



NOTICE OF PRIVACY PRACTICES

Original Effective Date: April 14, 2003

Revision 1: November 17, 2003

Revision 2: March 4, 2004

Revision 3: February 1, 2006

Revision 4: December 7, 2011

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.

When you receive services from Tri-City Mental Health Center (Tri-City), the information we receive about you is called "Protected Health Information." Protected health information is information about you that may identify you, and that relates to your past, present, or future physical or mental health condition and related health care services.

As a consumer of mental health services, you have an important right to know how information about you is used within Tri-City Mental Health Center as well as how and when it is shared or disclosed to others outside of Tri-City.

Your Rights under the Federal Privacy Standard

Although your health records are the physical property of the health care provider who completed the records, you have the following rights with regard to the information contained therein:

- Request restriction on uses and disclosures of your health information for treatment, payment, and health care operations. "Health care operations" consist of activities that are necessary to carry out the operations of the provider, such as quality assurance and peer review. The right to request restriction does not extend to uses or disclosures permitted or required under the following sections of the federal privacy regulations: § 164.502(a)(2)(i) (disclosures to you), § 164.510(a) (for facility directories, but note that you have the right to object to such uses), or § 164.512 (uses and disclosures not requiring a consent or an authorization). The latter uses and disclosures include, for example, those required by law, such as mandatory communicable disease reporting. In those cases, you do not have a right to request restriction. The consent to use and disclose your individually identifiable health information provides the ability to request restriction. We do not, however, have to agree to the restriction, except in the situation explained below. If we do, we will adhere to it unless you request otherwise or we give you advance notice. You may also ask us to communicate with you by alternate means, and if the method of communication is reasonable, we must grant the alternate communication request. You may request restriction or alternate communications on the consent form for treatment, payment, and health care operations. If, however, you request restriction on a disclosure to a health plan for purposes of payment or health care operations (not for treatment), we must grant the request if the health information pertains solely to an item or a service for which we have been paid in full.
- Obtain a copy of this notice of information practices. Although we have posted a copy in prominent locations throughout the facility and on our website, you have a right to a hard copy upon request.
- Inspect and copy your health information upon request. Again, this right is not absolute. In certain situations, such as if access would cause harm, we can deny access. You do not have a right of access to the following:

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- Psychotherapy notes. Such notes consist of those notes that are recorded in any medium by a health care provider who is a mental health professional documenting or analyzing a conversation during a private, group, joint, or family counseling session and that are separated from the rest of your medical record.
- Information compiled in reasonable anticipation of or for use in civil, criminal, or administrative actions or proceedings.
- Protected health information (“PHI”) that is subject to the Clinical Laboratory Improvement Amendments of 1988 (“CLIA”), 42 U.S.C. § 263a, to the extent that giving you access would be prohibited by law.
- Information that was obtained from someone other than a health care provider under a promise of confidentiality and the requested access would be reasonably likely to reveal the source of the information.

In other situations, we may deny you access, but if we do, we must provide you a review of our decision denying access. These “reviewable” grounds for denial include the following:

- A licensed health care professional, such as your attending physician, has 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.
- PHI makes reference to another person (other than a health care provider) and a licensed health care provider has determined, in the exercise of professional judgment, that the access is reasonably likely to cause substantial harm to such other person.
- The request is made by your personal representative and a licensed health care professional has determined, in the exercise of professional judgment, that giving access to such personal representative is reasonably likely to cause substantial harm to you or another person.

For these reviewable grounds, another licensed professional must review the decision of the provider denying access within 60 days. If we deny you access, we will explain why and what your rights are, including how to seek review. If we grant access, we will tell you what, if anything, you have to do to get access. We reserve the right to charge a reasonable, cost-based fee for making copies.

- Request amendment/correction of your health information. We do not have to grant the request if the following conditions exist:
 - We did not create the record. If, as in the case of a consultation report from another provider, 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 the party amends or corrects the record, we will put the corrected record into our records.
 - The records are not available to you as discussed immediately above.
 - The record is accurate and complete.

If we deny your request for amendment/correction, we will notify you why, how you can attach a statement of disagreement to your records (which we may rebut), and how you can complain. If we grant the request, we will make the correction and distribute the correction to those who need it and those whom you identify to us that you want to receive the corrected information.

- Obtain an accounting of nonroutine uses and disclosures, those other than for treatment, payment, and health care operations until a date that the federal Department of Health and Human Services will set after January 1, 2011. After that date, we will have to provide an accounting to you upon request for uses and disclosures for treatment, payment, and health care operations. We do not need to provide an accounting for the following disclosures:
 - To you for disclosures of protected health information to you.
 - For the facility directory or to persons involved in your care or for other notification purposes as provided in § 164.510 of the federal privacy regulations (uses and disclosures requiring an opportunity for the individual to agree or to object, including notification to family members, personal representatives, or other persons responsible for your care, of your location, general condition, or death).
 - For national security or intelligence purposes under § 164.512(k)(2) of the federal privacy regulations (disclosures not requiring consent, authorization, or an opportunity to object).

- To correctional institutions or law enforcement officials under § 164.512(k)(5) of the federal privacy regulations (disclosures not requiring consent, authorization, or an opportunity to object).
- That occurred before April 14, 2003.

We must provide the accounting within 60 days. The accounting must include the following information:

- Date of each disclosure.
- Name and address of the organization or person who received the protected health information.
- Brief description of the information disclosed.
- Brief statement of the purpose of the disclosure that reasonably informs you of the basis for the disclosure or, in lieu of such statement, a copy of your written authorization or a copy of the written request for disclosure.

The first accounting in any 12-month period is free. Thereafter, we reserve the right to charge a reasonable, cost-based fee.

- Revoke your consent or authorization to use or disclose health information except to the extent that we have taken action in reliance on the consent or authorization.

Our Responsibilities under the Federal Privacy Standard

In addition to providing you your rights, as detailed above, the federal privacy standard requires us to take the following measures:

- Maintain the privacy of your health information, including implementing reasonable and appropriate physical, administrative, and technical safeguards to protect the information.
- Provide you this notice as to our legal duties and privacy practices with respect to individually identifiable health information that we collect and maintain about you.
- Abide by the terms of this notice.
- Train our personnel concerning privacy and confidentiality.
- Implement a sanction policy to discipline those who breach privacy/confidentiality or our policies with regard thereto.
- Mitigate (lessen the harm of) any breach of privacy/confidentiality.

We will not use or disclose your health information without your consent or authorization, except as described in this notice or otherwise required by law.

How to Get More Information or to Report a Problem

If you have questions and/or would like additional information, you may contact the Privacy Office at (909) 623-6131

HOW TRI-CITY MAY USE OR DISCLOSE YOUR INFORMATION

For Services/Treatment: Within Tri-City, we may share your protected information with other therapists, case managers, psychiatrists, office staff, and interns or volunteers in order to coordinate and provide services. For example, your case manager may share your information with a psychiatrist you have been referred to, in order to coordinate your care. In addition, we may disclose your information to a specialist or laboratory or pharmacy, at the request of your psychiatrist or service provider, in order to aid in diagnosis or treatment. **In these cases, the information shared follows the “minimum necessary” guideline**, that is, only the minimum amount of information necessary to accomplish the purpose is given. Example: Tri-City may initiate a prescription for medication and then the pharmacy may get your name in order to fill the prescription, but not your personal history or treatment milestones.

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For payment: We may use and disclose information to your insurance company, Medi-Cal, or other funding source in order to collect payment for the services provided to you. For example, if you have Medi-Cal funding, we would notify Medi-Cal of the specific services you received so that Medi-Cal would pay Tri-City for those services.

For Health Care Operations: These are the Tri-City business operations that help make sure that you receive quality care from our service providers. These may include, but are not limited to, quality assessment activities, training and licensing of service providers, and conducting or arranging other business activities. For example, we might use your information to evaluate the performance of our staff in caring for you. We may use your and others' information to see if we should provide additional services or to see if certain services we offer are not effective.

Business Associates: Tri-City may provide some services through contracts with business associates. Some examples may include using a copy service to make copies of medical records, providing identifiable PHI to an outside financial auditing firm, or outside Information Technology Consultants that may also have access to PHI. To protect your PHI, however, Tri City requires the business associates to appropriately safeguard your information. After February 17, 2010, business associates must comply with the same federal security and privacy rules as we do.

DHHS : Under the privacy standards, we must disclose your health information to DHHS (Department of Health and Human Services) as necessary to determine our compliance with those standards

Other business activities where your information might be used include calling you to schedule or reschedule an appointment, signing in at the front desk, or at the time of your appointment, calling your name in the waiting room when your service provider, case manager, or psychiatrist is ready to see you.

Special Situations

There are times when we may disclose your information outside of Tri-City only when you authorize it, and there are other times when we do not need your permission to disclose your information.

The following is a list of reasons why Tri-City would not need your permission to disclose your protected health information.

- We may disclose information to an insurance company, Medicare, Medi-Cal, or contract agency responsible for paying for the mental health services you have received or may receive.
- We may disclose information in order report any suspected child, dependent and elder abuse to the police or County Departments of Children and Family Services, which we are mandated by law to do.
- A Tri-City service provider may give information to an identifiable person who may be the subject of serious danger of violence by a consumer.
- Your protected health information may be given to a court or other administrative body if we receive a court order or subpoena.
- We may disclose information regarding special or unusual incidents involving your welfare, safety, and/or health to the California State Department of Mental Health, the Los Angeles County Department of Mental Health and/or the San Bernardino County Department of Mental Health. The special or unusual incidents may include: Consumer death, a suicide attempt requiring emergency medical treatment (EMT), intentional self-harm or harm inflicted by another requiring EMT; if a consumer injures another person requiring EMT; homicide by a consumer; medication error or adverse medication event requiring EMT; suspected abuse of a consumer by a staff member; suspected abuse of or threat to Tri-City staff by a consumer; possibility or threat of legal action.

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- We may give your health information to another mental health agency in order to aid a referral for emergency treatment.
- We may disclose minimum necessary information to a family member, partner, or other identified emergency contact in case you become dangerously ill requiring acute medical attention while on Tri-City premises
- Your information may be released to a probate court investigator engaged in determining the need for an initial conservatorship or continuation of an existing conservatorship.
- We may release information to the County Coroner conducting an investigation to locate a next of kin, or heir.
- Your information might be reviewed by the California State Department of Mental Health, the Los Angeles County Department of Mental Health Services, San Bernardino County Department of Behavioral Health, and the Commission on Accreditation of Rehabilitation Facilities (CARF) who license, certify or contract with Tri-City and any professional licensing board when the records are necessary to investigate any violations by a licensed Tri-City mental health professional.
- We may disclose information to health oversight agencies for activities authorized by law, such as audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.
- We may voluntarily report information to the federal Food and Drug Administration regarding adverse events related to drug products or medical device problems.
- Basic information such as your name, city of residence, age, sex and general condition may be disclosed to a state or federally recognized disaster relief organization for the purpose of responding to disaster welfare inquiries.
- We may give information to law enforcement personnel when an alleged crime has been committed on Tri-City's premises and the perpetrator is a consumer. The disclosure is limited to the factual events surrounding the alleged criminal action.
- We may provide information to law enforcement when a consumer, while on Tri-City premises, is the alleged victim of a crime such as assault or rape. The information is limited to the factual circumstances surrounding the event and does not include any medical information about the victim.
- Information about a consumer's identity may be given to law enforcement for the purpose of filing a missing person's report.
- We may disclose your information to authorized federal officials to conduct national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.
- Information may be given to law enforcement for the purpose of complying with California state law regarding notification of firearms prohibition.
- We may disclose your protected health information to researchers when authorized by law, for example, if their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.
- We may disclose your protected health information to an entity 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 to this disclosure or object to this disclosure, unless we decide that we need to disclose your PHI in order to respond to the emergency circumstances.

Situations requiring written authorization

Tri-City will not use or disclose your protected health information for any other reasons without your written authorization. If you give us written authorization to disclose your protected health information, you can change your mind at any time by letting your service provider know in writing. If you change your mind, we

will stop using or disclosing the information you had authorized us to release. We cannot take back anything already given out. We must keep records of the care that we gave you.

If we have HIV or substance abuse information about you, we cannot disclose that information without a signed, written authorization from you. In order to disclose these types of records for purposes of treatment, payment or health care operations, we will have to have both your signed consent and a special written authorization that complies with the law governing HIV or substance abuse records.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

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

Right to Inspect and Copy

In most cases, you have the right to look at or get a copy of your protected health information. This right does not include the right to look at and copy the following records: psychotherapy notes; information that is placed together for use in a civil, criminal, or administrative action or proceeding; and protected health information, such as drug and alcohol treatment information, that is subject to laws that prohibits access to it.

You must submit a written request to inspect and/or copy your health information to your care coordinator or the person in charge of your treatment. The Director of Clinical Program Services or their designee will approve or deny your request. If approved, we may charge a fee for the costs of copying and sending out your protected health information. We may also ask if a summary, instead of the complete record, may be given to you.

If your request is denied, you may appeal in writing and ask that the Privacy Officer review your request.

Right to Request Restrictions

You have the right to ask us to limit your protected health information that the law lets us use or give about you for treatment, payment, or health care operations. To request limits, you must ask your care coordinator in writing. You must tell us: (1) what protected health information you want to limit; (2) whether you want to limit its use, disclosure or both; and (3) to whom you want the limits to apply.

We don't have to agree with your request. If Tri-City believes that it is in your best interest to permit use and disclosure of your protected health information, your information will not be restricted. If we do agree, we will comply with your request unless the protected health information is needed to provide emergency services. You may change your mind about a previously agreed upon restriction, at any time, in writing.

Right to Request Confidential Communications

You have the right to ask us to tell you about appointments or other matters related to your treatment in a specific way or at a specific location. For example, you can ask that we contact you at a certain phone number or by mail. To request that certain information be kept private, you must ask your service provider in writing. You must tell us how or where you wish to be contacted. We will try to accommodate your requests, as we are able.

Right to Request Amendment

If you believe that the information that we have about you is incorrect or incomplete, you may request changes to your protected health information as long as we maintain this information. To request an amendment, you must complete and submit a "Request for Correction/Amendment of Protected Health Information" form to your care coordinator. We could deny your request to amend a record if the information was not created by us; if it is not part of the health information maintained by us; or if we determine that the record is accurate.

Right to an Accounting of Disclosures

You may request in writing to your care coordinator that we provide you with an accounting of disclosures we have made of your protected health information. This right applies to disclosures made for purposes other than: (1) treatment, payment, or health care operations; (2) disclosures covered by your written authorization; or (3) as required by law as described in this Notice of Privacy Practices. The disclosure must have been made after April 14, 2003, and no more than 6 years prior to the date of request. Tri-City will not charge any fee for providing an accounting for the first request but may charge a fee for any subsequent request.

Right to Obtain a Copy of this 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 it electronically, you are still entitled to a paper copy. You may ask any Tri-City staff member for a copy.

COMPLAINTS

If you believe these privacy rights have been violated, you may file a written complaint with the Tri-City Mental Health Center Privacy Officer, or you may also complain directly to DHHS. You must file your complaint with the Regional Manager U.S. Department of Health and Human Services. **Filing a complaint will not affect your right to continued or future treatment.**

CONTACT INFORMATION

For further information about the complaint process, or for further explanation of this document, contact:

Privacy Officer or Designee

Tri-City Mental Health Center
1717 N. Indian Hill Blvd. Suite B
Claremont, California 91711
(909) 623-6131 Phone
(909) 623-4073 Fax

Region IX, Office for Civil Rights

U.S. Department of Health and Human Services
90 7th Street, Suite 4-100
San Francisco, CA 94103
(415) 437-8310 Phone
(415) 437-8329 Fax

We reserve the right to change this notice. Its effective date is at the top of the first page and at the bottom of the each consecutive page. 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 our current notice in our offices in a prominent location. You may obtain any revised Notice of Privacy Practices by accessing our Web site at www.tricitymhs.org, or by calling the office where you receive services and requesting that a revised copy be sent to you in the mail, or by asking for one at the time of your next appointment.