



## NOTICE OF PRIVACY PRACTICES (NOPP)

Effective Date: **September 2013**

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.

### Content of this Notice

Please note that we, South Coast Community Services (SCCS) are required by the **HIPAA Omnibus Final Rule** (*published in Federal Register: 01/25/2013; effective date: 03/26/2013; compliance date: 09/23/2013*) to include the following information in this Notice:

- How **SCCS** may use and disclose **protected health information** about an individual.
- The individual's rights with respect to the information and how the individual may exercise these rights, including how the individual may complain to SCCS.
- The SCCS' legal duties with respect to the information, including a statement that we, as covered entity, are required by law to maintain the privacy of protected health information.
- Who can be contacted for further information about our privacy policies.

### What is "Protected Health Information" or PHI?

The term "medical information" is synonymous with the terms "personal health information" and "protected health information" for purposes of this Notice. It essentially means any individually identifiable health information (either directly or indirectly identifiable), whether oral or recorded in any form or medium, that is created or received by SCCS as the health care provider, health plan, or others and relates to the past, present, or future physical or mental health condition of an individual (the client).

According to the section 160.103 of the "Final Rule", PHI means individually identifiable health information:

1. Except as provided in paragraph 2 of this definition, that is:
  - A. Transmitted by electronic media;
  - B. Maintained in electronic media; or
  - C. Transmitted or maintained in any other form or medium.

2. Protected health information excludes individually identifiable health information:
  - A. In education records covered by the Family Educational Rights and Privacy Act, as amended, 20 U.S.C. 1232g;
  - B. In records described at 20 U.S.C. 1232g(a)(4)(B)(iv);
  - C. In employment records held by a covered entity in its role as employer; and
  - D. Regarding a person who has been deceased for more than 50 years.

South Coast Community Services is a mental health care provider. The providers (therapists) within the agency are licensed or registered by the State of California through the Board of Behavioral Sciences. They can be Licensed Marriage Family Therapists, Marriage Family Therapist Interns, Licensed Clinical Social Workers or Associates of Social Work. All Interns or Associates are directly supervised by a licensed therapist or psychologist. As additional providers, SCCS utilizes Therapeutic Behavior Specialists that are not regulated by the Board of Behavioral Sciences, but are supervised within the agency by a licensed or registered therapist. These providers create and maintain treatment records that contain individually identifiable health information about the clients. These records are generally referred to as “medical records” or “mental health records”, and this notice, among other things, concern the privacy and confidentiality of those records and the information contained therein.

### **Uses and Disclosures Without Your Authorization –**

#### **1. For Treatment, Payment or Health Care Operations**

Federal Privacy rulers (regulations) allow SCCS providers who have a direct treatment relationship with the client to use or disclose the client’s personal health information, without the client’s written authorization, to carry out the health care provider’s own treatment, payment, or health care operations. We may also disclose your protected health information for the treatment activities of any health care provider. This too can be done without your written authorization.

#### **2. For treatment:**

We may use and disclose your protected health information to provide you with medical treatment and services, and to coordinate or manage your health care and related services. We may disclose your protected health information to our doctors and nurses, as well as to any other party involved in your care, either within our practice or to an outside health care provider. We may also disclose your protected health information to providers or facilities who may be involved in your care after you leave our facility or our care.

An agency-specific example of use or disclosure for treatment purposes:



If we decided to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist in the diagnosis or treatment of your mental health condition.

Disclosures for treatment purposes are not limited to the minimum necessary standard because physicians and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word “treatment” includes, among other things, the coordination and management of health care among health care providers with a third party, consultations between health care providers, and referrals of a patient for health care from one health care provider to another.

**3. For Payment:**

We may use and disclose your protected health information to bill and receive payment for the treatment and services we provide. We may disclose your protected health information to an insurance company or managed care company, Medicare, Medicaid, or any other third party for payment purposes. We may also provide protected health information to collection departments, consumer reporting agencies or any other health care provider who requests information necessary for them to collect payment.

An agency-specific example of use or disclosure for payment purposes:

If your health plan (e.g., Medi-cal) requests a copy of your health records, or a portion thereof, in order to determine whether or not payment is warranted under the terms of your policy or contract, we are permitted to use and disclose your personal health information.

**4. For Health Care Operations:**

We may use and disclose your protected health information as necessary for us to operate our medical practice. We may use and disclose your protected health information for internal operations, such as general administrative activities and quality assurance programs.

For example, we may use and disclose your protected health information:

- A. To review and improve the quality of care you receive;
- B. To train and therapist, clinicians or other medical staff;
- C. To plan for services, such as when we assess certain services that we may want to offer in the future;
- D. To evaluate the performance of our employees;
- E. To our lawyers, consultants, accountants, and other **business associates\***;

- F. To organizations that assess the quality of care we provide to our clients (such as government agencies or accrediting bodies);
- G. To organizations that evaluate, certify or license health care providers, staff or facilities in a particular specialty;
- H. To assist others who may be reviewing our activities, such as accountants, lawyers, consultants, risk managers, to assist us in complying with state and federal laws;
- I. For procedures involving health care fraud and abuse detection and compliance; and
- J. To develop internal protocols.

**\*Business Associate** - Under the Final Rule, a "business associate" is a person or entity that creates, receives, maintains, or transmits protected health information (PHI) in fulfilling certain functions or activities for a HIPAA-covered entity (e.g. SCCS). Health information that is created or received by a covered entity, identifies an individual, and relates to that individual's physical or mental health condition, treatment, or payment for health care is considered PHI when it is transmitted by or maintained in any form of medium, including electronic media. Please also note that "business associates" include entities that "maintain" PHI for a covered entity, such as a data storage company.

An agency specific example of a use or disclosure for health care operations purposes:

If your health plan (e.g., Medi-Cal) decides to audit this agency in order to review the competency and performance of the providers, or to detect possible fraud or abuse, your mental health records may be used or disclosed for those purposes.

**5. Other Uses and Disclosures Without Your Authorization:**

We may be required or permitted to disclose your personal health information (e.g., your mental health records) without your written authorization. The following circumstances are examples of when such disclosures may or will be made:

- A. If disclosure is compelled by court pursuant to an order of that court.
- B. If disclosure is compelled by a board, commission, or administrative agency for purposes of adjudication pursuant to its lawful authority.
- C. If disclosure is compelled by a party to a proceeding before a court or administrative agency pursuant to a subpoena, notice to appear, or any provision authorizing discovery in a proceeding before a court or administrative agency.
- D. If disclosure is compelled by a search warrant lawfully issued to a governmental law enforcement agency.
- E. If disclosure is compelled by the patient or the patient's representative pursuant to Chapter 1 (commencing with Section 123100) of Part 1 Division 106 of the California Health and Safety

Code or by corresponding federal statutes or regulations (e.g., the federal “Privacy Rule” which requires this Notice).

- F. If disclosure is compelled by the California Child Abuse and Neglect Reporting Act (for example, if there is a reasonable suspicion of child abuse or neglect).
- G. If disclosure is compelled by the California Elder/Dependent Adult Abuse Reporting Law (for example, if there is a reasonable suspicion of elder abuse or dependent adult abuse).
- H. If disclosure is compelled or permitted by the fact that you are in such mental or emotional condition as to be dangerous to yourself or to another person, and if it is determined that disclosure is necessary to prevent the threatened danger.
- I. If disclosure is compelled or permitted by the fact that you tell a provider of a serious threat of physical violence to be committed by you against a reasonably identifiable victim or victims.
- J. If disclosure is compelled or permitted, in the event of your death, to the coroner in order to determine the cause of your death.
- K. We are permitted to contact you without your prior authorization to provide appointment reminders or information about alternatives or other health-related benefits and services that may be of interest to you. Be sure to let your therapist know where and by what means (e.g., telephone, letter, e-mail, fax) you may be contacted.
- L. If disclosure is permitted to a health oversight agency for oversight activities authorized by law, included by not limited to, audits, criminal or civil investigations, or licensure or disciplinary actions. The California Board of Behavioral Sciences, who license therapists, is an example of a health oversight agency.
- M. If disclosure is compelled by the U.S. Secretary of Health and Human Services to investigate or determine my compliance with privacy requirements under the federal regulations (the “Privacy Rule”).
- N. If disclosure is otherwise specifically required by law.
- O. Marketing Health Related Services: We may use your medical information to contact you with information about health-related benefits and services or about treatment alternatives that may be of interest to you. With your written permission, we may disclose your medical information to a business associate to assist us in these activities. Unless the information is provided to you by a general newsletter or in person or is for products or services of nominal value, you may opt out of receiving further such information by telling us using the information listed at the end of this notice.
- P. Fundraising: If we engage in any fundraising activities allowed by HIPAA, we may use limited protected health information such as your name, address and phone number, age, gender, date of birth, your treating therapist/clinician, outcome information your health insurance status, and the dates you received treatment or services, to contact you in an effort to raise money for a program developed by our practice. We may also disclose contact information for fundraising purposes to a foundation related to our organization. You have a right to instruct us not to contact you about fundraising. If you do not want to be contacted, you should notify us in writing and direct your letter to the Chief Executive Officer whose address is found on the first page, at

the footer of this notice. For clarification, please contact the Compliance Officer who will explain whether we do any fundraising, and if so, how you may Opt Out of fundraising communications. You may contact the Compliance Officer at (909) 809-2365.

- Q. Proof of Immunization. We will disclose proof of immunization to a school where the law requires the school to have such information prior to admitting a student if you have agreed to the disclosure on behalf of yourself or your dependent.
- R. Breach Notification. In the case of a **breach**\*\* of **unsecured**\*\*\*protected health information, we will notify you as required by law. If you have provided us with a current email address, we may use email to communicate information related to the breach. In some circumstances our business associate may provide the notification. We may also provide notification by other methods as appropriate.

\*\***Breach**: Breach means the acquisition, access, use, or disclosure of protected health information in a manner not permitted under subpart E of this part which compromises the security or privacy of the protected health information.

Breach excludes:

(i) Any unintentional acquisition, access, or use of protected health information by a workforce member or person acting under the authority of a covered entity or a business associate, if such acquisition, access, or use was made in good faith and within the scope of authority and does not result in further use or disclosure in a manner not permitted by law.

(ii) Any inadvertent disclosure by a person who is authorized to access protected health information at a covered entity or business associate to another person authorized to access protected health information at the same covered entity or business associate, or organized health care arrangement in which the covered entity participates, and the information received as a result of such disclosure is not further used or disclosed in a manner not permitted by law.

(iii) A disclosure of protected health information where a covered entity or business associate has a good faith belief that an unauthorized person to whom the disclosure was made would not reasonably have been able to retain such information.

Except as provided in paragraph (1) of this definition, an acquisition, access, use, or disclosure of protected health information in a manner not permitted under subpart E is presumed to be a breach unless the covered entity or business associate, as applicable, demonstrates that there is a low probability that the protected health information has been compromised based on a risk assessment of at least the following factors:

- The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
- The unauthorized person who used the protected health information or to whom the disclosure was made;
- Whether the protected health information was actually acquired or viewed; and
- The extent to which the risk to the protected health information has been mitigated.

\*\*\***Unsecured**: protected health information means protected health information that is **not** rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in the guidance issued under section 13402(h)(2) of Public Law 111-5 on the HHS Web site.

The above list is not an exhaustive list, but informs you of most circumstances when disclosures without your written authorization may be made. Other uses and disclosure will generally (but not always) be made only with your written permission, or that of Social Services (if the client is a Social Service client). Uses or disclosures made with your written authorization will be limited in scope to the information specified in the authorization form. You may revoke your written authorization at any time, provided that the revocation is in writing and except to the extent that you have taken action in reliance on your written authorization.

**If California Law protects your confidentiality or privacy more than the federal “Privacy Rule” does, or if California law gives you greater rights than the federal rule does with respect to your records, we will abide by the California law.** In general, uses or disclosures of your personal health information (without your authorization) will be limited to the minimum necessary to accomplish the intended purpose of the use or disclosure. Similarly, when a request is made for your personal health information from another health care provider, we will make an effort to limit the information requested to the minimum necessary to accomplish the intended purpose of the request.

Other than those mentioned above, **YOUR AUTHORIZATION IS REQUIRED FOR ALL OTHER USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION.**

You may revoke your authorization, in writing, at any time. If you revoke an authorization, we will no longer use or disclose your protected health information for the purposes covered by that authorization, except where we have already relied on the authorization.

Most uses and disclosures of *psychotherapy notes*, uses and disclosures of protected health information for *marketing purposes*, and disclosures that constitute a *sale of protected health information* require authorization, as well as other uses and disclosures not described in the NOPP will be made only with authorization from you.

### **Genetic Information**

In compliance with the section 164.520(b)(1)(iii)(D) of the “Final Rule”, we are required to inform you that we are prohibited from using or disclosing protected health information for underwriting purposes, that is considered to be a *genetic* information about you.

Under section 160.103, **Genetic Information** means:

1. Subject to paragraphs (2) and (3) of this definition, with respect to individual information about:
  - A. The individual’s genetic tests;
  - B. The genetic tests of family members of the individual;

- C. The manifestation of a disease or disorder in family members of such individual; or
  - D. Any request for, or receipt of, genetic services, or participation in clinical research which includes genetic services, by the individual or any family member of the individual.
2. Any reference in this subchapter to genetic information concerning an individual or family member of an individual shall include the genetic information of:
- A. A fetus carried by the individual or family member who is a pregnant woman; and
  - B. Any embryo legally held by an individual or family member utilizing an assisted reproductive technology.
3. Genetic information excludes information about the sex or age of any individual.

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

1. You have the right to request restriction on certain uses and disclosures of protected health information about you, such as those necessary to carry out treatment, payment or health care operations. We are not required to agree to your requested restriction. If we do agree, we will maintain a written record of the agreed upon restriction.
2. You have the right to receive confidential communications of protected health information from South Coast Community Services by alternative means or at alternative locations.
3. You have the right to inspect and copy protected health information about you by making a specific request to do so in writing. This right to inspect and copy is not absolute – in other words, we are permitted to deny access for specified reasons. For instance, you do not have this right of access with respect to “psychotherapy notes”. The term “psychotherapy notes” means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint or family counseling session and that are separated from the rest of the individual’s medical (includes mental health) record. The term excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis and progress to date.
4. You have the right to amend protected health information in the records held by South Coast Community Services by making a request to do so in writing that provides a reason to support the requested amendment. This right to amend is not absolute – in other words, we are permitted to deny the requested amendment for specified reasons. You also have the right, subject to limitations, to provide a written addendum with respect to any item or statement in your records that you believe to be incorrect or incomplete and to have the addendum to become part of your record.



5. You have the right to receive an accounting of the disclosures of protected health information made in the six years prior to the date on which the accounting was requested. As with other rights, this right is not absolute. In other words, we are permitted to deny the request for specified reasons. For instance, we do not have to account for disclosures made in order to carry out any treatment, payment or health care operation. We also do not have to account for disclosures of protected health information that are made with your written authorization since you have the right to receive a copy of any such authorization you might sign.

***Duties of South Coast Community Services***

Federal and State laws require us to:

1. Ensure the privacy of your protected health information, which we have either created in our practice or received from another health care provider, whether it is about your past, present, or future health care condition;
2. Maintain the privacy of your protected health information regarding payment for your health care;
3. Explain the manner in which we may use and disclose your protected health information;
4. Abide by the terms of this Notice, as currently in effect; and
5. Obtain your written authorization to use or disclose your protected health information for reasons other than those listed in this notice and permitted by law.

***Complaints***

If you believe that your privacy rights have been violated, you may file a complaint in writing with us or with the federal government.

You may file a written complaint to our CEO, whose mailing address is identified in the footer of the first page of this notice. The complaint must clearly state the specific manner in which you believe the violation has occurred, the approximate date of such occurrence, and the details that you believe will be helpful. You may also contact our Compliance Officer at (909) 809-2365. You may also file a written complaint to the U.S. Department of Health and Human Services if you believe your privacy rights may have been violated by anyone employed with the agency. No one will retaliate against you in any way for filing a complaint with South Coast Community Services or with the Secretary. Complaints to the Secretary must be filed in writing.

1. For written complaints, please include the following information:
  - a. Your name
  - b. Full address
  - c. Telephone numbers

- d. E-mail address (if available)
  - e. Name, full address and telephone number of the person, agency or organization you believe violated your (or someone else's) health information privacy rights or committed another violation of the Privacy or Security Rule
  - f. Brief description of what happened -How, why, and when do you believe your (or someone else's) health information privacy rights were violated, or how the Privacy or Security Rule otherwise was violated
  - g. Any other relevant information
  - h. Your signature and date of complaint
2. If you are filing a complaint on someone's behalf, also provide the name of the person on whose behalf you are filing.
  3. The following information is **optional**:
    - a. Do you need special accommodations for us to communicate with you about this complaint?
    - b. Who else can we call if we cannot reach you?
    - c. Have you filed your complaint somewhere else? If so, where?
  4. If you wish to write the **US Department of Health and Human Services**, please submit your written complaint to the following address:

Michael Leoz, Regional Manager  
Office for Civil Rights  
U.S. Department of Health and Human Services  
90 7th Street, Suite 4-100  
San Francisco, CA 94103  
Customer Response Center: (800) 368-1019  
Fax: (202) 619-3818  
TDD: (800) 537-7697

5. You may also file a complaint through the OCR Complaint Portal at:  
[https://ocrportal.hhs.gov/ocr/cp/complaint\\_frontpage.jsf](https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf)
  - Open the [OCR Complaint Portal](#) and select the type of complaint you would like to file. Complete as much information as possible, including:
    1. Information about you, the complainant;
    2. Details of the complaint; and
    3. Any additional information that might help OCR when reviewing your complaint.

You will then need to electronically sign the complaint and complete the consent form. After completing the consent form you will be able to print out a copy of your complaint to keep for your records. You can submit your complaint by clicking the "Submit This Complaint" button at the bottom of the page.



To file a complaint with the Compliance Office of the **Department of Behavioral Health of the County of San Bernardino**, send it to:

Marina Espinosa  
Chief Compliance Officer  
303 E. Vanderbilt Way  
San Bernardino, CA 92415  
(909) 388-0879 phone  
(800) 398-9736 hotline  
(909) 388-0898 fax  
E-mail: [mespinosa@dbh.sbcounty.gov](mailto:mespinosa@dbh.sbcounty.gov)

To file a complaint with the Compliance Office of the **Health Care Agency of Orange County**, send it to:

Office of Compliance  
405 W 5<sup>th</sup> St, Suite 776  
Santa Ana, CA 92701  
(714) 568-5614 phone  
(866) 260-5636 hotline  
(714) 834-6595 fax

To File a complaint with the **State of California, contact:**

Privacy Officer  
Department of Health Care Services  
P.O. Box 997413, MS0010  
Sacramento, CA 95899-7412  
(916) 445-4646 phone  
(877) 735-2929 TTY/TDD  
(916) 440-7680 fax

To file a complaint with the **Community Care Licensing Division in Orange County**, please send it to:

Shelly Grace, Licensing Program Manager  
Orange County Children's Residential Unit  
770 The City Drive, Suite 7100, MS 29-28  
Orange, CA 92868  
(714) 703-2840 phone  
(714) 703-2868 fax