WomanHaven, A Center for Family Solutions
Wellness Program
Notice of Privacy Practices

Effective Date: 09/23/2026
Revised:

This Notice describes:

- How medical information about you may be used and disclosed
- How you can get access to this information
- Your rights with respect to your health information
- How to file a complaint concerning a violation of the privacy or security of your health information, or of your rights concerning your information

You have a right to a copy of this Notice (in paper or electronic form) and to discuss it with the Wellness Program Coordinator at 760-337-3915 if you have any questions.

The Wellness Program at WomanHaven, A Center for Family Solutions, is committed to protecting your health information. The health information we create and maintain is known as protected health information (PHI). PHI refers to any information that we create or receive that identifies you and relates to your health or payment for services. We are required by federal and state law to protect your health information.

We are required by law to provide you this Notice of our legal duties and privacy practices regarding your PHI. This Notice explains how we may legally use and disclose your PHI. It also describes your rights about the privacy of your PHI.

Uses and Disclosures of Your Protected Health Information

How do we use or disclose your protected health information (PHI)?

We will use and disclose your PHI as described in the categories below. Not every use or disclosure is listed; however, all the ways we are permitted to use and disclose your PHI will fall within one of the categories.

Treatment: We may use and disclose your PHI to provide, coordinate, or manage your health care. We may share your PHI with our doctors, nurses, clinicians, treatment staff, program support staff, and other health care personnel who are involved in your care. We may also share mental health information outside our facility with other treatment providers if they are also responsible for your medical or psychological well-being.

Payment: We may use or disclose your PHI to bill and receive payment for the services provided to you. For billing and payment purposes, we may disclose your PHI to your payment source, including insurance or managed care plan, Medi-Cal, Medicare, or another third-party payer. We may also tell them about the treatment we plan to provide in order to obtain prior approval.

Health Care Operations: We may use or disclose PHI about you for business purposes, such as quality assurance and improvement actions, reviewing the competence and qualifications of health care professionals, medical review, legal services, audit roles, and general administrative purposes. For example, we may use your PHI to review our treatment and services and to evaluate our staff's performance in caring for you.

Business Associates: We may share your PHI with our business associates so they can perform the job we have asked them to do. Some services provided by our business associates include a billing service, record storage company, or legal or accounting consultants. To protect your PHI, we have written contracts with our business associates requiring them to safeguard your information.

Health Information Exchange: We participate in health information exchanges (HIEs), where we may share your PHI, as allowed by law, with other health care providers or entities for your coordination of care. This allows health care providers at different facilities participating in your treatment to have the information needed to treat you. Some types of your PHI, such as certain substance use disorder records, will not be shared with HIE participants unless you authorize such disclosures.

If you do not want us to share your PHI with HIE participants, you can opt out by completing an opt-out form and submitting it to WellnessDept@womanhaven.org or WomanHaven, A Center for Family Solutions Wellness Program, Attn: Program Coordinator, P.O. Box 2219, El Centro, CA 92244. The opt-out form may be obtained from our facility or by calling (760) 337-3915. Opting out stops us from sharing your information with other health care providers through the HIE; it does not stop other health care providers from sharing your information with us, and it does not stop a health care provider that already received your information from keeping it. You may opt out at any time; however, opting out may limit how quickly other providers in your care receive important medical information.

Appointment Reminders: We may use and disclose your PHI to contact you as a reminder that you have an appointment at one of our facilities via standard mail, telephone, email, or text messaging.

To Individuals Involved in Your Care or Payment of Your Care: Unless you object, we may disclose your PHI to a family member, a relative, a close friend, or other individual involved in your medical care or payment for your medical care if we give you an opportunity to object to such a disclosure, and you do not raise an objection. If you are unable to agree or object at the time we give you the opportunity to do so, we may decide that it is in your best interest, based on our professional judgment, to share your PHI, such as if you are incapacitated or during an emergency.

Disaster Relief Purposes: We may disclose your PHI to an organization assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. We will give you the opportunity to agree or object to this disclosure, unless we decide that we need to disclose your PHI in order to respond to the emergency circumstances.

Health Oversight: We may disclose your PHI to a health oversight agency for purposes allowed by law. For example, we may share your PHI for audits, investigations, or inspections.

Public Health Purposes: We may disclose PHI about you for public health activities. This generally includes reporting to public health authorities or government agencies about certain diseases, injuries, illnesses, and events required by law.

Victims of Abuse, Neglect, or Domestic Violence: We may disclose your PHI to other government agencies to report suspected abuse, neglect, or domestic violence. We will only disclose this information if you agree, if the law requires us to, or when it is necessary to protect someone from serious harm.

Lawsuits and Legal Actions: We may disclose your PHI in response to a court order, subpoena, or other lawsuit.

Law Enforcement: Under certain conditions, we may disclose your PHI for law enforcement purposes including responding to a court order, as necessary, to locate or identify a witness or missing person; reporting suspicious wounds or physical injuries; or as relating to the victim of a crime.

Required by Law: We may use or disclose your PHI when required by federal, state, or local law.

Coroners, Medical Examiners, Funeral Directors, and Information About Decedents: When required by law, your PHI may be released to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release limited PHI to a funeral home.

To Prevent a Serious Threat to Health or Safety: We may use and disclose certain information about you when necessary to prevent a serious threat to your health and safety or the health and safety of others, to the extent required or permitted by federal, state, or local law.

Military and Special Government Functions: If you are or were a member of the armed forces, we may disclose your PHI as mandated by military authorities or the Department of Veterans Affairs. We may also disclose your PHI to federal officials when it is necessary for national intelligence activities or for the protection of the President.

Government Programs for Public Benefits: We may use and disclose your PHI to help you qualify for government benefit programs such as Medicare, Medi-Cal, Supplemental Security Income, or other benefits or services. We may also contact you to tell you about possible treatment options or health related benefits or services.

Limited Data Set: We may use your PHI to create a limited data set by removing certain identifying information. We may use and disclose a limited data set only for research, public health, or health care operations purposes, and any third party who receives a limited data set must sign an agreement to protect your health information.

Use of Unsecure Electronic Communications: If you choose to contact us through unsecure methods, such as regular email, we may reply using the same method and to the same email address you provided. We may use these email addresses to send appointment reminders or other general information. For your convenience, these messages may be sent unencrypted.

Please be aware that unsecure communications carry risks, including interception, misdelivery, shared accounts, forwarding, or storage on unsecured devices. By using these methods, you acknowledge and accept these risks.

Other Uses and Disclosures

Except as described in this Notice, or as allowed by state or federal law, we will not use or share your PHI without your written authorization. Most uses and disclosures of psychotherapy notes and most uses and disclosures for marketing purposes fall within this category. Additionally, with certain limited exceptions, we are not allowed to sell or receive anything of value in exchange for your PHI without your written authorization. If you provide us authorization to use or disclose your PHI, you may revoke your authorization in writing at any time; however, this revocation would not apply to uses and disclosures made based on your initial authorization.

Breach Notification

In the event of a breach of your unsecured PHI, we will notify you of the circumstances of the breach, such as when someone not authorized to see your PHI looks at your information or your PHI is accidentally lost or stolen. We will also report these occurrences to State and federal authorities and may need to use your PHI to do so.

Your Rights Regarding Your Protected Health Information

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. • You can request a copy or a summary of your medical record by submitting your request in writing using an Access to Records Request form. We may charge a reasonable, cost-based fee. • We may deny your request to access or get a copy of your record. If this occurs, we will give you written reasons for the denial and explain your right, if any, to have a denial reviewed.
Ask us to correct your medical record	• You can ask us to correct health information about you that you think is incorrect or incomplete. • You can request to correct your medical record by submitting your request in writing using a Request to Amend Protected Health Information form. • If we deny your request, we will provide you with a written reason.
Request confidential communications	• You can ask us to contact you in a specific way. For example, you can ask that we contact you only at work, or by mail at a post office box. • You can request confidential communications by submitting your request in writing using a Request to Receive Confidential

	Communications by Alternative Means or at Alternative Locations form.
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 deny it if it would affect your care. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. • If you pay for a service out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will approve this request unless a law requires us to share that information. • You can request a restriction by submitting your request in writing using a Request for Special Restrictions on the Use or Disclosure of Protected Health Information form.
Get a list of those with whom we've shared information	• You can ask for a list of the times we've 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 health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months. • You can request this list by submitting your request in writing using a Request for Accounting of Disclosures form.
Get a copy of this privacy notice	• You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly. • An electronic copy of this Notice is also available at www.womanhaven.org.
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	• You can complain if you feel we have violated your rights by contacting (760) 337-3915. • You can also file a complaint directly with the US Department of Health and Human Services Office for Civil Rights. • We will not retaliate against you for filing a complaint.

Our Responsibilities

We are required by law to maintain the privacy and security of your PHI. 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. Let us know in writing if you change your mind.

Changes to This Notice

We may change this Notice when the law or our practices change. We reserve the right to make the revised or changed Notice effective for PHI we already have about you as well as any information we receive in the future. You will not automatically receive a new Notice. If we change this Notice, we will post the revised Notice in our facility and on our website (www.womanhaven.org). You may also obtain any revised Notice by visiting our facility or by calling (760) 337-3915.

How to File a Complaint

If you believe your privacy rights have been violated by us, you may file a written complaint with our Program Coordinator at WomanHaven, A Center for Family Solutions Wellness Program, 1225 W. Main Street, El Centro, CA 92243. You may also file a complaint with the US Department of Health and Human Services Office for Civil Rights at (877) 696-6775 or through the following:

- Mail:
  Centralized Case Management Operations
  US Department of Health and Human Services
  200 Independence Avenue, SW
  Room 509F HHH Bldg.
  Washington, DC 20201
- Email to OCRComplaint@hhs.gov
- Online by visiting www.hhs.gov/ocr/privacy/hipaa/complaints

You will not be retaliated against for filing a complaint.