

# MADERA COUNTY BEHAVIORAL HEALTH SERVICES

Effective Date: October 1, 2014

## NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW YOUR PRIVATE HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

If you have any questions about this notice, please contact your provider or call the Madera County Mental Health Plan at (559) 675-7850.

### **Who Will Follow This Notice**

This notice describes the Madera County Behavioral Health Services' privacy practices and that of:

- All employees, staff, and other agency personnel;
- Any student, intern, volunteer, or unlicensed person who might help you while you are here;
- Any health care professional authorized to enter information into your medical chart;
- All facilities and units of the agency.

All these entities, sites and locations follow the terms of this notice. In addition, these entities, sites and locations may share health information with each other for treatment, payment or health care operations purposes described in this notice.

### **Our Responsibility**

We understand health information and related services about you is personal and we are strongly committed to protecting your confidential information. We create a record of the care and services you receive at this agency so we can provide you with quality care and comply with certain legal requirements. This notice applies to all of the records of your care generated by this agency, its providers and staff, and those who provide services to you at this agency. It also applies to any records we may have received from your other providers. Other providers may have different policies or notices regarding their use and disclosure of health information created at their offices or facilities.

This notice will tell you about the ways in which we may legally use and disclose your private health information. We also describe your rights and certain obligations we have regarding the use and disclosure of your health information.

We are required by law to:

- Make sure all health information that identifies you is kept private (with certain exceptions);
- Give you this notice of our legal duties and privacy practices with respect to health information about you; and
- To follow the terms of the notice currently in effect.

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

The following categories describe different ways we use and disclose private health information. For each category of uses or disclosures we will explain what we mean and give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **Disclosures At your Request.** We may disclose information when requested by you. This disclosure at your request requires a written authorization by you.
  
- **For Treatment.** We will use your personal health information to provide you treatment and related services including the coordinating and managing your care. For example, we may need to disclose information to a case manager who is responsible for coordinating your care. We may also disclose your health information among our clinicians and other staff (including clinicians other than your therapist or principal clinician) who are involved in your care. This includes psychiatrists, psychologists, licensed clinical social workers, marriage and family therapists, case managers, psychiatric technicians, and nurses. For example, our staff may discuss your care at a case conference. We may also disclose information about you to people outside our agency who are or may be involved in your health care such as medical doctors, nurses, technicians, pharmacists, or other behavioral health professionals. For example, we may share information with your primary care physician regarding medications you may be on or to coordinate your care. When you leave our care we may also disclose information to your new provider. Information may also be released in the course of conservatorship proceedings.

If you are receiving services for substance abuse, no information regarding those services will be shared about you with other healthcare providers outside this agency's treatment program without your written permission unless you have a medical emergency or as otherwise required or permitted by law.

- **For Payment.** We may use and disclose health information about you to bill for the treatment and services you receive here and to collect payment from you, an insurance company, or a third party. For example, we may need to give your health plan information about treatment or counseling you received here so they will pay us or reimburse you for the services. We may also tell them about treatment or services we plan to provide in order to obtain prior approval or to determine whether your plan will cover the treatment.

If you are receiving services from our substance abuse treatment program, your signed authorization will be obtained before we contact your insurance company or other third party for reimbursement.

- **For Health Care Operations.** We may use and disclose health information about you for our own operations. These uses and disclosures are necessary to run the agency

and to make sure all of our clients receive quality care. For example, we may use health information to review our treatment and services and evaluate the performance of the staff in caring for you. We may also combine information about many clients to help decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to behavioral health care professionals, doctors, nurses, technicians, interns, health care students, and other agency staff for review or learning purposes. We may combine information we have with information from other agencies to compare how we are doing and where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of personal health information so others may use it to study health care and health care delivery without learning who the specific patients are.

- Appointment Reminders. We may use and disclose information to contact you as a reminder you have an appointment for treatment here.
- Treatment Alternatives. We may use and disclose information about you to tell you about or recommend possible treatment options or alternatives that might be of interest to you.
- Health-Related Benefits and Services. We may use and disclose your health information to tell you about health-related benefits or services that might be of interest to you.
- Individuals Involved in Your Care or Payment for Your Care. With your permission, we may release limited health information about you to a friend or family member who is involved in your care or helps pay for your care. For example, if you ask a family member to pick up a medication for you at the clinic or pharmacy, we may tell that person what the medication is and when it will be ready to pick up.
- Research. Under certain circumstances, we may use and disclose information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one treatment to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of personal health information, trying to balance the research needs with patients' need for privacy of their personal information. Before we use or disclose information for research, the project will have been approved through this research approval process, but we may, however, disclose health information about you to people preparing to conduct a research project, for example, to help them look for clients with specific mental health needs, as long as the information they review does not leave our agency.
- As Required by Law. We will disclose health information about you when required to do so by federal, state, or local law. For example, if we reasonably suspect child abuse, we are required by law to report it. Or, information may need to be disclosed to

the Department of Health and Human Services to make sure that your rights have not been violated.

- **To Avert a Serious Threat to Health or Safety.** We may use and disclose your health information when necessary to prevent a serious threat to your health and safety, or to the health and safety of the public or another person. Any disclosure however, would only be to someone who we believe would be able to prevent the threat or harm from happening.

### **Special Situations**

- **Public Health Activities.** We may disclose health information about you for public health activities. These activities generally include the following:
  - to prevent or control disease, injury or disability;
  - to report the abuse or neglect of children, elders and dependent adults;
  - to report reactions to medications or problems with products;
  - to notify people of recalls of products they may be using;
  - to notify the appropriate government authority if we believe a patient has been the victim of abuse or neglect.
- **Health Oversight Activities.** We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested. We may disclose information to courts, attorneys and court employees in the course of conservatorship, and certain other judicial or administrative proceedings.
- **Law Enforcement.** We may release health information if asked to do so by a law enforcement official:
  - in response to a court order, subpoena, warrant, summons or similar process;
  - to report criminal conduct at our facility, or threats of such conduct against our staff or facility;
  - to identify or locate a suspect, fugitive, material witness, certain escapes and certain missing persons;
  - when requested by an officer who lodges a warrant with the facility, and
  - when requested at the time of a patient's involuntary hospitalization.
- **Coroners and Medical Examiners.** We may be required by law to report the death of a

client to a coroner or medical examiner.

- Protection of Elective Constitutional Officers. We may disclose information about you to government law enforcement agencies as needed for the protection of federal and state elective constitutional officers and their families.
- Inmates. If you are an inmate or ward in a correctional institution or under the custody of a law enforcement official, we may release information about you to the correctional institution or law enforcement official if necessary to provide you with healthcare, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.
- Advocacy Groups. We may release information to the statewide protection and advocacy organization if it has a client or client representative's authorization, or for the purposes of certain investigations. We may release mental health information to our Patients' Rights Office if it has a client or client's representative's authorization, or for investigations resulting from reports required by law to be submitted to the Director of Mental Health.
- Department of Justice. We may disclose limited information to the California Department of Justice for movement and identification purposes about certain criminal clients, or regarding persons who may not purchase, possess, or control a firearm or deadly weapon.
- Multidisciplinary Teams. We may disclose information to a multidisciplinary team relevant to the prevention, identification, management, or treatment of an abused child, the child's parents, or an abused elder or dependent adult.
- Senate and Assembly Rules Committees. We may disclose your information to the Senate or Assembly Rules Committee for purpose of legislative investigation
- Other Special Categories of Information. Special legal requirements may apply to the use or disclosure of certain categories of information – e.g., tests for the human immunodeficiency virus (HIV) or treatment and services for alcohol and drug abuse.

### **Your Rights Regarding Private Health Information About You**

You have the following rights regarding health information we maintain about you:

- Right to Inspect and Copy. You have the right to inspect and copy health information that may be used to make decisions about your care.

To inspect and copy health information that may be used to make decisions about you, you must submit your request in writing to the Madera County Behavioral Health Services Medical Records Office. If you request a copy of the information we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your health information, you may request a review of the denial. Another licensed health care professional chosen by the facility will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review. If as a result of the review you are still denied access, you may arrange to have another healthcare professional review your record on your behalf.

Timeline:

- Inspection: We will make your records available for inspection on our premises within 5 working days of receiving your written request.
  - Summary: If you opt for a summary of your health record, it will be provided within 10 working days of receiving your written request or within a maximum of 30 days if we notify you more time is necessary, either because of the length of the record or because you were discharged within the prior 10 days. You will be required to pay fees related to preparing a summary.
  - Mailed Copy: We will mail copies of records within 15 working days after receiving your written request.
- Right to Amend. If you feel that health information we have about you is factually incorrect/wrong or incomplete, you may ask us to amend the error. You have the right to request an amendment for as long as the information is kept by or for us.

To request an amendment, your request must be made in writing and submitted to the Madera County Behavioral Health Services Medical Records Office. In addition, you must provide a reason that supports your request.

We have 60 days to respond to your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- was not created by us, unless the person or entity that created the information is unavailable to make the amendment;
- is not part of the health information kept by or for the facility;
- is not part of the information which you would be permitted to inspect or copy; or
- is accurate and complete.

Even if we deny your request for amendment, you have the right to submit a written addendum, not to exceed 250 words, with respect to any items or statement in your record you believe is incomplete or incorrect/wrong. If you clearly indicate in writing you want the addendum to be made part of your health record, we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect.

- Right to Authorize Us to Use or Disclose Your Information. You have the right to authorize us to use or disclose your private health information to other healthcare

providers and/or individuals who are working together to coordinate and provide services to you. This may include community based organizations, school officials, probation, social services, and others. You may also authorize us to disclose protected health information to your attorney, a consumer rights advocate, your health care agent, to a family member, or to anyone else you designate. We have the right to monitor and to approve such requests as allowed and permitted under the law. We must comply with your request that your records be released to your attorney or to a consumer rights advocate who is acting upon your behalf.

- **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures”. This is a list of the disclosures we made of health information about you other than for our own uses for treatment, payment and health care operations (as those functions are described above) and with other exceptions pursuant to the law.

To request this list of accounting of disclosures, you must submit your request in writing to the Behavioral Health Services Medical Records Office. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12 month period will be free. For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at any time before any costs are incurred.

In addition, we will notify you as required by law if your health information is unlawfully accessed or disclosed.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the information we disclose about you to someone who is involved in your care or the payment of your care, like a family member or friend. For example, you could ask we not use or disclose information about a type of therapy you received.

In most cases, we are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. However, if you pay for treatment wholly out-of-pocket, you may request we not disclose information about that particular treatment to your health plan; we are required to honor that request.

To request restrictions, you must make your request in writing to your provider. In your request, you must tell us what information you want to limit, whether you want to limit our use, disclosure or both, and to whom you want the limits to apply.

- **Right to Request Confidential Communications.** You have the right to request we communicate with you about your health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to your provider. We will not ask you for the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- Right to a Paper Copy of the Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice from your provider or from the Madera County Behavioral Health Services Mental Health Plan. That office is generally open Monday through Friday from 8:00 a.m. to 5:00 p.m. (except holidays).

You may obtain a copy this notice at our website: [www.madera-county.com/behavioralhealth](http://www.madera-county.com/behavioralhealth)

### **Changes to This Notice**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our facilities. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register for new services we will offer you a copy of the current notice in effect.

### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint. You may file a complaint with Madera County Behavioral Health Services by contacting:

Sonja Bentley, Compliance/Privacy Officer  
Madera County Behavioral Health Services  
P. O. Box 1288, Madera, CA 93639-1288.  
(559) 673-3508  
OR

You may file a complaint with the Department of Health and Human Services by contacting:

Office of Civil Rights  
US Department of Health and Human Services  
90 7<sup>th</sup> Street, Suite 4 – 100  
San Francisco, CA 94103  
(415) 437-8310; (415) 437-8311 (TDD)  
OR  
[www.dhhs.gov/ocr/privacy/index.html](http://www.dhhs.gov/ocr/privacy/index.html)

**All complaints must be submitted in writing.** *You will not be penalized for filing a complaint.*

**Other Uses of Private Health information**

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

**ACKNOWLEDGEMENT OF RECEIPT**  
**OF**  
**BHS NOTICE OF PRIVACY PRACTICES**

- I hereby acknowledge receipt of the Madera County Behavioral Health Services Notice of Privacy Practices.
- I have been offered a copy of the Notice of Privacy Practices but do not wish to receive it at this time.

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

Print Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(if not signed by client)