



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, HOW YOU CAN GET ACCESS TO THIS INFORMATION, AND HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION. PLEASE REVIEW CAREFULLY.

YOU HAVE THE RIGHT TO REQUEST A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH YOUR PROVIDER IF YOU HAVE ANY QUESTIONS.

Effective: November 23, 2013

Revised: February 12, 2026

WHO WILL FOLLOW THIS NOTICE OF PRIVACY PRACTICES

Your medical and other treatment information (also known as “protected health information” or “PHI”) is personal and private, and we must protect it. This notice tells you how state and/or federal law requires or permits us to use and/or disclose your PHI. It also tells you what your rights are and what the Department of Behavioral Health (DBH) must do when using and/or disclosing your PHI. All DBH employees, contract agency employees, volunteers and other workforce members who have access to PHI must follow this notice. This includes other entities that form an Organized Health Care Arrangement (OHCA), listed at the end of this notice or organizations that maintain agreements with DBH (including Business Associate Agreements).

By law, we must:

- Protect the confidentiality, privacy and security of your mental health and substance use disorder PHI.
- Provide you with this Notice explaining our legal duties and privacy practices regarding your mental health and substance use disorder PHI.
- Follow the duties and practices described in this Notice.
- Notify you if a breach (unauthorized access or disclosure) of your mental health and/or substance use disorder PHI occurs.

CHANGES TO THIS NOTICE

We reserve the right to make changes to this Notice when the law or practices change. If we make changes to this Notice, you have the right to receive a copy of changes in writing. To obtain a copy, you may ask your provider or any DBH employee.

HOW THE LAW PERMITS USE AND DISCLOSURE OF YOUR “MENTAL HEALTH PHI”

DBH or its Business Associate(s), may use/disclose mental health PHI without written authorization for the following reasons:

As Required by Law: We may disclose your PHI if required to do so by federal or state law. (If AI is used to document or record treatment services and/or related activities, PHI will be maintained in a secure manner in accordance with state and federal laws and security safeguard requirements).

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

Data Sharing and Interoperability: We may exchange your PHI between healthcare providers, plans, and other organizations in adherence with federal and state privacy laws, regulations, and other data sharing rules. Interoperability allows you to access your information, makes exchange of information easier, helps to coordinate your care, and improve health outcomes. Data sharing may occur through the use of a Health Information Exchange (HIE), which is a secure electronic system that allows healthcare providers to share and access PHI to improve health care services, care coordination, safety and efficiency.

Disaster Relief: We may disclose your PHI to disaster relief organizations that seek your information to coordinate your care or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever it is practical to do so.

Health Care Operations: We may use and disclose your PHI for business operations, including case management, care coordination, audits, and population health activities. For example, we may use your PHI to review the quality of treatment/services you have received to make sure you are getting the right care.

Health Oversight Activities: We may release your PHI to a health oversight agency as authorized by federal or state law. For example, we may share your PHI for audits, investigations, inspections, accreditation, licensure, or disciplinary actions.

Inmates: If you are currently incarcerated, we may release your PHI to the applicable agency for the administration of justice and as allowed by state or federal law.

Law Enforcement: We may disclose your PHI to law enforcement officials in the following circumstances:

- In response to a court order or warrant;
- To find a suspect, fugitive, witness, or missing person;
- If you are a victim of a crime and unable to agree to give information;

- To report criminal conduct at any of our locations;
- To give information about a crime or criminal in emergency circumstances, or
- To report your discharge, if you were involuntarily detained after a peace officer initiated a 72-hour hold for psychiatric evaluation and requested notification.

Lawsuits and Other Legal Actions: If you are a party in a lawsuit or legal action, your PHI may be released in response to a court order as authorized by federal or state law.

Military and Veterans: If you are a member of the armed forces, we may release your PHI as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority, as required by federal law.

Minor Consent: If you are 12 years of age or older, we may disclose and/or release your PHI to your parent/guardian, legal representative, or a third party when a you have signed an Authorization to Release PHI [also referred to “release of information” (ROI)] (if you consented to your own treatment) to release/share with your parent/guardian or legal representative, or when a court order has been issued requiring disclosure.

Multidisciplinary Personnel Teams: We may disclose your PHI to members of a multidisciplinary team involved in the prevention, identification, management, or treatment of suspected child abuse or neglect, or elder abuse or neglect, to the extent required by federal, state, or county regulations. For minors, disclosures to parents or guardians will be made only as authorized or required by law. For elders, disclosures to responsible parties will follow applicable legal requirements.

Disclosure may also occur amongst Homeless Multidisciplinary Personnel Teams in order to facilitate identification, assessment, and linkage of homeless individuals to housing and supportive services and to enable service providers to share confidential information for purposes of ensuring continuity of care for homeless individuals, as specified

National Security and Intelligence Activities: We may release your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Payment: We need to use and disclose information about you to get paid for the services you receive. For example, insurance companies ask that our billing statements have descriptions of the treatment and services we provided you in order to receive a payment.

Protective Services for the President and Others: We may disclose your health information to federal officials to conduct lawful intelligence, counterintelligence and other national security actions allowed by law. We may disclose your health information to federal officials who provide protection to the President, Federal and State elective constitutional officers and their families; and the Senate Committee on Rules or the

Assembly Committee on Rules for the purpose of legislative investigation authorized by the committee.

Public Health Activities: We may release your PHI for public health activities, such as to stop or control disease, stop injury or disability, and report abuse or neglect of children, elders and dependent adults.

Research: We may release your PHI to researchers for a research project that has gone through a special approval process. Researchers must protect the PHI they receive and/or eliminate identifying information (required for substance use disorder records).

To Keep You Informed: We may call or write to let you know about your appointments. We may also send you information about other treatments that may be of interest to you.

To Other Government Agencies Providing Benefits or Services: We may disclose your PHI government agencies that are providing you with benefits or services. The information we release about you must be necessary in order for you to receive those benefits or services.

To Prevent a Serious Threat to Health or Safety: We may use and disclose your PHI to prevent a serious threat to your health and safety or to the health and safety of another person, or group of people (includes establishments and/or specific facility and/or government or educational institute).

Treatment: Health care professionals, such as doctors and therapists working together to best provide health care services provided to you. Providers may look at health care services you have had in the past, or may evaluate services you receive in the future.

Workers' Compensation: We may disclose your PHI as allowed by workers' compensation laws or related programs. For example, we may communicate your health information regarding a work-related injury or illness to claims administrators, insurance carriers, and others responsible for evaluating your claim for workers' compensation benefits and for the purpose of obtaining a payment for any health care provided to the injured or ill worker.

HOW THE LAW PERMITS DBH TO USE AND DISCLOSE SUBSTANCE USE DISORDER (SUD) PHI

DBH may only disclose/share your SUD PHI without written authorization for the following reasons:

Communication within a Part 2 program or between a Part 2 program (SUD program): We may disclose your PHI between or among personnel who require the

information to perform their duties when providing diagnosis, treatment, or referral for treatment. Communication of your PHI will only be shared within a Part 2 program or an entity that has direct administrative control over the program (e.g., SUD contract provider with DBH SUD).

Food and Drug Administration: We may disclose your PHI to the Food and Drug Administration (FDA) when it is believed an individual may be in danger from a product under FDA regulations.

Legal Orders: We may disclose your PHI only if you provide a valid Authorization for Release of PHI (Authorization or also referred to as “ROI” or “consent”) signed by you or your authorized representative, or if a court issues an order that follows the rules of 42 CFR Part 2. A subpoena, even if related to a criminal, civil, or administrative case, does **NOT** automatically allow us to release your records *without* the proper court order or your authorization. We may be required to report suspected child abuse or neglect, **but** your treatment records remain protected unless you authorize their release or a Part 2 court order allows it.

Medical emergencies: We may disclose your relevant PHI to medical personnel to treat a condition that poses an immediate threat or requires medical intervention.

Referral Programs: We may disclose your PHI to a referral program without your written authorization so we may link you with additional services.

Research, Audit, and Evaluation Activities: We may disclose your PHI to a qualified Part 2 program, a third-party payer entity, or federal, state, or local governmental agency for research, audit, or program evaluation to improve your SUD treatment/service outcomes. All information shared will be de-identified.

Right to Complete One Consent Form: You have the right to complete one single disclosure written request/Authorization (also referred to as ROI or “consent”) to release/share your SUD PHI for treatment, payment, and health care operations (TPO) with multiple providers involved in your care. By providing this Authorization, HIPAA-*covered entities* (health care providers, plans and/or clearing houses) and their business associates (non-covered entities doing business with covered entities) who receive your PHI may further use or share it as allowed by HIPAA (for TPO). You can limit or take back your Authorization/consent to release/share your PHI at any time, but it will not affect PHI already shared.

Fundraising: A Part 2 program (SUD provider) may use or disclose records to fundraise for the benefit of the Part 2 program **only** if the patient is first provided with a clear and conspicuous opportunity to elect not to receive fundraising communications.

OTHER USES AND DISCLOSURES

Except as described in this Notice, or as allowed by State or federal law, we will not use or share your health information without your written authorization. If you have a clear preference for how we share your information, let us know. We will never share your information for marketing purposes or sell your information without your written consent. We must keep records of the care that we provide to you.

Violation of Federal law and regulations by a program is a crime. Suspected violations may be reported to the U.S. Attorney, California Judicial District and other appropriate authorities as required by law.

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

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

YOUR RIGHTS ABOUT YOUR PHI

Right to See and Copy: With certain exceptions, you have the right to see and get a copy of the medical records we maintain for services provided to you. To inspect and/or copy your medical records/PHI, you must make your request in writing, to the facility where you received services. If approved, you may be charged a fee for the costs of copying, mailing, or supplies associated with meeting your request. If you agree, we may provide you a *summary of services received*, instead of the complete/entire medical record. The information will usually be provided within thirty (30) days. If an extension is necessary, DBH will give you written notice of the reason for the extension and a date when your records will be available for your review. Only one extension is permitted per access request.

If your request to review records is denied for reasons specified under 45 CFR 164.524, we will provide you with a written decision explaining the reason. You have the right to appeal a denial and ask that another provider review your request for consideration to disclose records to you.

Right to Ask for an Amendment: If you believe that the information we have about you is incorrect or incomplete, you may request - in writing, changes be made ("amendment") to your PHI. While we will accept requests for changes, we are not required to agree to the changes. If we deny your request, we will provide you with a written explanation.

Right to Know to Whom We Released Your PHI: You have the right to request a list of the people or organizations that your PHI has been shared with during the last six (6)

years (exceptions apply under 45 CFR §164.528). Under federal guidelines, we must maintain a list of anyone that was given your PHI not used for treatment, payment and/or health care operations or as required by law mentioned in this Notice. To ask for an *accounting of disclosures*, you must make a request to DBH in writing. The request must state the time period requested, but not longer than six (6) years prior to the date of the written request. We can provide one (1) free *accounting of disclosures* per year but will charge a reasonable cost-based fee if there is a second request within a 12-month period. You may choose to stop or change your request after we inform you of the cost.

Right to Ask Us to Limit PHI: You have the right to ask to limit the PHI the law allows us to use or release about you for treatment, payment or health care operations. *We do not have to agree to your request.* If we do agree, we will comply with your request unless the PHI is needed to provide you with emergency treatment. Limitation requests must be submitted in writing. You must tell us: (1) what PHI you want to limit; (2) whether you want to limit its use, disclosure, or both; and (3) to whom you want the limits to apply. This section only applies to **mental health** PHI. Written authorization is required for SUD, which also gives you the option to request PHI limitation(s).

Right to Ask for Privacy: You have the right to ask us to tell you about appointments or other matters related to your treatment in a specific way or at a specific location. For instance, you can request that we get in touch with you via mail or at a specific phone number or request communication(s) via email. To request that certain information be kept private, you must advise your service provider in writing as to how or where you wish to be contacted (this must include the preferred method of communication as well as phone number, address and/or email address).

Right to Ask Us Not to Use your PHI: If your health care item or service has been paid in-full by you, out of pocket, you have the right to request that your mental health information not be disclosed to a health plan for the purpose of carrying out payment or health care operations. There is an exception if the disclosure to the health plan is required by law.

Right to a Paper Copy of This Notice: You may ask any DBH staff member for a copy of this Notice at any time. Even if you have agreed to receive this Notice by e-mail, we will give you a paper copy of this Notice upon request. If you have any questions regarding this Notice, you have the right to discuss this notice with DBH and/or a DBH contract provider.

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 verify the person has this authority and can act for you before we take any action. Review will be subject to County Counsel/legal consideration prior to action(s).

Right to Deny PHI Disclosure of a Minor: Permission to release PHI is obtained from the person who holds the privilege, which is typically the person who consents for

treatment. Therefore, a minor over 12 years of age who is capable of consenting for treatment (mental health and SUD outpatient), and has consented for their own treatment, needs to authorize release of their own PHI. (The same may apply for a minor 16 years old and older whom may have consented to SUD medications to treat opioid use disorder and/or narcotic treatment program services.) The provider can only share the minor's PHI with a third party when a signed Authorization (ROI) is obtained. DBH staff are not permitted to release PHI to a parent or legal guardian without the minor's consent (if there is no Authorization/consent on file for parent/guardian and minor has consented for their own treatment). In addition, a representative of a minor is **not** entitled to inspect or obtain copies of a minor's medical records without the consent of the minor *unless* the juvenile court has issued an order authorizing access.

Right to Revoke Authorization to Release PHI: We will obtain your written permission through a signed 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 to who for the reasons stated in your written authorization. Any disclosures made prior to the revocation are not affected by the revocation. If you were mandated to treatment through the criminal legal system (including drug court, probation, or parole) and you sign a consent authorizing disclosures to elements of the criminal legal system such as the court, probation officers, parole officers, prosecutors, or other law enforcement, your right to revoke consent may be more limited and should be clearly explained on the consent you sign.

HOW TO FILE A COMPLAINT

If you believe your privacy rights have been violated, you may submit a complaint with us/County, state or federal government. Filing a complaint will not affect your right to services or future treatment.

Entity	Contact Information
Department of Behavioral Health Office of Compliance	Office of Compliance 550 Hospitality Lane San Bernardino, CA 92415 Phone: (909) 388-0879 E-mail: DBH-ComplianceQuestions@dbh.sbcounty.gov
County of San Bernardino	Office of Compliance and Ethics 175 W. 5 th Street, First Floor San Bernardino, CA 92415-0440 Phone: (909) 387-4500 / Fax: (909) 387-8950 Compliance Hotline: 800-398-9736 E-mail: EthicsLine@cao.sbcounty.gov HIPAAComplaints@cao.sbcounty.gov
California Department of Health Care Services	Investigations Division (ID) Department of Health Care Services 1500 Capitol Avenue, MS 2200 PO Box 997413 Sacramento, CA 95899-7413 Phone: (916) 750-1169 Email: IDInquiry@dhcs.ca.gov
Secretary of the U.S. Department of Health and Human Services, Office of Civil Rights	U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 Phone: (800) 368-1019 TTY/TDD: (800) 537-7697 Email: For privacy violations: OCRPrivacy@hhs.gov For non-privacy violations: OCRMail@hhs.gov

For additional information call (800) 368-1019, (800) 537-7697 (TDD) or (415) 437- 8310, (415) 437-8311 (TDD), or fax the U.S. Office of Civil Rights at (202) 619-3818.

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

I acknowledge receipt of the Notice of Privacy Practices, which explains my rights and the limits on ways in which the County may use or disclose personal health information to provide service.

Client Name (printed) *Client Signature*

Date: _____ *If signed by other than client, indicate relationship.*

Note: *Parents must have legal custody. Legal guardians and conservators must show proof.*

OFFICE USE ONLY

Client did receive the Notice of Privacy Practices but did not sign this Acknowledgement of Receipt because:

- Client left office before Acknowledgement could be signed.
- Client does not wish to sign this form.
- Client cannot sign this form because: _____

Client did not receive the Notice of Privacy Practices because:

- Client required emergency treatment.
 - Client declined the Notice and signing of this Acknowledgement.
 - Other: _____

Name: _____
(Print name of provider or provider's representative)

Signed: _____
(Signature of provider or provider's representative)

45 CFR §164.520 Except in an emergency situation, ...make a good faith effort to obtain written acknowledgment of receipt of the Notice.... and if not obtained, document...good faith efforts to obtain such acknowledgment and the reason why...(it)...was not obtained.

<p>ACKNOWLEDGEMENT OF NOPP</p> <p>County of San Bernardino DEPARTMENT OF BEHAVIORAL HEALTH</p> <p>Confidential Patient Information</p> <p>See WIC Section 5328</p>	<p>NAME:</p> <p>CHART:</p> <p>DOB:</p> <p>PROGRAM:</p>
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LANGUAGE TAGLINES

English

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call [1-888-743-1478] (TTY: [711]).

Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al [1-888-743-1478] (TTY: [711]).

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số [1-888-743-1478] (TTY: [711]).

Tagalog (Tagalog–Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa [1-888-743-1478] (TTY: [711]).

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. [1-888-743-1478] (TTY: [711])번으로 전화해 주십시오.

繁體中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 [1-888-743-1478] (TTY: [711])。

Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆՆԵՐԷՆ խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Ջանգահարեք [1-888-743-1478] (TTY (հեռատիպ) [711]):

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните [1-888-743-1478] (телетайп: [711]).

فارسی (Farsi)

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما تماس بگیرد (TTY: [711]) فراهم می باشد. [1-888-743-1478]



LANGUAGE TAGLINES

日本語 (Japanese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。[1-888-743-1478] (TTY: [711]) まで、お電話にてご連絡ください。

Hmoob (Hmong) LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau [1-888-743-1478] (TTY: [711]).

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਧਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬ ਬੋਲਿ ਰੋ, ਤੀਂ ਭਾਸ਼ਾ ਧ ਿੱਚ ਸਹਾਇਤਾ ਸੇ ਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਿ ਹੈ। [1-888-743-1478] (TTY: [711]) 'ਤੇ ਕਾਲ ਕਰੋ।

العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم [1-888-743-888-1] (رقم هاتف الصم والبكم: [711]).

हिंदी (Hindi) ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। [1-888-743-1478] (TTY: [711]) पर कॉल करें।

ภาษาไทย (Thai)

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร [1-888-743-1478] (TTY: [711]).

ខ្មែរ (Cambodian)

ប្រយ័ត្ន: អើ ើសិនជាអ្នកនិយាយ ភាសាខ្មែរ , រសវាជំនួយមននកភាសា រោយមិនគិតគូរ គឺអាចមានសំរា ំ ំអ ើអ្នក។ ចូ ទូ ស័ព្ទ [1-888-743-1478] (TTY: [711])។

ພາສາລາວ (Lao)

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ [1-888-743-1478] (TTY: [711]).