

# MADERA COUNTY BEHAVIORAL HEALTH SERVICES

Effective Date: January 1, 2007

## NOTICE OF PRIVACY PRACTICES

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. If you have any questions about this notice, please contact your provider or call the Madera County Mental Health Plan at (559) 675-7850.

### Who Will Follow This Notice

This notice describes the Madera County Behavioral Health Services' privacy practices and those of any healthcare professional authorized to enter information into your medical chart at this facility, any student, intern, volunteer, or unlicensed person who might help you while you are here, and all employees, staff, and other personnel who work for this agency. These people may share medical information about you with each other for purposes of treatment, payment or operations as described in this notice.

### Our Responsibility

We understand that medical information about you is personal and we are committed to protecting medical information about you. We create a record of the care and services you receive at this agency so that we can provide you with quality care and comply with certain legal requirements. This notice applies to all of the records of your care that are generated by this agency, its providers and staff, and those who provide services to you at this agency. It also applies to any records we may have received from your other providers. Other providers may have different policies or notices regarding their use and disclosure of medical information created at their offices or facilities.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information. We are required by law to make sure that the medical information that identifies you is kept private, to give you notice of our legal duties and privacy practices with respect to this information about you, and to follow the terms of the notice currently in effect.

### How We May Use and Disclose Medical Information About You

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- For Treatment. We may use medical information about you to provide you with medical treatment or services. We may disclose private information about your mental health care to other behavioral health care professionals at this agency who are or may be involved in your care (such as psychiatrists, psychologists, licensed clinical social workers, marriage and family therapists, psychiatric technicians, and registered nurses), to other behavioral health providers outside this agency, to medical doctors who are responsible for your medical care, nurses, technicians, medical students, or to other behavioral health care staff who are involved in taking care of you at this agency or who work with this agency to provide care for its clients. For example, a licensed clinician may ask a staff member to call the office of a psychiatrist to arrange for a medication assessment appointment for you. Your clinician might then discuss with the psychiatrist concerns he or she has about you and why medications might be useful. Different staff may be involved in making a copy of an order for laboratory work to be done or to make a referral to an outside service provider for treatment. When you leave our care we may also disclose information to your new provider. Information may also be released in the course of conservatorship proceedings.

If you are receiving services for substance abuse, no information regarding those services will be shared about you with other healthcare providers outside the treatment program without your permission unless you have a medical emergency or as otherwise required or permitted by law.

- For Payment. We may use and disclose medical information about you so that the treatment and services you receive here may be billed to and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about treatment or counseling you received here so that they will pay us or reimburse you for the services. We may also tell them about treatment or services we plan to provide in order to obtain prior approval or to determine whether your plan will cover the treatment. If you are receiving services from our substance abuse treatment program, your signed authorization will be obtained before we contact your insurance company or other third party for reimbursement.
- For Health Care Operations. We may use and disclose medical information about you for our own operations. These uses and disclosures are necessary to run the agency and to make sure that all of our clients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of the staff in caring for you. We may also combine medical information about many clients to help decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to behavioral health care professionals, doctors, nurses, technicians, other behavioral healthcare

staff, students, interns and other agency staff for review or learning purposes. We may combine information we have with information from other agencies to compare how we are doing and where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so that others may use it to study health care and health care delivery without learning who the specific patients are.

- Appointment Reminders. We may use and disclose information to contact you as a reminder that you have an appointment for treatment here.
- Treatment Alternatives. We may use and disclose information about you to tell you about or recommend possible treatment options or alternatives that might be of interest to you.
- Health-Related Benefits and Services. We may use and disclose medical information about you to tell you about health-related benefits or services that might be of interest to you.
- Individuals Involved in Your Care or Payment for Your Care. With your permission we may release limited medical information about you to a friend or family member who is involved in your medical care or who helps pay for your care. For example, if you ask a family member to pick up a medication for you at the clinic or pharmacy we may tell that person what the medication is and when it will be ready to pick up.
- As Required by Law. We will disclose medical information about you when required to do so by federal, state, or local law. For example, if we reasonably suspect child abuse, we are required by law to report it. Or, information may need to be disclosed to the Department of Health and Human Services to make sure that your rights have not been violated.
- To Avert a Serious Threat to Health or Safety. We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety, or to the health and safety of the public or another person. Any disclosure however, would only be to someone who we believe would be able to prevent the threat or harm from happening.

### **Special Situations**

- Public Health Risks. We may disclose medical information about you for public health activities. These activities generally include the following:
  - to prevent or control disease, injury or disability;
  - to report the abuse or neglect of children, elders and dependent adults;
  - to report reactions to medications or problems with products;
  - to notify people of recalls of products they may be using;
  - to notify the appropriate government authority if we believe a patient has been the victim of abuse or neglect.
- Health Oversight Activities. We may disclose medical 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 dispute, we may disclose medical information about you in response to a court or administrative order.
- Law Enforcement. We may release medical information if asked to do so by a law enforcement official:
  - in response to a court order, subpoena, warrant, summons or similar process;
  - to report criminal conduct at our facility, or threats of such conduct against our staff or facility.
- Inmates. If you are an inmate or ward in a correctional institution or under the custody of a law enforcement official, we may release information about you to the correctional institution or law enforcement official if necessary to provide you with healthcare, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

### **Your Rights Regarding Medical Information About You**

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

- Right to Inspect and Copy. You have the right to inspect and copy medical information that may be used to make decisions about your care.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Madera County Behavioral Health Services Medical Records Office. If you request a copy of the information we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

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

request. We will comply with the outcome of the review. If as a result of the review you are still denied access you may arrange to have another healthcare professional review your record on your behalf.

- **Right to Amend.** If you feel that medical 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 us.

To request an amendment, your request must be made in writing and submitted to the Madera County Behavioral Health Services Medical Records Office. In addition, you must provide 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 the person or entity that created the information is unavailable to make the amendment;
- is not part of the medical information kept by or for the facility;
- is not part of the information which you would be permitted to inspect or copy; or
- is accurate and complete.

- **Right to Authorize Us to Use or Disclose Your Information.** You have the right to authorize us to use or disclose your private health information to other healthcare providers and/or individuals who are working together to coordinate and provide services to you. This may include Community Based Organizations, school officials, probation, social services, and others. You may also authorize us to disclose protected health information to your attorney, a consumer rights advocate, your health care agent, to a family member, or to anyone else you designate. We have the right to monitor and to approve such requests as allowed and permitted under the law. We must comply with your request that your records be released to your attorney or to a consumer rights advocate who is acting upon your behalf.

- **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 medical information about you other than for our own uses for treatment, payment and health care operations, as those functions are described above or as a result of your request that we disclose information to a third party.

To request this list of accounting of disclosures, you must submit your request in writing to the Behavioral Health Services Medical Records Office. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12 month period will be free. For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at any time before any costs are incurred.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. If we agree to your request to limit how we use your information for treatment, payment or healthcare operations we will comply with your request unless the information is needed to provide you with emergency treatment.

To request restrictions, you must make your request in writing to your provider. In your request, you must tell us what information you want to limit, whether you want to limit our use, disclosure or both, and to whom you want the limits to apply.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters 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 communications, you must make your request in writing to your provider. We will not ask you for 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 the 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 this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice from your provider or from the Madera County Behavioral Health Services Mental Health Plan. That office is generally open Monday through Friday from 8:00 a.m. to 5:00 p.m. (except holidays).

### **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 medical 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 in our facilities. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register for new services we will offer you a copy of the current notice in effect.

### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint. You may file a complaint with Madera County

Behavioral Health Services by contacting:

Sonja Bentley, Compliance/Privacy Officer  
Madera County Behavioral Health Services  
P. O. Box 1288, Madera, CA 93639-1288.  
(559) 675-7851

OR

You may file a complaint with the Department of Health and Human Services by contacting:

Office of Civil Rights  
US Department of Health and Human Services  
50 United Nations Plaza – Room 322  
San Francisco, CA 94102  
(415) 437-8310; (415) 437-8311 (TDD)

**All complaints must be submitted in writing.** You will not be penalized for filing a complaint.

**Other Uses of Medical Information**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

**ACKNOWLEDGEMENT OF RECEIPT**  
**OF**  
**BHS NOTICE OF PRIVACY PRACTICES**

- I hereby acknowledge receipt of the BHS Notice of Privacy Practices.
- I have been offered a copy of the Notice of Privacy Practices but do not wish to receive it at this time.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(if not signed by client)