

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

Effective Date: October 1, 2010

**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.**

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:

Make sure health information that identifies you is kept private, with certain exceptions:

- If we believe you are in danger of harming yourself or another person
- If we know or suspect child abuse, elder abuse or dependent adult abuse
- If your record is subpoenaed by a court of law
- Give you this notice of our legal duties and privacy practices with respect to your health information
- 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 HEALTH 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.

### **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 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 of 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.

### **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.

### **Fundraising Activities**

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.

## **As Required by Law**

We will disclose your health information when required to do so by federal, state or local law, for example:

- If we believe you are in danger of harming yourself or another person
- If we know or suspect child abuse, elder abuse, dependent adult abuse, or domestic violence
- If your record is subpoenaed by a court of law
- If you experience lapses of consciousness

## **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, 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.

## **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 other 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.

## **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.

To inspect and copy 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 request a copy of the information, we will charge a fee for copying, mailing and other resources associated with your request, including staff time.

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
- 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. 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.

To request the accounting of disclosures, you must submit your request in writing to the Medical Records Department. Your request must state a time period no longer than six years that does not include dates before April 14, 2003. 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 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 6800  
Modesto, CA 95353  
209-525-6532  
(FAX) 209-525-4056

OR

Office of Civil Rights  
U.S. Department of Health and Human Services  
50 United Nations Plaza Room 322  
San Francisco, CA. 94102  
Voice Phone (415) 437-8310  
Fax (415) 437-8329  
TDD (415) 437-8311

You will not be retaliated against for filing a complaint.