

# NOTICE OF PRIVACY PRACTICES



**This Notice took effect on April 14, 2003. Revised March 2017.**

**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.**

Dear Mental Health Association Client:

Your medical and behavioral health treatment information and records are personal and private. The Mental Health Association (MHA) is committed to protecting your health information. The medical and behavioral health information we create and maintain is known as Protected Health Information, or PHI. We are required by Federal and State laws to protect the privacy of your medical and behavioral health information and obtain a signed authorization by you for certain disclosures.

We are required by law to provide you with this Notice of our legal duties and privacy practices with respect to your medical and behavioral health information. This Notice explains how we may legally use and disclose your protected health information and your rights regarding the privacy of your protected health information. We are required to follow all the terms of this notice. We reserve the right to change the provisions of this Notice and make it effective for all protected health information we maintain.

If you have any questions and/or would like additional information, you may contact the MHA Privacy Officer at (714) 547-7559.

Thank you for placing your care, and your trust, in MHA.

### **How We May Use and Disclose Your Protected Health Information**

Your confidentiality is important to us. Our physicians, clinicians and employees are required to maintain confidentiality of our clients/patients PHI, and we have policies and procedures and other safeguards to help protect your PHI from improper use and disclosure. We briefly describe these uses and disclosures of your protected health information below and provide you with 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 your protected health information will fall within one of the categories. We will separately describe the ways we use and disclose HIV/AIDS and substance and/or alcohol abuse information later in this Notice.

#### **1. Treatment**

We may use and disclose your protected health information to provide treatment, case management, care coordination or to direct or recommend health care and any related services such as government services or housing. We may also disclose your health information to others, such as community resources and providers who may be treating you or involved in your care.

#### **2. Payment**

We may use or disclose your protected health information to determine payment, or to permit us to bill and collect payment for the treatment and health-related services that we provide to you. For example, we may include information with a bill to Medi-Cal or Medicare that identifies you, your diagnosis, and services provided in order to receive payment.

#### **3. Health Care Operations**

We may use and disclose your protected health information to support the business activities of MHA. For example, we may use your protected health information to review and evaluate our treatment and services or to improve the care and services we offer. In addition, we may disclose your health information to other staff or business associates who perform billing, consulting, behavioral health and health services, auditing, licensing, accreditation, investigatory, and other services for the MHA.

#### **4. Required by Law**

We may use and disclose your protected health information when required by Federal, State, or local law. For example, the secretary of the Department of Health and Human Services (DHHS) may review our compliance efforts which may include seeing your PHI.

#### **5. Business Associates**

Some services are provided through the use of contracted entities called “business associates.” We may contract with business associates to perform certain functions or activities on our behalf such as payment, health care operations and/or treatment services. These business associates must agree to safeguard your PHI. We release the minimum amount of PHI necessary so that the business associate can perform the identified services. We require business associates to appropriately safeguard your information. Examples of business associates include subcontractors that create, receive, maintain or transmit PHI for or on behalf of MHA, billing companies, E-Prescribing Gateways, Health Information Exchanges, behavioral health service providers and Electronic and Personal Health Record Vendors.

#### **6. Health Oversight Activities**

We may disclose your protected health information to Federal or State agencies that may conduct audits, investigations, oversight activities, and inspect government health benefit programs.

#### **7. Public Health Activities**

We may use and disclose your protected health information to public health authorities or government agencies for reporting certain diseases, injuries, conditions, illnesses, and events as required by law. For example, we may disclose your medical information to a local government agency in order to assist the agency during the investigation of an outbreak of disease in the area or to comply with state laws that govern workplace safety.

#### **8. Victims of Abuse, Neglect, or Domestic Violence**

We may disclose your protected health information to other government agencies to report suspected abuse, neglect, or domestic violence. We will only disclose this information if you agree, if the law requires us to, or when it is necessary to protect someone from serious harm.

#### **9. Lawsuits and Legal Actions**

We may use and disclose your protected health information in response to a court or administrative order, certain subpoenas, or other legal process. We may also use and disclose PHI to the extent permitted by law without your authorization such as defending against a lawsuit or arbitration.

#### **10. Law Enforcement**

We may disclose your protected health information to help locate or identify a missing person, suspect, or fugitive, when there is suspicion that death has occurred as a result of criminal conduct, to report a crime that happens at our clinics or offices, or to report certain types of wounds, injuries, or deaths that may be the result of a crime to authorized officials such as the police, sheriff, or FBI for law enforcement purposes and in response to legal processes, such as a search warrant or court order.

#### **11. Coroners, Medical Examiners, and Funeral Directors**

We may disclose your protected health information to funeral directors, coroners, and medical examiners to permit identification of a body, determine what caused the death, or for other official duties.

#### **12. Organ and Tissue Donation**

We may use or disclose your protected health information to organizations that take care of organ, eye, or tissue donations and transplants.

#### **13. Research**

We may use and disclose your protected health information for research if approved by an Institutional Review Board (IRB). An IRB is a committee responsible, under federal law, for reviewing and approving human subjects' research to protect the safety of the participants and confidentiality of PHI.

#### **14. To Stop a Serious Threat to Health or Safety**

We may use or disclose your protected health information if we believe it is necessary to avoid or lessen a serious threat to your health or safety or to someone else's.

## **15. Inmates**

Inmates are not required to receive a notice of privacy practices. If you are an inmate of a correctional institution or in custody of a law enforcement official, we may disclose your protected health information to the correctional institution or the law enforcement official for certain purposes such as to protect your health and safety or someone else's.

## **16. Military Activity and National Security**

We may use or disclose the PHI of armed forces personnel to the applicable military authorities when they believe it is necessary to properly carry out military missions. We may also disclose your PHI to authorized federal officials as necessary for national security and intelligence activities or for the protection of the president and other government officials and dignitaries.

## **17. Government Programs for Public Benefits**

We may use or disclose your protected health information to help you qualify for government benefit programs such as Medicare, Medi-Cal, Supplemental Security Income, or other benefits or services available. We may also contact you to tell you about possible treatment options or health-related benefits or services.

## **18. Workers' Compensation**

We may use and disclose your protected health information in order to comply with workers' compensation laws or similar programs that provide benefits for work-related injuries or illness. For example we may disclose your medical information regarding a work-related injury or illness to claims administrators, insurance carriers, and others responsible for evaluating your claim for worker's compensation benefits.

## **19. Family and Friends Involved in or Paying for Your Care**

We may disclose your protected health information to a friend, family member, or any other person who is involved with your care or payment for your care. For example, you may bring a friend or family member to your appointment and have that person in the exam room while talking with a health care provider. You may inform us verbally or in writing if you object to disclosures to your family and friends.

## **20. Disclosures in Case of Disaster Relief**

We may disclose your name, city of residence, age, gender, and general condition to a public or private disaster relief organization to provide needed medical care or to help you find members of your family.

## **21. Disclosures to Parents as Personal Representatives of Minors**

In most cases, we may disclose your minor child's PHI to you. In some situations, however, we are permitted and sometimes required by law to deny you access to your minor child's PHI. An example of when we must deny such access, based on the type of health care, is when a minor who is 12 years old or older seeks care for a communicable disease or condition. Another situation when we must deny access to parents is when minors have adult rights to make their own health care decisions. These minors include, for example, minors who, were or are married or who have a declaration of emancipation from a court.

## **22. Appointment Reminders**

We may use PHI that you provided us to remind you of your upcoming appointments for treatment or other health care you may need.

## **23. Immunization Records**

With written or verbal authorization from a parent, guardian, other person acting in loco parentis or of an emancipated minor, we may disclose proof of your child's immunization to a school and/or information about a child who is a student or prospective student of the school as required by State or other law.

#### **24. Identity Verification**

We may photograph you for identification purposes. Your photo may be stored in your medical record. You may decline to have your photograph taken, if you wish, by contacting your provider.

#### **25. Health Information Exchange**

We may share your health information electronically with other healthcare providers outside of our facility who are involved in your care.

We may participate in a Health Information Exchange (HIE) for treatment purposes. The HIE is an electronic system that allows participating health care providers to share patient information in compliance with federal and state privacy laws. Unless you notify us otherwise that you object, we will share your health information electronically with your participating health care providers as necessary for treatment. Patient health information that, currently by law, requires a signed authorization for release will not be transmitted to the HIE without your consent.

***If you would like to “opt out” of being included in a HIE at any time, you may contact your provider.***

#### **26. Electronic Health Records**

We may use an electronic health record to store and retrieve your health information. One of the advantages of the electronic health record is the ability to share and exchange health information among personnel and other community health care providers who are involved in your care. When we enter your information into the electronic health record, we may share that information by using shared clinical databases or health information exchanges. We may also receive information about you from other health care providers in the community who are involved with your care by using shared databases or health information exchanges. If you have any questions or concerns about the sharing or exchange of your information, please discuss them with your provider.

#### **27. Communications with Family and Others When you are Present**

Sometimes a family member or other person involved in your care will be present when we are discussing your PHI with you. If you object, please tell us and we won't discuss your PHI while that person is present.

#### **28. Communications with Family and Others When you are Not Present**

There may be times when it is necessary to disclose your PHI to a family member or others involved in your care because there is an emergency or you lack the decision making capacity to agree or object. In those instances, we will use our professional judgement to determine if it's in your best interest to disclose your PHI. If so, we will limit the disclosure to the PHI that is directly relevant to the person's involvement with your health care. For example, we may disclose your potential exposure to an infectious disease that warrants immediate attention.

### **Uses and Disclosures of Your Protected Health Information Requiring Your Written Authorization**

We will obtain your written permission through an authorization for other uses and disclosures of your PHI not covered by this Notice. You may revoke the authorization in writing at any time and we will stop disclosing PHI about you for the reasons stated in your written authorization. Any disclosures made prior to the revocation are not affected by the revocation.

### **Uses and Disclosures of HIV/AIDS Information**

California law gives heightened protections to HIV/AIDS information. Generally, we must obtain your written authorization specifically permitting a disclosure of the results of an HIV/AIDS test for each separate disclosure made. We may disclose your HIV/AIDS test results without your authorization and as required under State reporting laws for purposes of public health investigation, control, or surveillance. Additionally, disclosures to a

health care provider may be made without specific patient authorization for the direct purposes of diagnosis, care, or treatment of the patient.

Your physician who orders an HIV test on your behalf may disclose the result of your HIV test to your health care providers for purposes related to your diagnosis, care, or treatment.

### **Uses and Disclosures of Your Substance and Alcohol Use Disorder Records**

The confidentiality of your substance and alcohol use disorder records are protected by 42 USC 290dd-2 and the Department of Health and Human Services (HHS) regulations at 42 CFR Part 2 – Confidentiality of Substance Use Disorder Patient Records. Generally, we are not allowed to disclose your participation in the program or identify you as having an alcohol or drug abuse problem to an outside person unless:

- (1) You consent in writing;
- (2) The disclosure is to prevent multiple 42 CFR Part 2 program enrollments;
- (3) The disclosure is allowed by a court order;
- (4) The disclosure is made to medical personnel to the extent necessary to meet a bona fide medical emergency;
- (5) The disclosure is for the purpose of conducting scientific research; or
- (6) The disclosure is made for certain audit and/or evaluation purposes.

Federal law and regulations allow communication of personally identifying information about you by our program to law enforcement agencies or officials about a crime committed by you either at our program or against any person who works for the program premises or about any threat to commit such a crime.

Federal laws and regulations allow our program to report under state law personally identifying information about you in connection with incidents of suspected child abuse or neglect to appropriate State or local authorities.

If you believe that the privacy of your information protected by 42 USC 290dd-2 and 42 CFR Part 2 has been violated, you may contact the U.S. Attorney's Office, Central District of California, Santa Ana Branch Office at 411 W. Fourth Street, Suite 8000, Santa Ana, CA 92701 or by phone at (855) 898-3957.

### **Your Rights Regarding Your Protected Health Information**

#### **1. Right to View and Copy Your PHI**

Subject to certain exceptions, you have the right to view or get a copy of your protected health information that we maintain in records relating to your care, decisions about your care, or payment for your care. You have the right to view your records in any format that the Mental Health Association maintains them in and you may direct them to be sent to a third party. Your request must be submitted in writing and a fee may be charged for the costs of copying, mailing, and for any other supplies used in fulfilling your request. In limited situations, we may deny some or all of your requests to see or receive copies of your records. If denied, we will tell you why in writing and explain your right, if any, to have our denial reviewed.

#### **2. Right to View and Copy Laboratory Test Results**

You have the right to view and copy protected health information consisting of your completed laboratory test results or reports after the appropriate authentication process has been completed. A request must be submitted in writing and a fee may be charged for the costs of copying, mailing, and for any other supplies used in fulfilling your request.

#### **3. Right to Request an Amendment**

You have the right to request that we correct or add to your record if you believe there is a mistake in your PHI or that important information is missing. The request must be in writing, explain what corrections or additions you are requesting, and the reasons the corrections or additions should be

made. We will respond in writing after reviewing your request. If we approve your request we will make the correction or addition to your PHI.

We may deny your request if it is not in writing or does not include a reason to support the request. We may also deny your request if:

- The information in your record is correct and accurate;
- The information in your record was not created by us or the person who created it is no longer available to make the amendment; or
- The information is not part of the records you are permitted to view and copy.

If we deny your request for amendment, we will tell you why and explain your right to file a written statement of disagreement. Your statement must not exceed five pages. You must clearly tell us in writing if you want us to include your statement of disagreement along with your original amendment request and our written denial in future disclosures we make of that portion of your medical records.

#### **4. Right to an Accounting of Disclosures**

You have the right to request a list of our disclosures of your PHI. The request must be made in writing and can only include disclosures that occurred between the date of your request and up to six years before the date of your request.

To request an accounting, you may write us at Mental Health Association, Custodian of Records, 1971 E. 4th Street, Suite 130A, Santa Ana, CA 92705. You are entitled to one disclosure accounting in any 12-month period at no charge. If you request any additional accountings less than 12 months later, we may charge you a fee.

The list will not include the following disclosures:

- That you provided a signed authorization for;
- To carry out treatment, payment, and health care operations;
- To family members or friends involved in your medical treatment or care;
- To jails, prisons, or law enforcement; or
- Not covered by the right to an accounting.

For electronic health records, the accounting of disclosures would also include disclosures of your PHI made to carry out treatment, payment, and health care operations. This requirement is limited to disclosures within the three-year period prior to your request and after January 1, 2014.

#### **5. Right to Request Restrictions on Uses and Disclosures of your PHI**

You have the right to request a restriction or limitation on how we use or disclose your PHI for treatment, payment, or health care operation purposes. For example, you could ask us to limit the information we share with someone who is involved in your care or the payment for your care. You may also ask that we limit disclosures to your spouse. We may ask that you give us your request in writing which we will review and consider. If we agree to your request, we will not use or disclose the PHI in violation of such restriction, except if we believe this information is required by law or to provide you with necessary medical treatment or care.

We are not required to agree to your request, except that you have the right to restrict disclosures to a health plan, insurer for payment or health care operations purposes, or to a business associate if you or someone on your behalf pays out of pocket in full for the health care item or service at the time of the

request for restriction. However, we can still disclose the information to a health plan, insurer, or business associate for the purpose of treating you or if required by law.

If the services are not paid for in full and out of pocket by you or by someone on your behalf, we do not have to agree to your request to restrict uses or disclosures of PHI for treatment, payment, or health care operations purposes. We will consider all submitted requests and, if we deny your request, we will notify you in writing.

For requests to restrict your PHI for payment or health care operations purposes, please request the restriction prior to receiving services. You may write us at Mental Health Association, Custodian of Records, 1971 E. 4th Street, Suite 130A, Santa Ana, CA 92705.

## **6. Right to Request Confidential Communications**

You have the right to request how we communicate with you to preserve your privacy. For example, you may request that we call you only at your work number or send mail to a special address. Your request must be made in writing and must specify how or where we are to contact you. We will accommodate all reasonable requests.

If your PHI is stored electronically, you may request a copy of the records in an electronic format offered by the Mental Health Association. You may also make a specific written request to the Mental Health Association to transmit the electronic copy to a designated third party.

If the cost of meeting your request involves more than a reasonable additional amount, we are permitted to charge you our costs that exceed that amount.

## **7. Right to Revoke an Authorization**

You have the right to take back or revoke your written authorization to use and disclose your PHI at any time. You must let us know of your revocation in writing. If you take back your written authorization, we will stop sharing your PHI. However, we cannot take back any information already used or shared while the authorization was valid.

The Mental Health Association is required by law to keep a record of the medical treatment you receive from MHA whether or not you give us written permission to use or share it. You do not have the right to have information removed from your record.

## **8. Right to a Paper Copy of this Notice**

Unless you are an inmate, you have the right to receive a paper copy of this notice any time you request it.

## **9. Breach Notification**

In the event of a breach of your unsecured PHI, MHA will notify you of the circumstances of the breach.

## **10. Right to File a Complaint**

If you have any questions about this notice, your privacy rights, or believe your privacy rights have been violated, you may call the MHA Privacy Officer at (714) 547-7559.

You also have the right to file a complaint directly to the Secretary of the United States Department of Health and Human Services (DHHS) at: DHHS, Region IX Office for Civil Rights, 90 7th Street, Suite 4-100, San Francisco, CA 94103, or call (800) 368-1019, TDD (800) 537-7697. The complaint must be filed in writing and sent by mail, fax, or electronically by e-mail and within 180 days of when you found out the violation occurred.



The Mental Health Association honors your right to express concerns regarding your privacy. You will not be punished, threatened, or penalized for asking questions or for filing a complaint.

### **Our Responsibilities**

We must follow the terms of this notice while it is in effect. We reserve the right to change this notice and our privacy practices at any time. Changes in our privacy practices will apply to any PHI we already have and to PHI we create or receive in the future.

### **Notice of Nondiscrimination [AFFORDABLE CARE ACT (ACA) 45 CFR 92]**

The Mental Health Association complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Mental Health Association does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Mental Health Association:

- Provides free aids and services to people with disabilities to communicate effectively with us such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English such as:
  - Qualified interpreters
  - Information written in other languages

Let our staff know if you need these services.

If you have any difficulty obtaining these services, believe you have been discriminated against, or wish to file a grievance related to any of these services or policies, you can file a grievance in person or by mail or fax at the contact information listed directly below. Alek Drexler, Office of Compliance for Mental Health Association of Orange County is available to help you as needed.

Mental Health Association of Orange County  
Attn: Alek Drexler, Office of Compliance  
1971 E. 4th Street, Suite 130A, Santa Ana, CA 92705  
Tel: 714-547-7559, Fax: 714-543-4431.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

1-800-368-1019, 1-800-537-7697 (TDD)  
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

