



## 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 CAREFULLY**

**EFFECTIVE NOVEMBER 23, 2013**

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 PHI.
- Provide Notice of our legal duties and privacy practices regarding your mental health and substance use PHI.
- Follow the duties and practices described in this Notice.
- Notify you if a breach of your mental health and substance use PHI occurs that may compromise privacy/ security of your PHI (i.e., unauthorized access or disclosure).

### **Changes to this Notice:**

We have the right to make changes to this Notice, and as applicable to your PHI. If we make changes to this Notice, you have the right to receive a copy of said changes in writing. To obtain a copy, you may ask your service provider or any DBH employee.

### **HOW THE LAW PERMITS DBH TO USE AND DISCLOSE MENTAL HEALTH PHI:**

The County DBH, may use and provide mental health PHI without written authorization for the following reasons:

- **Treatment:** Health care professionals, such as doctors and therapists working on your case, may talk privately to determine the best care for you. They may look at health care services you had before or may have later on.
- **Payment:** We need to use and disclose information about you to get paid for services you receive. For example, insurance companies ask that our bills have descriptions of the treatment and services we provided you to get payment.
- **Health Care Operations:** We may use and disclose information about you to make sure that the services to support our business operations, including case management, care coordination and population health activities. For example, we may use your PHI to review the quality of treatment or services you have received to make sure you are getting the right care.

- **To Other Government Agencies Providing Benefits or Services:** We may disclose information about you to other government agencies that are providing you benefits or services. The information we release about you must be necessary for you to receive those benefits or services.
- **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.
- **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 or identifying information will be eliminated (required for substance use disorder records).
- **As Required by Law:** We may disclose your PHI if required to do so by federal or state law.
- **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).
- **Workers' Compensation:** We may disclose your PHI for worker's compensation or programs that may give you benefits for work-related injuries or illness.
- **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.
- **Health Oversight Activities:** We may release your PHI to a health oversight agency as authorized by federal or state law; as oversight may be needed with program integrity requirements/quality of care to monitor the health care system, government programs and compliance with civil rights laws, etc.
- **Lawsuits and Other Legal Actions:** If you have a lawsuit or legal action, we may release your PHI in response to a court order – as authorized by federal or state law.
- **Law Enforcement:** We may disclose your PHI when asked to do so by law enforcement officials in the following circumstances:
  - In response to a court order, warrant, or similar process;
  - 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; or
  - To give information about a crime or criminal in emergency circumstances.
- **Coroners and Medical Examiners:** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine cause of death.

- **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.
- **Protective Services for the President and Others:** We may release your PHI to authorized federal officials so they may protect the President and other heads of state or do special investigations; government law enforcement agencies as needed for the protection of 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.
- **Inmates:** If you are currently incarcerated, we may release your PHI to the Youth Authority or Adult Correctional Agency as necessary to the administration of justice.
- **Multidisciplinary Personnel Teams:** We may disclose your 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.
- **Military and Veterans:** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- **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.

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

The County DBH, may use and provide SUD PHI without written authorization for the following reasons:

The confidentiality of SUD treatment records maintained by a 42 CFR Part 2 program is protected by Federal law and regulations. Generally, the program may not disclose to a person outside the Part 2 program, or disclose any information identifying you as having a substance use disorder unless:

- You or your authorized representative consents/authorizes in writing.
  - Upon valid court order pursuant to 42 CFR 2.66.
  - Upon medical personnel in a medical emergency.
  - The disclosure is given to qualified personnel for research, audit, or program evaluation, but information is de-identified.
  - The disclosure is given to qualified personnel of an agreement with a qualified service organization (QSO).
- **Uses and Disclosures of HIV/AIDS Information:** In general, written authorization (by you or your authorized representative) is required for the disclosure of HIV/AIDS test results unless disclosure is given to:

- Your service provider for purposes of diagnosis, treatment, or care.
  - Satisfy State reporting requirements for Public Health purposes.
  - Bill for the cost of services we have given you.
  - Review the quality of treatment or services you have received to make sure you are getting the right care.
  - Comply with law.
- Orders authorizing disclosure for non-criminal matters:
    - An order authorizing the disclosure of patient records for purposes other than criminal investigation or prosecution may be applied for by any person having a legally recognized interest in the disclosure which is sought. The application may be filed separately or as part of a pending civil action in which the applicant asserts that the patient records are needed to provide evidence. An application must use a fictitious name, such as John Doe, to refer to any patient and may not contain or otherwise disclose any patient identifying information unless the patient is the applicant or has given written consent (meeting the requirements of the regulations in this part) to disclosure or the court has ordered the record of the proceeding sealed from public scrutiny.
  - Orders authorizing disclosure to criminally investigate or prosecute a client:
    - An order authorizing the disclosure or use of patient records to investigate or prosecute a patient in connection with a criminal proceeding may be applied for by the person holding the records or by any law enforcement or prosecutorial officials who are responsible for conducting investigative or prosecutorial activities with respect to the enforcement of criminal laws. The application may be filed separately, as part of an application for a subpoena or other compulsory process, or in a pending criminal action. An application must use a fictitious name such as John Doe, to refer to any patient and may not contain or otherwise disclose patient identifying information unless the court has ordered the record of the proceeding sealed from public scrutiny.
  - To investigate or prosecute a Part 2 program or persons holding records:
    - An order authorizing the disclosure or use of patient records to investigate or prosecute a part 2 program or the person holding the records (or employees or agents of that part 2 program or person holding the records) in connection with a criminal or administrative matter may be applied for by any administrative, regulatory, supervisory, investigative, law enforcement, or prosecutorial agency having jurisdiction over the program's or person's activities.
  - Orders authorizing the use of undercover agents to investigate Part 2 program or criminal matter:
    - A court order authorizing the placement of an undercover agent or informant in a part 2 program as an employee or patient may be applied for by any law enforcement or prosecutorial agency which has reason to believe that employees or agents of the part 2 program are engaged in criminal misconduct.

Violation of the 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 the 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.

**No disclosures of your PHI, will be made only with your written authorization, unless otherwise required by state or federal law as described in this Notice. If you have a clear preference for how we share your information, let us know. We will never share your information for marketing purposes, sale of your information, etc. We must simply keep records of the care that we gave you.**

## **YOUR RIGHTS ABOUT YOUR PHI**

- **Right to See and Copy:** DBH does have the right to deny access to a copy of PHI for reasons specified under 45 CFR 164.524. You may appeal a denial to access as specified in DBH's Access and Amendment of Medical Records Policy (COM0931). You can get a handout about access to your records by asking your health care provider.

A DBH therapist will approve or deny your request. If approved, we may charge a reasonable cost-based fee of copying and sending out your PHI. If you approve, we may provide you a summary, instead of the complete record. The information will usually be provided within thirty (30) days. If your request is denied, you may appeal and ask that another therapist review your request.

- **Right to Ask for an Amendment:** If you believe that the information, we have about you is incorrect or incomplete, you may request changes be made to your PHI as long as we maintain this information. While we will accept requests for changes, we are not required to agree to the changes.

We may deny your request to change PHI if it came from another health care provider, if it is part of the PHI that you were not permitted to see and copy, or if your PHI is found to be accurate and complete.

- **Right to Know to Whom We Released Your PHI:** You have the right to ask us to provide a list of individuals or entities information was disclosed to in past 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 health care operations or as required by law mentioned in this Notice. To get the list, you must ask your service provider in writing for it. You cannot ask for a list during a time period over six years ago. We will provide one accounting per year for free but will charge you a reasonable cost-based fee if there is a second request within a 12-month period. We will let you know the cost, and you may choose to stop or change your request before it costs you anything.

- **Right to Ask Us to Limit PHI:** You have the right to ask us to limit the PHI that the law lets us use or release about you for treatment, payment or health care operations. *We don't have to agree to your request.* If we do agree, we will comply with your request unless the PHI is needed to provide you emergency treatment. To request limits, you must submit request 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.

**Note:** This section only applies to **mental health**.

- **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 example, you can ask that we contact you at a certain phone number or by mail. To request that certain information be kept private, you must ask your service provider in writing. You must tell us how or where you wish to be contacted.
- **Right to Ask Us Not to Use your PHI:** If your health care item or service has been paid in full out of pocket, you have the right to request that your mental health information 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.

**Note:** This section only applies to **mental health**.

- **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 by e-mail, we will give you a paper copy of this Notice. You may ask any DBH 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.

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may submit a complaint with us or with the Federal Government.

***Filing a complaint will not affect your right to further treatment or future treatment.***

Entity	Contact Information
Department of Behavioral Health – Office of Compliance	Erica Ochoa, Chief Compliance Officer/Privacy Officer 303 East Vanderbilt Way San Bernardino, CA 92415  Phone: (909) 388-0882 Fax: (909) 890-0435 E-mail: <a href="mailto:eochoa@dbh.sbcounty.gov">eochoa@dbh.sbcounty.gov</a>
County of San Bernardino	Office of Compliance and Ethics 157 W. 5 <sup>th</sup> Street, 1 <sup>st</sup> Floor San Bernardino, CA 92415  Phone: (909) 387-4500 Fax: (909) 387-8950 E-mail: <a href="mailto:HIPAAComplaints@cao.sbcounty.gov">HIPAAComplaints@cao.sbcounty.gov</a>
California Department of Health Care Services	Attention: Privacy Officer P. O. Box 997413, MS0010 Sacramento, CA 95899-7413  Phone: (916) 445-4646 TTY/TDD: (877) 735-2929 Fax: (916) 440-7680
Secretary of the U.S. Department of Health and Human Services, Office of Civil Rights	Attention: Regional Manager 90 7 <sup>th</sup> Street, Suite 4-100 San Francisco, CA 94103  Phone: (800) 368-1019 TTY/TDD: (800) 537-7697 Fax: (202) 619-3818

**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 style="text-align: center;"><b>ACKNOWLEDGEMENT OF NOPP</b></p> <p style="text-align: center;">County of San Bernardino DEPARTMENT OF BEHAVIORAL HEALTH</p> <p style="text-align: center;">Confidential Patient Information</p> <p style="text-align: center;">See W &amp; I Code 5328</p>	<p><b>NAME:</b></p> <p><b>CHART:</b></p> <p><b>DOB:</b></p> <p><b>PROGRAM:</b></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)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ` Եթե 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 ਰੇ, 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: អរ ើសិនជាអ្នកនិយាយ ភាសាខ្មែរ , រសវាជំនួយមននកភាសា រោយមិនគិតថ្លៃ គឺអាចមានសំរាប់ អរ ើអ្នក។ ចូ ទូ ស័ព្ទ [1-888-743-1478] (TTY: [711])។

## ພາສາລາວ (Lao)

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