



Providing behavioral health services to kids, adults and their families since 1984.

NOTICE OF PRIVACY PRACTICES

The 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.

Your medical and mental health treatment information and records are personal and private. The SCCS is committed to protecting your health information. The medical and mental 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 mental health information and obtain a signed authorization by you for certain disclosures.

How We May Use and Disclose Your Protected Health Information

The following categories describe different ways that we use and disclose your protected health information. For each category, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose 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.

Treatment

We may use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. We may also disclose your health information to other providers who may be treating you or involved in your care.

Payment

We may use or disclose your protected health information to obtain payment for the health care services provided to you. For example, we may include information with a bill to Medi-Cal, Medicaid, or Medicare that identifies you, your diagnosis, and services provided in order to receive payment.

Health Care Operations

We may use and disclose your protected health information to support the business activities of the SCCS. 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 with other staff or business associates, who perform billing, consulting, auditing, investigatory, and other services.

Required by Law

We will use and disclose your protected health information, when required by Federal, State, or local law.



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Health Oversight Activities

We may disclose your protected health information to Federal or State agencies that audit, investigate, and inspect government health benefit programs.

Public Health Activities

We may use and disclose your protected health information to public health authorities or government agencies for reporting certain diseases, injuries, 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.

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.

Lawsuits and Legal Actions

We may disclose your protected health information in response to a court order, subpoena, or other lawful process, as allowed by law, for legal proceedings.

Law Enforcement

We may disclose your protected health information to law enforcement officials, such as the police, sheriff, or FBI, in response to a search warrant or court order, to locate or identify a missing person, a suspect, or a fugitive. In addition, we may disclose your information to report a crime that happens at our clinics or offices, or to report certain types of wounds, injuries, or deaths that may result from a crime.

Coroners, Medical Examiners, and Funeral Directors

We may disclose your protected health information to funeral directors, coroners, and medical examiners to identify a dead person, determine what caused the death, or for other official duties.

Organ and Tissue Donation

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

To Stop a Serious Threat to Health or Safety

We may use or disclose your protected health information if it is necessary to lessen the imminent threat of a serious threat to health or safety.

Inmates

If you are an inmate of a correctional institution, we may disclose your protected health information to the correctional institution to protect your health and safety, or to protect the health and safety of others at the institution.



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Military Activity and National Security

If you are or were a member of the armed forces, we may disclose your protected health information to military authorities. We may also share your protected health information with authorized Federal officials when necessary for national security, intelligence activities, or the protection of the President or other government officials.

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.

Workers' Compensation

We will use and disclose your protected health information for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

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 you identify as being involved with your medical care or payment for 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.

Disaster Relief

We may disclose your protected health information to public or private entities in a disaster to provide needed medical care or to help you find members of your family.

Appointment Reminders

We may use the contact information that you provided us to remind you of your upcoming medical appointments with SCCS.

Immunization Records

We may disclose your child's proof of immunization to their school, if State or other law requires the school to have such information prior to admitting your child as a student. We will obtain the parent's or guardian's authorization prior to doing so, though this may be done informally.

Uses and disclosures of your Protected Health Information requiring your Permission

We will obtain your written permission through an authorization for other uses and disclosures of your protected health information not covered by this Notice. You may revoke the authorization in writing at any time and we will stop disclosing protected health information about you for the reasons stated in your written authorization. Any disclosures made prior to the revocation are not affected by the revocation. We are also required to retain our records of the care you receive from SCCS.

Your rights regarding Protected Health Information about you

Right to Inspect and Copy

You have the right to inspect and copy the protected health information in our designated record set, which includes medical and billing records, as long as we maintain that information. You have the right to access your records in any format that the SCCS maintains them in and you may direct them to be sent to a third party. 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. We may deny your request to inspect and copy your records. If this occurs, we will send you a written statement as to why and we will explain your right, if any, to have the denial reviewed.

Right to an Accounting of Disclosures

You have the right to request an “accounting of disclosures” which is a list of disclosures we made of your protected health information. The request must be made in writing. The list will not include disclosures:

- Based on your written authorization;
- To treat you or to receive payment for your treatment;
- For certain business reasons;
- To family members or friends involved in your medical treatment or care;
- To jails, prisons, or law enforcement; or
- For reasons related to legal actions.

For Electronic Health Records (EHR), the accounting of disclosures would also include disclosures of your protected health information made to carry out treatment, payment, and health care operations.

Right to Request Restrictions

You have the right to request a restriction or limitation on how we use or disclose your protected health information for treatment, payment, or health care operations. 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. For example, you might ask that we limit disclosures to your spouse. We may ask that you give us your request in writing. If we agree to your request, we will not use or disclose the protected health information in violation of such restriction except if we believe this information is required 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 or its business associate if you or someone on your behalf pays out of pocket in full for the health care item or service unless we are required by law to disclose the protected health information. We require the payment be made in full at the time of the request for restriction. If payment is not made, the restriction will be void and disclosure of protected health information will be made to your Health Plan for payment. In some cases where a restriction of disclosure cannot be made or involves another party, we will discuss with you in detail.



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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.

Right to Revoke an Authorization

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

SCCS is required by law to keep a record of the medical treatment you receive from SCCS, 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.

Right to a Paper Copy of this Notice

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

Breach Notification

In the event of a breach of your unsecured protected health information, SCCS will notify you of the circumstances of the breach.