



## BEHAVIORAL HEALTH AND RECOVERY SERVICES (BHRS)

(Effective Date: April 14, 2003)  
**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, you may contact either the person in charge of your treatment, or contact:

Merced County Behavioral Health and Recovery Services  
ATTN: HIPPA Compliance Officer  
480 E 13<sup>th</sup> Street  
Merced, CA 95340 (866) 854-3954

Your medical information is personal, and we at Merced County are committed to protecting it. Your medical information is also very important to our ability to provide you with quality care, and to comply with certain laws. This Notice describes the privacy practices and we, all of our employees and other personnel, are required to follow for your medical information.

**We are legally Required to:** Keep your medical information, also known as “protected health information” or “PHI” private, give you this Notice of our legal duties and privacy practices with respect to your PHI, and to comply with this Notice.

### **CHANGES TO THIS NOTICE**

We reserve the right to revise or change the terms of this Notice, and to apply those changes to your PHI that we already have about you as well as any information we receive in the future. You have the right to be notified of any changes to this Notice and to receive a copy of those changes in writing. To obtain a copy of this Notice once it has been changed, you can either ask your treatment provider or the contact person named above in this Notice at the address and phone number stated. A copy of the most current notice will be posted at County Counsel.

### **HOW WE MAY USE AND DISCLOSE YOUR PHI**

**NOTE:** All alcohol and drug services privacy practices will be compliant with Federal Regulations (42 C.F.R. PART 2) regarding confidentiality of patient records. For example, disclosure of information for treatment, payment, and health care operations is forbidden unless a valid consent or court order is in place.

**For Treatment:** We create a record of the treatment and services you receive at our facilities. We need this record to provide you with quality care and to comply with certain legal requirements.

Your treatment team may disclose your PHI to other doctors, therapists, nurses, students in training, or other personnel who are involved in taking care of you. For example, a doctor treating you for depression may need to know if you have problems with your heart because some medications lower your blood pressure. Your treatment team may share your PHI in order to coordinate the different things you need, such as prescriptions, regular blood pressure checks, lab work, an EKG, etc.

We also may disclose PHI to people outside this agency who may be involved in your treatment when you are not at the clinic, such as your case manager, or other third parties for coordination and management of your health care.

We may use and disclose your PHI to contact you with a reminder that you have an appointment for treatment. You have the right to tell us how you want to receive appointment reminders. A form may be provided to you for this request.

We may use and disclose your PHI to recommend possible treatment options or alternatives that may be of interest to you. Additionally we may use and disclose PHI to tell you about health-related benefits or services that may be of interest to you (for example, Medi-Cal eligibility or Social Security benefits). You have the right to refuse this information.

**For Payment:** We use and disclose your PHI in order to get paid for the treatment and services we have provided you. For example, insurance companies require that our bills include descriptions of the treatment and services we have provided you. We will only disclose the minimum necessary information to accomplish this purpose and will not divulge the entire contents of your file unless required.

**For Health Care Operations:** We may use and disclose your PHI to operate our facilities, and to meet certain state and federal regulations. For example, we may use your PHI to review our treatment and services and to evaluate the performance of our staff in caring for you.

## **USES AND DISCLOSURES OF PHI THAT GIVE YOU THE OPPORTUNITY TO OBJECT**

Unless you object, we may disclose your PHI to a friend or family member, your parent or any other person designated by you who is involved in your health care or payment for your health care. Your objection must be in writing. We will not honor the objection in circumstances where doing so would expose you or someone else to danger, as determined by your treatment team. Additionally, in the event of a disaster we may disclose your PHI to a disaster relief agency such as the Red Cross, so that your family can be notified about your condition, status and location.

## **OTHER USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION**

**Research:** We may disclose your PHI to medical researchers who request it for approved medical research projects; however, with very limited exceptions, such disclosures must be cleared through a special approval process before any PHI is disclosed to the researchers, who will be required to safeguard your PHI.

**Business Associate Agreement:** To a business associate of ours as safeguarded by a business associate agreement safeguarding PHI.

**As Required By Law:** We will use or disclose your PHI when required to do so by federal or state law.

**As de-identified PHI:** We can disclose your PHI so long as it contains no information that can be used to identify you in any way as the medical recipient, patient, or consumer.

**To Avert a Threat to Health or Safety:** We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

**Organized Health Care:** To participants of an organized health care arrangement.

**Organ Donor:** To organ procurement organizations.

**Military and Vets:** For Military and Veterans activities.

**Whistleblower:** Disclosures made by whistleblowers or our employees to the U. S. Dept. of Health and Human Services on their belief of medical privacy violations.

**Worker's Compensation:** We may disclose your PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**An Employer if a Covered Health Care Provider of the Employee.**

**Public Health Activities:** We may disclose your PHI for public health activities, such as those aimed at preventing or controlling disease, preventing injury or disability, reporting the abuse or neglect of children, elders and dependent adults.

**Health Oversight Activities:** We may disclose your PHI to a health oversight agency for activities authorized by law. These oversight activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws. Both the federal government and state departments have oversight authority over Merced County regarding health services.

**Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

**Reporting Abuse, Neglect or Domestic Violence:** We may disclose PHI to a government authority, when we believe the individual to be a victim of abuse, neglect, or domestic violence.

**Law Enforcement:** We may disclose your PHI for law enforcement purposes in the following circumstances:

- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of a criminal conduct;
- About criminal conduct at any of our facilities;

- In emergency circumstances to report a crime; the location of the crime, the victim(s); or the identity, description or location of the person who committed the crime; or
- To a coroner or medical examiner for duties authorized by law.

**Specialized Governmental Functions:** In the course of National Security and Intelligence activities, we may disclose your PHI to authorized federal officials for intelligence and other national security activities authorized by law. For example, we may disclose your PHI to authorized federal officials so they may provide protection to the President of the United States or foreign heads of state, or to conduct special investigations authorized by law.

We may also disclose your PHI to officials in the U. S. Department of State who make decisions regarding your suitability for a security clearance, service abroad, or appropriate medical suitability determinations for purposes of Insurance Underwriting and Related purposes.

If you are an inmate of a correctional institution, you lose the rights outlined in this Notice. Furthermore, if you are an inmate or are in the lawful custody of a law enforcement official, we may disclose your PHI to a law enforcement official.

**Public Benefits:** We may also use or disclose PHI as part of Government programs providing public benefits.

## **OTHER USES OF YOUR PROTECTED HEALTH CARE INFORMATION**

Other uses and disclosures of your PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose your PHI, you may revoke that authorization, in writing, at any time. For example, you may be asked for your authorization to participate in the clinical trial of a new medication, which may involve comparing the health and recovery of all patients/consumers who received one medication to those who received another, for the same condition. If you revoke your authorization, we will no longer use or disclose your PHI for the reasons covered by the authorization, except that, we are unable to take back any disclosures we have already made when the authorization was in effect, and we are required to retain our records of the care that we provided to you.

## **MINIMUM NECESSARY DISCLOSURE**

Except for treatment purposes, as required by law or when required by the Secretary of the U. S. Dept. of Health and Human Services to investigate compliance with uses or disclosure of PHI we will use and disclose only the minimum information necessary to accomplish that particular purpose for which the use or disclosure is made.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

**Right to Inspect and Copy:** With certain exceptions, you have the right to inspect and copy your PHI from our records. To inspect and copy your PHI you must submit a request in writing to your case manager or the person in charge of your treatment. If you request a copy of your PHI, we may charge a fee for the direct costs of copying your requested PHI. 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.

We may deny your request to inspect and copy all or part of your PHI. If you are denied the right to inspect and copy your PHI in our records, you may request that the County Privacy Officer review the decision. If you disagree with the County Privacy Officer's decision, you may appeal this decision to the Federal Government. A form will be provided to you for this request.

**Right to Request an Amendment:** If you feel that your PHI in our records is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as we keep the information. To request an amendment, you must submit a request in writing to your case manager or the person in charge of your treatment. In addition, you must tell us the reason for the amendment. Your request will become part of your record. A form will be provided to you for this purpose.

We may deny your request if you ask us to amend information that was not created by us or is deemed accurate and complete by your treatment team.

**Right to an Accounting of Disclosures:** With the exception of disclosures that were made for our own uses for purposes of treatment, payment and health care operations, you have the right to request a list of the disclosures we have made of your PHI. To request this list, you must submit your request in writing to your case manager or the person in charge of your treatment. A form will be provided to you for this purpose.

Your request must state a time period, which may not be longer than six (6) years and may not include dates before April 14, 2003. Your request should indicate how you want to receive this list. The first list you request within each 12-month calendar 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 Revoke Authorization for Uses and Disclosures:** Except as otherwise permitted by law, we may not use or disclose your PHI without your legally valid authorization. We may not condition treatment, payment, enrollment in a health plan, or eligibility for benefits on the condition of you signing an Authorization Form. If you sign an Authorization Form, you may revoke it in writing at any time.

**Right to Request Restrictions:** You have the right to request that we follow additional, special restrictions when using or disclosing your PHI. 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 with emergency treatment as determined by your doctor. To request restrictions, you must make your request in writing to your case manager or the person in charge of your treatment. In your request, you must tell us what information you want to limit, the type of limitation, and to whom you want the limitation to apply, for example, disclosures to your spouse. A form will be provided to you or this purpose.

**Right to Request Confidential Communications:** You have the right to request that we communicate with 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 only contact you at work or by mail. To request confidential communications, you must make your request in writing to your case manager or the person in charge of your treatment. A form will be provided to you for this purpose. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

**Right to a Paper Copy of This Notice:** You may ask us for a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are entitled to receive a paper copy of the Notice. To obtain a paper copy of this Notice, ask any staff person.

## **COMPLAINTS**

If you believe that a member of our workforce has inappropriately disclosed or used your personal health information we will investigate your claim. You also have the right to file your written complaint with the Secretary of the U. S. Department of Health and Human Services within 180 days of your discovery of the incident causing your complaint.

If you file a complaint or testify, assist or participate in an investigation, a review, a proceeding or a hearing; or if you oppose any act or practice that you believe is unlawful under privacy rules regarding medical information, members of our workforce cannot intimidate, threaten, coerce, discriminate or take any other retaliatory actions against you. If you believe that any intimidating or retaliatory actions have been taken against you, please let our County Privacy Officer, named directly below, know immediately.

We are required to mitigate, to the extent practicable, any harmful effects to you resulting from the use or disclosure of protected health information that is in violation of applicable privacy rules and regulations.

To file a complaint with the County, contact:

Merced County Counsel  
Attn: Privacy Officer  
2222 M Street, Room 309  
Merced, CA 95340  
(209) 385-7564

To file a complaint with the Federal Government, contact:

Region IX, Office for Civil Rights  
U.S. Department of Health and Human Services  
50 United Nations Plaza, Room 322  
San Francisco, CA 94102 / (415) 437-8310