

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed, and how you may access this information. Please review it

1. Protected Health Information Our Privacy Policies

General: Keeping your personal health information secure is an important responsibility that is taken seriously at San Joaquin County Behavioral Health Services (SJCBS). Our policy is to assure the confidentiality and security of client information in accordance with federal, state and agency requirements. We collect your personal information to support the service and treatment we provide to you. We use and disclose information with your written consent or authorization, or as otherwise permitted or required by law (Titles 42 and 45, Codes of Federal Regulations).

Reasons to Review the Notice of Privacy

Practices: There are several reasons to review the Notice of Privacy Practices. The main reasons are:

- ✓ To help you better understand your rights about your health information.
- ✓ To help you understand our organization’s responsibilities to protect your health information.
- ✓ To explain authorization for disclosures of your health information.
- ✓ To explain when your health information may be disclosed without your authorization.
- ✓ To tell you how to make a complaint.

2. Understanding Your Behavioral Health Record/Information

General:

Each time you visit a hospital, physician or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as:

- The basis for planning your care and treatment;
- A means of communication among the many healthcare professionals who contribute to your care;
- A legal document describing the care you received;
- A means by which you or a third-party payer (such as an insurance company) can verify that the services billed were actually provided; and
- A tool with which we can assess and continually work to improve care and services.

3. Your Health Information Rights

Although your health record is the physical property of the healthcare provider or facility that compiled it, the information belongs to you. The following is a list of your rights.

- 3.1. You have the right to request a restriction on certain uses and disclosures of your information. You may inform us of your wishes when you complete authorization forms. **Restriction:** We do not, however, have to agree to the restriction. If we do agree, we will adhere to it, unless you request otherwise or we give you advance notice.
- 3.2. You have the right to obtain a written copy of the Notice of Privacy Practices document upon request.

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- 3.3. You have the right to inspect and copy specific treatment records upon presenting a written request and upon payment of reasonable fees to cover costs incurred in locating and making the records available. **Restriction:** We may deny access to specific records if a qualified healthcare professional, in their professional opinion, believes this will cause harm to you or another person.
- 3.4. You may request an amendment to your health record upon providing a reason and presenting a written request. **Restriction:** We do not have to grant the request if we did not create the record. Also, we will not amend the records if we know the record is accurate and complete. If, as in the case of a consultation report from another provider when we did not create the record, we cannot know whether it is accurate or not. Thus, in such cases, you must seek amendment/correction from the party creating the record. If they amend or correct the record, we will put the corrected information in our records.
- 3.5. Another right is to obtain an accounting of disclosures of protected health information (PHI) disclosed for reasons other than treatment, payment of claims or healthcare activities. **Restriction:** We do not have to keep an accounting of disclosures made before 4/14/03, disclosures made to you, or to federal officials for national security or intelligence or to correctional institutions or law enforcement as permitted by law.
- 3.6. You can request confidential communications of your health information by alternative means or at alternative locations (for example by Fax or at a different address).

Minimum Necessary Standard

This means that we will make all reasonable efforts not to use, disclose or request more than the minimum amount of your protected health information (PHI) that is necessary to accomplish an intended task.

4. SJCBS Responsibilities

San Joaquin County Behavioral Health Services (SJCBS) is required:

- 4.1. To maintain the privacy of your health information.
- 4.2. To provide you with a notice of our legal duties and privacy practices with respect to information that we collect and maintain about you.
- 4.3. To abide by the terms of this notice.
- 4.4. To accommodate your reasonable requests to communicate your health information to you by alternative means or at alternative locations.
- 4.5. To deny access to your PHI under certain circumstances such as when a healthcare professional, in their professional opinion, thinks it will cause harm to you or others.

5. Disclosures Relating to Treatment, Payment or Health Care Operations

We use and disclose information for many reasons. For some of these uses and disclosures we need your written authorization. Generally we may use or disclose you PHI when it is for treatment, to obtain payment and/or for other healthcare operations with your written consent.

In this section, we describe uses and disclosures related to treatment, payment or healthcare operations.

5.1. For treatment

We may use/disclose your PHI to physicians, nurses, interns, residents, substance abuse counselors and other healthcare personnel who provide you the services, or who are involved in your care.

5.2. For payment

We may send a bill to you or a third-party payer such as your insurance carrier. The information regarding or accompanying the bills may include some information that identifies you, your diagnosis, procedures and supplies used.

5.3. **For Healthcare Operations**

Healthcare operations include business management, the measuring of program outcomes, internal grievance resolution, and professional evaluation procedures such as quality improvement.



5.4. **Business Associates**

There are some services provided in our organization through contracts with business associates. Examples include certain laboratory tests, and other physician or therapy services when necessary. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we have asked them to do, and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Reviewable Grounds for Denial

In the following situations, we may deny your access but, if we do, we will provide you with a review of the decision denying access. The denial may occur when a licensed or registered healthcare professional had determined, in the exercise of professional judgment, that the access is reasonably likely to endanger the life or physical safety of yourself or another person:

- When you request access.
- When PHI makes reference to another person (other than a healthcare provider).
- When the request is made by your personal representative.

If your request is denied, and you were not provided with a review of the denial and you wish to take further action, contact the Clinical Records Department at (209) 468-8772.

You may withdraw your authorization in writing at any time. Your withdrawal of authorization is effective in accordance with the signed release of information (ROI).

You do not have the right to access the following:

- Psychotherapy notes (see definition on page 5).
- Information compiled in reasonable anticipation of or for use in civil, criminal, or administrative actions or proceedings.
- Information obtained from someone other than the provider with a promise of confidentiality, or if access would likely reveal the person's identity.

6. Disclosures Requiring Your Authorization

6.1. **Uses and Disclosures for Other Purposes Require Your Authorization**

As we discussed, we use and disclose information for many reasons. For Treatment, Payment or Healthcare Operations, we do not need your prior consent.

For the uses and disclosures described in this section, we do need your written authorization.

6.2. **Research**

If we were to participate in research, we may disclose information to researchers when their research has been approved by an institutional review board (IRB) that has reviewed the research proposal and established protocols to ensure the safety and privacy of your health information.

6.3. **Communication with Family**

Due to our confidentiality policy, disclosure of health information to a family member or other relative, close personal friend or any other person you identify, will only be given if that person is involved in your care or in payments related to your care.

6.4. **Health Promotion**

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

7. Disclosures Without Consent or Authorization

7.1. **Notification**

In an emergency we may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible of your location for your care and of your location and general condition.

7.2. **Coroner's Office**

We may disclose health information to coroners and funeral directors consistent with applicable laws to carry out their duties.

7.3. **Food and Drug Administration (FDA)**

We may disclose to the FDA health information relative to adverse reactions with respect to medication interactions to assure safety.

7.4. **Workers' Compensation**

We may disclose health information to the extent authorized by, and to the extent necessary, to comply with laws relating to workers' compensation.

7.5. **Adult or Child Protective Services**

We may report health information to the proper agency in case of abuse/neglect of an adult or a child.

7.6. **Public Health**

As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

7.7. **Correctional Health**

Should you be an inmate of a correctional institution, we may disclose to the institution (or agents of the institution) health information necessary for your health and the health and safety of other individuals.

7.8. **Law Enforcement**

We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena and/or court order.

7.9. **Health Oversight Agencies**

Federal law makes provisions for your health information to be released to an appropriate health oversight agency.

8. Making A Privacy Complaint

8.1. **No Retaliation**

It is important that you let the people at the place where you receive service know if you are unhappy with the way they use, disclose or maintain your health information. You always have the right to file a complaint. There will be no retaliation for filing a privacy complaint.

8.2. **How Do I Make a Privacy Complaint?**

You may act on your own behalf. If you believe your privacy rights have been violated, you can contact the supervisor at the location where you receive services and you may be able to solve the issue quickly and simply.

8.3. **What If I Am Not Satisfied?**

You may ask others to help you. We know that sometimes you may not agree with the first solution offered. We also know that you may not feel comfortable telling your complaint to the person or at the place you want to complain about. You may start the complaint process by contacting our Privacy Officer at (209) 468-8859. You also have the option of filing your complaint with the Secretary of Health and Human Services.

8.4. **What Is A Privacy Officer?**

Privacy Complaints are handled in a special way. Privacy Officer is the person designated by the Behavioral Health Director to oversee matters related to the privacy rights described in this Notice of Privacy Practices. The investigation of your complaint will be handled with your privacy in mind.



9. Definitions

Protected Health Information (PHI)

When we use this term, we are referring to all “individually identifiable client information” created by SJCBS or received by SJCBS from others.

Psychotherapy Notes

The regulations define such notes as those notes that are recorded by a healthcare provider who is a mental health or substance abuse professional documenting or analyzing a conversation during a private counseling session. This definition includes consultant and business associate psychotherapy notes.

Authorization

When we talk about authorization, we mean that you must give your written permission for us to use or disclose your PHI for other purposes. For instance, we will ask for your authorization to request information from or to provide information to outside providers.

“Opting Out”

This means we give you, in advance, the opportunity to agree or object to specific uses or disclosures of your PHI. This can be done verbally or in writing.

Privacy Complaint

Letting someone know that you disagree with or are unhappy about actions and activities related to your private health information and your privacy rights.

In conclusion, there are several purposes for this Notice of Privacy Practices. The main purposes are:

- To help you better understand **who, what, when, where, and why** others may access your information.
- To help you make more informed decisions when authorizing disclosure to others.
- To inform you under what circumstances we will not agree to your requests.
- To inform you of your right to tell us not to make some of the disclosures described in this notice.

We reserve the right to change our practices and make new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you have supplied to us. We will not use or disclose your health information without your authorization, except as described in this notice.

For questions regarding your Privacy Notice or clinical records, you may contact us in writing, by telephone, fax or e-mail at:

San Joaquin County Behavioral Health Services
1212 N. California Street
Stockton, CA 95202
Telephone: (209) 468-8700 or (888) 468-9370
Fax: (209) 468-8026
E-mail: cpo@sjcbhs.org

You may also call directly :
Our Privacy Officer at (209) 468-8859
Our Clinical Records Department at
(209) 468-8772.

You also have the right to file your complaint within 180 days of your discovery of the complaint with:
Secretary of the U.S. Department of Health and Human Services
Office for Civil Rights, ATTN: Regional Manager
50 United Nations Plaza, Room 322
San Francisco, CA 91402

For Additional Information, please call:
(800) 368-1019 or (866) 672-7748,
TTY: (866) 788-4989

➔ **Know your Privacy Rights.**
You always have the right to file a privacy complaint.