complaint. If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to the U.S. Department of Health and Human Services Office for Civil Rights:

1. **By Mail**: Department of Health and Human Services Office for Civil Rights  
200 Independence Avenue, S.W.  
Washington, D.C. 20201
2. **By phone**: 1-877-696-6775
3. **Via Internet Portal**: [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)

## Acknowledgement of Receipt of Notice of Privacy Practices

I hereby acknowledge that I received a copy of this medical practice's Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be posted in the treatment facility, on the BHC website, and that a copy of any amended Notice of Privacy Practices will be available at each appointment.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

If not signed by patient, please indicate relationship:

- Parent or guardian of minor patient
- Guardian or conservator