

Effective Date: 9/23/2013

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH 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: Michael Miller, LMFT (909-596-5921, ext. 3500) and/or:

David & Margaret Youth and Family Services
Attn: Michael Miller
1350 Third Street
La Verne, CA 91750

WHO WILL FOLLOW THIS NOTICE:

This notice describes our practices and that of:

- Any health care professional authorized to enter information into your chart. This includes your therapist, case manager/mental health rehabilitative specialist, psychiatrist, psychologist, and administrative personnel.
- All departments and units of the Agency.
- Any member of a volunteer group or trainees that we allow and you consent to help you while you receive services from David & Margaret Youth and Family Services (Hereafter referred to as D&M).
- All employees, staff and other D&M personnel.

All those mentioned above must follow the terms of this notice. In addition, they may share medical information with each other for the purpose of treatment, payment or administrative operation purposes described in this notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION:

We understand that medical information about you and your health is personal. We are committed to protecting health information (hereafter referenced as PHI—Protected Health Information) about you. We create a record of the care and services you receive at D&M. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by David & Margaret, whether made by D&M personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your PHI created in the doctor's office.

This notice will tell you about the ways in which we may use and disclose PHI about you. We also describe your rights and certain obligations we have regarding the use and disclosure of PHI.

We are required by law to:

Renew Hope. Inspire Change.

- Make sure that PHI that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to PHI about you; and
- Follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:

The following categories describe different ways that we use and disclose PHI. 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 PHI about you to provide you with medical treatment or services. We may disclose PHI about you to doctors, nurses, technicians, therapists, or other personnel who are involved in taking care of you at the Agency. We also may disclose PHI about you to people outside the Agency who may be involved in your medical care after you leave the Agency, such as family members, clergy or others we use to provide services that are part of your care, however, in some cases this requires you to sign a release of information request.

- **For Payment:**

We may use and disclose PHI about you so that the treatment and services you receive at the Agency may be billed to and payment may be collected from an outside party. For example, we may need to give your health plan information about medical care you received so your health plan will pay us or reimburse us for the care. We may also tell your health plan about treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

- **For Health Care Operations:**

We may use and disclose PHI about you for Agency operations. These uses and disclosures are necessary to run the Agency and make sure that all of our clients receive quality care. For example, we may use PHI to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also disclose information to doctors, nurses, technicians, therapists and other Agency personnel to review and for learning purposes. We may combine the PHI we have with PHI from other Agencies to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of PHI so others may use it to study health care and health care delivery without learning who the specific persons are.

- **To Keep You Informed:**

We may call or write to let you know about your appointments. We may use and disclose PHI to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

- **Individuals or Entities Involved in Your Care or Payment for Your Care:**

We may release PHI about you to a friend or family member who is involved in your medical care. We may also provide PHI to someone who helps pay for your care. In addition, we may disclose PHI about you to a unit assisting in a disaster relief effort so that your family can be notified about your condition, status and location. Under the new HIPAA Omnibus Rule, D&M may make relevant disclosures to a deceased's family and friends under the same circumstances such disclosures were permitted when you/the client was alive and when these individuals were involved in providing care or payment for care and the Agency is unaware of any expressed preferences to the contrary. There is no HIPAA Privacy protection 50 years after the date of death.

- **Research:**

Under certain circumstances, we may use and disclose PHI about you for research purposes. For example, a research project may involve comparing the health and recovery of all persons who received one medication to those who received another for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with your need for privacy of your medical information. Before we use or disclose PHI for research, the project will have been approved through this research approval process, but we may, however, disclose PHI about you to people preparing to conduct a research project, for example, to help them look for people with specific medical needs, so long as the PHI they review does not leave the Agency. We will always ask for your specific permission if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care.

Under HIPAA there are two types of defined research needing an authorization: Unconditioned and Conditioned. Conditioned Research is typically a clinical trial whereby you have to agree to the disclosure of information to receive the treatment. If you don't authorize us to release the requested information, we will be unable to provide you the specified treatment. Unconditioned Research is something that you agree to allow but is not required to receive a certain treatment and has no bearing on the services or treatment you will receive. In either of these two research scenarios, the agency will inform you and you can decide to authorize or not authorize the research.

- **As Required by Law:**

We will disclose PHI about you when required to do so by federal, state or local law.

- **To Prevent a Serious Threat to Health or Safety:**

We may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

SPECIAL SITUATIONS:

- **Public Health Risks:**

We may disclose PHI about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury, or disability;
- To report births and deaths;
- To report the abuse or neglect of children, elders and dependent adults;
- To report reactions to medications or problems with products;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a resident has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

- **Health Oversight Activities:**

We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include 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.

- **Workers' Compensation:**

We may disclose your PHI for worker's compensation or programs that may give you benefits for work-related injuries or illnesses.

- **Lawsuits and Disputes:**

If you are involved in a lawsuit or a dispute we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested.

- **Law Enforcement:**

We may release PHI if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- 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 criminal conduct;
- About criminal conduct at the Agency; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

- **Coroners and Medical Examiners:**

We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine cause of death.

- **Multidisciplinary Teams:**

We may disclose PHI to members of the multidisciplinary team relevant to the prevention, identification, management or treatment of an abused and/or neglected child and the child's parents, or elder abuse and/or neglect.

- **National Security and Intelligence Activities:**

We may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU:

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

- **Right to Inspect and/or obtain a Hard or Electronic Copy of Records:**

You have the right to inspect and copy PHI that may be used to make decisions about your care. However, the original must remain on-site at the agency. Usually, this includes medical and billing records, but may not include some mental health information. We may also ask if a summary, instead of the complete record, may be given to you.

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 Agency 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.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to Michael Miller, LMFT (address provided above).

If you request a hard and/or electronic copy of the information, we will charge a fee for the costs of staff time, copying, mailing or other supplies associated with your request. Typically, you will be able to access your records and obtain any copies within 30 days from the date the request is received. In unusual circumstances, this timeframe may be extended to 60 days.

If you request PHI be emailed to you, we will email it using a secured and encrypted method unless you specifically request in writing that it not be secured. In general, the agency would prefer to provide clients with a CD rom of records as this is more secure than email in protecting you and your information. The agency cannot guarantee 100% the security of information sent by email.

- **Right to Amend:**

If you feel that PHI 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 the Agency. While we accept requests for changes, we are not required to agree to the changes.

To request an amendment, your request must be made in writing and submitted to Michael Miller, LMFT (address provided above). 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. We may also 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 no longer available to make the amendment;
- Is not part of the medical information kept by or for the Agency;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

- **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 PHI about you other than our own uses for treatment, payment and health care operations, as those functions are described above.

To request this list or accounting of disclosures, you must submit your request in writing to Michael Miller, LMFT (address provided above). Your request must state a time period which may not be longer than six years. Your request should indicate in

what form you want the list (for example, on paper, electronically). The first list you request within a 12 month period will be free. For additional lists within a 12-month period, 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 Request Restrictions:**

You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

In most cases, 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 emergency treatment. At your request, the Agency will not disclose services or care provided to you when you have paid for the total costs out of pocket, unless for emergency treatment purposes or disclosure is required by law.

To request restrictions, you must make your request in writing to Michael Miller, LMFT (address provided above). In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

- **Right to Ask Us Not to Use Your PHI:**

If your health care treatment or item has been paid in full out of pocket, you have the right to request that your PHI not be disclosed to a health plan for the purposes of carrying out payment or health care operations. There is an exception if the disclosure to the health plan is required by law.

- **Situations where a specific authorization from you would be required by the agency:**

If the Agency utilizes psychotherapy notes, most uses and disclosure of these require a release. This is different than a progress note which is in your chart. For understanding the difference you may reference The Federal Code of Regulations, Title 45 Public Welfare ([CFR 45, Part 164.524](#)). If the Agency was going to use and disclose your PHI for marketing purposes and/or making a communication to you about a third party product or service that encourages you to use this communicated product or service and whereby the agency receives a direct or indirect payment in exchange for making this communication, a release would be required. In addition, disclosures that can be constituted as selling PHI, including if research is done and this results in a profit margin for the agency, need a specific authorization from you. The agency also needs a specific authorization from you for any other uses and disclosures not described in this privacy notice.

- **Right to Opt out of Fundraising Communications:**

As a practice, the agency does not solicit fundraising from clients. However, inadvertently it may be possible that a client may receive a mailing from the agency regarding a fundraising activity. If you want to ensure that you do not receive any fundraising communication, you need to inform a D&M staff member to complete the appropriate Opt out of Fundraising Communication Form. You may opt out at any time. Opting out will not impact any type of service you may or will receive from the agency.

- **Right to be Notified of a Breach:**

In the case that the agency becomes aware of a breach whereby your PHI appears to have been inappropriately used, disclosed, and/or accessed, the agency will attempt to immediately notify you via the telephone and a certified letter.

- **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. To request confidential communications, you must make your request in writing to:

David & Margaret Youth and Family Services
Attn: Jackie Gonzales
1350 Third Street, La Verne, CA 91750

We will not ask you 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 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 this notice electronically, you are still entitled to a paper copy of this notice.

To obtain a paper copy of this notice, please ask a D&M staff person for a copy.

- **Right to Choose Someone to Act for You:**

If you have given someone medical 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.

CHANGES TO THIS NOTICE:

We reserve the right to change this notice. We reserve the right to make the revised or change 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 the Agency. The notice will contain on the first page, in the upper right-hand corner, the effective date. In addition, each time you are placed at the Agency 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 with the Agency, respective county compliance officer, the state and/or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. Filing a complaint will not affect your right to further treatment or future treatment.

<p>To file a complaint with the agency contact:</p> <p>Michael Miller, LMFT Chief Program Officer Phone: 909-821-4010 Fax: 909-596-7583 Email: MillerM@DavidandMargaret.org Address provided above</p>	<p>To file a complaint with the state:</p> <p>Privacy Officer Department of Health Care Services PO Box 997413, MS0010 Sacramento, CA 95899 Phone: 916-445-4646, 877-735-2929 (TTY/TDD) Fax: 916-440-7680</p>
<p>To file a complaint with the Federal Government:</p> <p>Secretary of the U.S. Department of Health and Human Services, Office of Civil Rights Attn: Regional Manager 90 7th Street, Suite 4-100 San Francisco, CA 94103 Phone: 800-368-1019, 800-537-7697 (TTY/TDD) Fax 415-437-8329</p>	

OTHER USES OF PHI:

Other uses and disclosures of PHI 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 PHI about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose PHI 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 by law to retain our records of the care that we provided to you.

September 2013