

**STANISLAUS COUNTY BEHAVIORAL HEALTH & RECOVERY SERVICES  
NOTICE OF PRIVACY PRACTICES**

Effective Date: October 1, 2010

**THIS NOTICE DESCRIBES HOW MEDICAL AND DRUG AND ALCOHOL RELATED INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

This notice describes our organization's practices and that of:

- All health care staff authorized to enter information into your health record
- All departments and units of the organization
- All employees, staff, volunteers, and other affiliated organizations

**OUR PLEDGE REGARDING HEALTH INFORMATION**

We understand your health information is personal and we are committed to protecting it. We create and maintain a record of care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all records of your care generated by our organization, whether made by our staff or other health care providers. Other providers may have different policies or notices regarding use and disclosure of your health information created in their offices.

This notice explains how we may use and disclose your health information. We also describe your rights and our obligations for using and disclosing health information.

We are required by law to:

- Maintain the privacy and security of your health information with certain exceptions:
  - If we believe you are experiencing a bona fide medical emergency
  - If we know or suspect child abuse, elder abuse, or dependent adult abuse
  - If a crime is committed against program personnel or on program premises
  - If we believe you are in danger of harming yourself or another person
  - If your record is subpoenaed by a court of law or in some cases a court order
  - If you experience lapses of consciousness
- Provide you with notice of legal duties and practices regarding this information and promptly notify you if unsecured protected health information (PHI) is breached.
- Follow the terms of the notice currently in effect.

**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 at all sites. The notice will show the effective date on the first page, in the top right-hand corner of the page. In addition, each time you are admitted for treatment or services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.**

## **HOW WE MAY USE AND DISCLOSE YOUR MENTAL/ BEHAVIORAL HEALTH AND SUBSTANCE USE INFORMATION**

The following categories describe different ways we use and disclose health information about you. For each category we will explain what we mean. Not every use of disclosure in a category will be listed; however, all the ways we are permitted to use and disclose information fall within one of these categories. Violation of unauthorized uses of PHI is a crime and may be reported to the appropriate authorities. [42 C.F.R. 2.22]

### **For Treatment**

We may use your health information to provide you with medical treatment or services. We may disclose your health information to doctors, nurses, technicians, or other staff to ensure that they have necessary information to diagnose or treat you. Different departments of the organization may also share your health information to coordinate things you need such as prescriptions or tests. We may also disclose your health information to people outside the organization who may be involved in your care, such as your primary care physician. For example, if your doctor is treating you for a mental health condition and prescribes you medication, the doctor may need to know what current medications you are taking so they do not interfere with the ones prescribed.

### **For Payment**

We may use and disclose your health information so treatment and services you receive may be billed to and collected from you, an insurance company or a third party. For example, we may need to give your health plan information about services that you received so your health plan will pay us or reimburse you. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

### **For Health Care Operations**

We may use and disclose your health information for health care operations. These uses and disclosures are necessary to run the organization and make sure all our patients receive quality care. For example, we may use health information to review our treatment and services and to evaluate our staff's performance in caring for you. We may also combine health information about many clients to decide what additional services that we should offer, and whether new treatments are effective.

### **Health Information Exchange**

We may share your health information electronically through a health information exchange network to another group in response to your care. These groups may include doctors, hospitals, health plans, laboratories, public health departments, and other participants. This method of sharing is efficient and quick and allows your provider to treat you more promptly. For example, if you were out of town and needed treatment, doctors can gain access through the network to provide the right kind of care for you. We also participate in the Affordable Care Act and may use information as permitted to achieve national goals related to the use of an electronic health care system.

## **For Disclosures of Psychiatric, Substance Abuse, and HIV-Related Information**

Disclosures of health information regarding psychiatric conditions, substance abuse, or HIV-related testing and treatment may not be disclosed without your permission or a court order. There are exceptions to this general rule.

### **Psychotherapy Notes**

Psychotherapy notes are notes recorded by a health care provider that specializes in mental health who in turn analyzes and documents the contents of a conversation during a private counseling, group, or family session which are kept separate from the chart.

As required by law, we may use or disclose your psychotherapy notes

- For use by the provider who originates the psychotherapy notes
- For health oversight of the provider who originates the psychotherapy notes
- By the covered entity to defend a legal action or other proceeding brought upon by the individual
- For use or disclosure to coroner or medical examiner when reporting a client's death

### **Appointment Reminders**

We may use and disclose health information to remind you that you have an appointment for treatment.

### **Treatment Alternatives**

We may use and disclose health information to tell you about or recommend possible treatment options or alternatives that may be helpful to you.

### **Incidental Uses and Disclosures**

There are incidences where we may use or disclose information about you while we are providing services or conducting business. For example, others may hear your name called while you are in the waiting area. It is our effort to limit these incidents as much as we can.

### **Fundraising Activities**

We may use information about you for fundraising purposes only if we obtain a valid signed authorization of release. We will not use your health information to raise money for the organization or affiliated organizations.

### **Individuals Involved in Your Care or Payment for Your Care**

We may release health information to friends or family members who are directly involved in your care. We may also release information to someone who helps pay for your care. These disclosures will be made only with your written permission.

## **Legal / Personal Representative**

A personal representative must be treated as the client, with respect to PHI relevant to such personal representation. A personal representative may include:

- The guardian or conservator of an adult client
- The beneficiary or personal representative of deceased client
- A person authorized to make health care decisions under a client's advance health care directive.
- In most situations, parents, guardians, and/or others with legal responsibilities for minors (children under 18 years of age) may exercise the rights described in this Notice on behalf of the minor.

However, there are situations in which minors independently may exercise the rights described in this Notice. Upon request, we will provide you with additional information on the minor's rights under state law.

## **Research**

We may disclose your protected health information to researchers when their research has been approved by a research committee (institutional review board) that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

## **To Avert Serious Threat to Health or Safety**

We may use and disclose information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

## **Military and Veterans**

If you are a member of the armed forces, we may release your health information as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.

## **Workers' Compensation**

We may release your health information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

## **Public Health Risks**

We may disclose your health information for public health activities. These activities generally include:

- To prevent or control disease, injury, or disability
- To report births and deaths
- To report the abuse or neglect of children, elders, and dependent adults
- To notify you that you may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
- To report lapses of consciousness

- To notify the appropriate government authority if we believe you have been the victim of abuse, neglect, or domestic violence
- To report reactions to medication or problems with products
- To notify people of recalls of products they may be using

## **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 a dispute, we may disclose your health information in response to a court or administrative order. We may also disclose your health information in response to a subpoena or court order, discovery request, or other lawful process by someone else involved in the dispute, but only if we tried to tell you about the request (which may include written notice) or to obtain an order protecting the information requested.

We may disclose Behavioral Health information to courts, attorneys, and court employees if on conservatorship, and possible judicial or administrative matters.

## **Law Enforcement**

We may release information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or another legal requirement
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement
- About criminal conduct on our organization's premises

## **Coroner**

We may release health information to a coroner in response to a subpoena. This may be necessary, for example, to identify a deceased person or determine the cause of death.

## **Protective Services for the President and Others**

We may disclose your health information to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state if you make credible threats of harm against them.

## **Inmates**

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your health information to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

## **SPECIAL SITUATIONS THAT REQUIRE AUTHORIZATION**

- Psychotherapy notes will only be disclosed by written authorization. The exceptions are listed above.
- A written authorization is needed for marketing PHI. An exception would be face to face communications with patient or promotional gifts of nominal value.
- Any sale of PHI also requires a written authorization with an exception pertaining to the provider being compensated for cost of providing PHI where disclosure is permitted.

## **OTHER USES OF 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 give us permission to use or disclose your health information, you may revoke that permission in writing, at any time. If you revoke your permission, this will stop any further use or disclosure of your health information for the purposes covered by your written authorization, except if we have already disclosed the information with your permission. We are unable to take back any disclosure we have already made with your permission, and we are required to retain our records of the care that we provided to you.

## **YOUR RIGHTS REGARDING 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 used to make decisions about your care. Usually, this includes health and billing records, but may not include some mental health information. Psychiatric and Substance Use Disorder Treatment may not be included as this information is covered by other laws and may result in a denial of your request. Please reach out to your health care provider for more information.

To inspect your health information, you must submit your request in writing to Stanislaus County Behavioral Health and Recovery Services, Medical Records Department, 800 Scenic Dr., Modesto, CA 95350. If you would like to request a copy of your health information, we will charge a fee for copying, mailing and other resources associated with your request, including staff time. All requests will go through the Medical Records Department. Copies will be provided no later than (15) days of the request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another licensed health care professional chosen by you will review your request and the denial. The person conducting the review will not be the person who denied your request.

### **Right to Amend**

If you think health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our organization. To request an amendment, you must submit a written request to the Medical Records Department that includes a reason that supports 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 you provide information that the originator of the information is no longer available
- Is not part of the health information kept by or for our organization
- Is not part of the information that you would be permitted to inspect and copy
- 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 item or statement in your record you believe is incomplete or incorrect. If you clearly indicate in writing that 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 an Accounting of Disclosures**

You have the right to request an accounting of disclosures made during the six years prior to the date of the request or sooner. This is a list of the disclosures we made of your health information other than our own uses for treatment, payment and health care operation, (as those functions are described above) and with other exceptions required by law. The accounting does not have to include the following:

- Disclosures to the client (yourself)
- Disclosures incident to a use or disclosure otherwise permitted or required by HIPAA
- Disclosures pursuant to a consent or authorization
- Disclosures for the entity's directory or to persons involved in your care or other notification purposes
- Disclosures for national security or intelligence purposes; to correctional institutions or law enforcement
- Disclosures maintained in a limited data set
- Disclosures that occurred prior to April 14, 2003.

To request the accounting of disclosures, you must submit your request in writing to the Medical Records Department. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

### **Right to Receive Accounting of "General Designation" Disclosures**

You have the right to consent to disclosures of your health information to a general designation of treating providers through an entity without a treating provider relationship. This allows you to gather health information that has been disclosed through a Health Information Exchange (HIE). A request can be made up to two years prior to the date of the request and must be in writing – in paper or electronically. The request must be made out to the intermediary entity. Please speak to your service provider for more information.

## 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 health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. Requests for restrictions on disclosure for payment or health care operations will be complied with as long as the health care service has been paid by you out-of-pocket in full.

***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. To request restrictions, you must make your request in writing to the Medical Records Department. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply, for example, disclosure to your insurance company.

## Right to Request Confidential Contact

You have the right to request that we contact you 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 contact, you must make a written request to your care provider. We will not ask you 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 this Notice

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

To obtain a paper copy of this notice: BHRS Privacy Officer at 209-525-6225  
You may obtain a copy of this notice at our website: [www.stancounty.com/bhrs](http://www.stancounty.com/bhrs)

## COMPLAINTS

If you believe your privacy rights have been violated, you may file a written complaint with BHRS at:

Privacy Officer  
Stanislaus County  
Behavioral Health and Recovery Services  
800 Scenic Dr  
Modesto, CA 95350

Alternatively, you may file a complaint with the Stanislaus County HIPAA Privacy Officer at:  
Stanislaus County Privacy Officer  
1010 Tenth Street, Suite 5900  
Modesto, CA 95354  
Phone 209-525-5718  
Fax 209-525-5779

OR

Office of Civil Rights  
U.S. Department of Health and Human Services  
90 7<sup>th</sup> Street, Suite 4-100  
San Francisco, CA. 94103  
Voice Phone (800) 368-1019  
Fax (202) 619-3818  
TDD (800) 537-7697

You will not be retaliated against for filing a complaint.