



## **NOTICE OF PRIVACY PRACTICES**

**Effective Date: October 15, 2014**

**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**

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

**Get an electronic or paper copy of your medical record:** You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy or summary of your health information, usually within 15 days of your request. We may charge a reasonable, cost-based fee.

**Ask us to correct your medical record:** You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say "no" to your request, but we'll tell you why in writing within 60 days. You can also ask us to add to your record a statement of up to 250 words about a statement or item you believe is incomplete or incorrect.

**Request confidential communications:** You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say "yes" to all reasonable requests.

**Ask us to limit what we use or share:** You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.

If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purposes of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

**Get a list of those with whom we've shared information:** You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**Get a copy of this privacy notice:** You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

**Choose someone to act for you:** If you have given someone a healthcare power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

**File a complaint if you feel your rights are violated:** You can complain if you feel we have violated your rights by contacting us using the information below. You can file a complaint by sending a letter to the U.S. Department of Health and Human Services Office, 200 Independence Avenue, S.W., Washington, D.C. 20201, by calling 1-877-696-6775, or by visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). We will not retaliate against you for filing a complaint.

## YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

**In these cases, you have both the right and choice to tell us to:** (1) Share information with your family, close friends, or others involved in your care; (2) Share information in a disaster relief situation. If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

**In these cases, we never share your information unless you give us written permission:** marketing purposes, sale of your information, and most sharing of psychotherapy notes.

**In the case of fundraising:** We may contact you for fundraising efforts, but you can tell us not to contact you again.

## OUR USES AND DISCLOSURES

### We typically use or share your health information in the following ways:

**Treat you:** We can use your health information and share it with other professionals who are treating you. For example, a doctor treating you for a mental health condition may need to know what medications you are currently taking, because the medications may affect what other medications may be prescribed for you.

**Conservatorship proceedings:** We may disclose your health information in the course of conservatorship proceedings.

**Run our organization:** We can use and share your health information to run our practice, improve your care, and contact you when necessary. For example, we use health information about you to manage your treatment and services.

**Bill for your services:** We can use and share your health information to bill and get payment from health plans or other entities. For example, we give information about you to your health insurance plan so it will pay for your services.

**How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

**Help with public health and safety issues:** We can share health information about you for certain situations such as (1) preventing disease; (2) helping with product recalls; (3) reporting adverse reactions to medications; (4) reporting suspected abuse, neglect or domestic violence; (5) preventing or reducing a serious threat to anyone's health or safety.

**Do research:** Under some circumstances, we can use or share your information for health research.

**Comply with the law:** We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

**Respond to organ and tissue donation requests:** We can share health information about you with organ procurement organizations.

**Work with a medical examiner or coroner:** We may be required by law to report the death of a consumer to a coroner or medical examiner.

**Address law enforcement, Department of Justice, and other government requests:** Under some circumstances, we can use or share health information about you: (1) for law enforcement purposes or with a law enforcement official; (2) to the California Department of Justice for movement and identification purposes about certain criminal patients, or regarding persons who may not purchase, possess or control a firearm or deadly weapon; (3) with health oversight agencies for activities authorized by law.

**Protection of elective constitutional officers:** We may disclose health information about you to the government law enforcement agencies as needed for the protection of federal and state elective constitutional officers and their families.

**Respond to lawsuits and legal actions:** We can share health information about you in response to a court or administrative order, or, under some circumstances, in response to a subpoena.

**Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release mental health information about you to the correctional institution or law enforcement official. Disclosure may be made when required, as necessary to the administration of justice.

**Advocacy groups:** We may release health information to the statewide protection and advocacy organization if it has a consumer or consumer representative's authorization, for the purpose of certain investigations. We may release health information to the County Patient's Rights Office if it has a consumer or consumer representative's authorization, or for investigations resulting from reports required by law to be submitted to the Director of Mental Health.

**Abuse and/or Public Safety:** We may disclose health information under certain circumstances related to abuse of a child, elder, or dependent adult.

**Senate and Assembly Rules Committees:** We may disclose your mental health information to the Senate or Assembly Rules Committee for purpose of legislative investigation.

### **SPECIAL CATEGORIES OF INFORMATION**

In many circumstances, we are required to provide more restrictive treatment to the following types of information: psychotherapy notes, genetic testing information, information on persons with developmental disabilities, information concerning HIV/AIDS testing, and alcohol and drug abuse treatment (see sections below regarding psychotherapy notes and substance abuse treatment).

#### **Psychotherapy Notes**

Psychotherapy notes means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. Psychotherapy notes exclude medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

We may use or disclose your psychotherapy notes, as required by law, or:

- (1) for use by the originator of the notes;
- (2) in supervised mental health training programs for students, trainees, or practitioners;
- (3) by us, to defend a legal action or other proceeding brought by the individual;
- (4) to prevent or lessen a serious and imminent threat of the health or safety of a person or the public;
- (5) for the health oversight of the originator of the psychotherapy notes;
- (6) for the use or disclosure to a coroner or medical examiner to report a patient's death; and
- (7) for use or disclosure to the Secretary of Department of Health and Human Services in the course of an investigation.

**Confidentiality of Alcohol and Drug Abuse Consumer Records:**

The confidentiality of alcohol and drug abuse consumer records maintained by us is protected by Federal law and regulations. Generally, we may not say to a person outside the program that a consumer attends the program, or disclose any information identifying a consumer as an alcohol or drug abuser, unless: (1) the consumer consents in writing; (2) the disclosure is allowed by court order; or (3) the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the Federal law and regulations is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

Federal law and regulations do not protect any information about a crime committed by a consumer either at the program or against any person who works for the program or about any threat to commit such a crime.

Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

(See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR Part 2 for Federal regulations.)

**OUR RESPONSIBILITIES**

We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

**CHANGES TO THE TERMS OF THIS NOTICE:**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

**THIS NOTICE OF PRIVACY PRACTICES APPLIES TO THE FOLLOWING ORGANIZATION:**

Tri-City Mental Health Services  
Attention – Privacy Officer  
1717 N. Indian Hill Blvd. Suite B  
Claremont, CA 91711  
Phone: (909) 623-6131  
Fax: (909) 623-4073  
[ngill@tricitymhs.org](mailto:ngill@tricitymhs.org)