

Horizons Family Counseling

City of Livermore Police Department

NOTICE OF PRIVACY PRACTICES

Effective Date 6/7/2011

This notice describes our privacy practices and those of any healthcare professional authorized to enter information into your chart at this facility, any student, intern, volunteer, or unlicensed person who might help you while you are here, and all employees, staff, and other personnel who work for this agency. These people all may share information about you with each other for the purposes of treatment, payment or operations as described in this notice.

Our Responsibility

We understand that your healthcare information is personal and we are committed to protecting this information. We create a record of the care and services you receive at this agency so that we can provide you with quality care and comply with certain legal requirements. This notice applies to all of the records of your care that are generated by this agency, its providers and staff, and those who provide services to you at this agency. It also applies to any records we may have received from your other providers. Other providers may have different policies or notices regarding their use and disclosure of healthcare information created at their offices or facilities.

This notice will tell you about the ways in which we may use and disclose healthcare information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of healthcare information. We are required by law to make sure that the healthcare information that identifies you is kept private, to give you notice of our legal duties and privacy practices with respect to this information about you, and to follow the terms of the notices currently in effect.

How We May Use and Disclose Healthcare Information About You

The following categories describe different ways that we use and disclose healthcare information. For each category of uses or disclosures 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 information will fall within one of the categories.

- For treatment. We may use healthcare information about you to provide you with healthcare treatment or services. The term "healthcare treatment" includes services that you might receive here, such as counseling or case management. We may disclose private information about you to healthcare professionals (such as psychologists, licensed clinical social workers, marriage and family therapists and registered nurses) students or other behavioral health care providers who are involved in taking care of you at this agency or who work with this agency to provide care for its clients. For example, a counselor may ask a staff member to call the office of a case manager to arrange for a consultation about your situation. Your counselor might then discuss with the case manager concerns he or she has about you and what resources might be available to assist you.
- For Payment. We may use and disclose healthcare information about you so that the treatment and services you receive here may be billed to an insurance company or third party, including MediCal. For example, we may need to give your health plan information about treatment or counseling you received here so that they will pay us or reimburse you for the services. We may also tell them about treatment or services we plan to provide in order to obtain prior approval or to determine whether your plan will cover the treatment.
- For Funding. We may use and disclose healthcare information about you for funding purposes. Your signature below gives us your permission to share identifying information about your child, including the dates and types of services received and improvements in risk factors and functioning, with the following entities: The Alameda County Probation Department, which provides funding for these services, and any other organization providing services to your child within the Delinquency Prevention/Early Intervention Network. The data will be used to improve case coordination and service delivery for your child. In addition, this data will help us improve and integrate services and systems for all at-risk youth in Alameda County. Our goal is to educate policy and decision-makers about the needs, service experiences and outcomes of youth and families served. Note, all records and evaluation reports produced will be kept confidential for research purposes only and will never include any names. All information shared will be kept strictly private,

and safeguards will be followed to maintain confidentiality. Additionally, I authorize the release of school information records to this organization for my child.

- For Health Care Operations. We may use and disclose healthcare information about you for our own operations. These uses and disclosures are necessary to run the agency and to make sure that all of our clients receive quality care. For example, we may use healthcare information to review our treatment and services and to evaluate the performance of the staff in caring for you. We may also combine healthcare information about many clients to help decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to behavioral healthcare professions, doctors, nurses, technicians, other behavioral healthcare staff, students, interns and other agency staff for review or learning purposes. We may combine information we have with information from other agencies to compare how we are doing and where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of healthcare information so that others may use it to study health care and health care delivery without learning who the specific patients are.
- Appointment Reminders. We may use and disclose healthcare information to contact you as a reminder that you have an appointment for treatment here.
- Treatment Alternatives. We may use and disclose healthcare information about you to tell you about or recommend possible treatment options or alternatives that might be of interest to you.
- Health-Related Benefits and Services. We may use and disclose healthcare information about you to tell you about health-related benefits or services that might be of interest to you.
- Individuals Involved in Your Care or Payment for Your Care. With your signed consent, we may release limited healthcare information about you to a friend or family member who is involved in your healthcare care or who helps pay for your care.
- As Required by Law. We will disclose healthcare information about you when required to do so by federal, state, or local law. For example, if we reasonably suspect child abuse, or elder or dependent adult abuse, we are required by law to report it. Or, information may need to be disclosed to the Department of Health and Human Services to make sure that your rights have not been violated.
- To Avert a Serious Threat to Health or Safety. We may use and disclose healthcare information about you when necessary to prevent a serious threat to your health and safety, or to the health and safety of the public or another person. Any disclosure however, would only be to someone who we believe would be able to prevent the threat or harm from happening.

Special Situations

- Public Health Risks. We may disclose healthcare information about you for public health activities. These activities generally include the following:
 - to prevent or control disease, injury or disability;
 - to report births and deaths;
 - to report the abuse or neglect of children, elders and dependent adults;
 - to report reactions to medications or problems with products;
 - to notify people of recalls of products they may be using;
 - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- Health Oversight Activities. We may disclose healthcare information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- Lawsuits and Disputes. If you are involved in a lawsuit or dispute, we may disclose healthcare information about you in response to a court or administrative order. We may also disclose healthcare information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only as authorized by law and only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested.

- Law Enforcement. We may release healthcare information if asked to do so by a law enforcement official:
 - in response to a court order, subpoena, warrant, summons or similar process;
 - to identify or locate a suspect, fugitive, material witness, or missing person if authorized by law;
 - to provide information about the victim of a crime, under certain limited circumstances;
 - to provide information about a death we believe may be the result of criminal conduct;
 - to report criminal conduct at our facility, or threats of such conduct against our staff or facility;
 - under certain emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

- Coroners, Healthcare Examiners and Funeral Directors. We may release healthcare information to a coroner or healthcare examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release healthcare information about the patients at our facilities in order to assist funeral directors as necessary to carry out their duties.

Your Rights Regarding Healthcare Information About You

You have the following rights regarding healthcare information we maintain about you:

- Right to Inspect and Copy. You have the right to inspect and copy healthcare information that may be used to make decisions about your care. Usually this includes healthcare and billing records, but may not include some mental health information. To inspect and copy healthcare information that may be used to make decisions about you, you must submit your request in writing to the office where your records are located. If you request a copy of the information we may charge a fee for the cost of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to healthcare information you may request that the denial be reviewed. Another licensed healthcare professional chosen by the facility will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- Right to Amend. If you feel that healthcare information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the facility.

To request an amendment, your request must be made in writing and submitted to the healthcare records office. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the healthcare information kept by or for the facility;
- is not part of the information which you would be permitted to inspect or copy; or
- is accurate and complete.

- Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of healthcare information about you other than our own uses for treatment, payment and health care operations, as those functions are described above.

To request this list or accounting of disclosures, you must submit your request in writing to the office where your records are located. Your request must state a time period, which may not be longer than six years and may not include dates before February 1, 2010. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any cost are incurred.

- Right to Request Restrictions. You have the right to request a restriction or limitation on the healthcare information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the healthcare information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we do not use or disclose any information to a friend or family member about your diagnosis or treatment.

If we agree to your request to limit how we use your information for treatment, payment or healthcare operations we will comply with your request unless the information is needed to provide you with emergency treatment.

To request restrictions, you must make your request in writing to your provider. In your request, you must tell us what information you want to limit, whether you want to limit our use, disclosure or both, and to whom you want the limits to apply. For example, if you are a minor receiving care pursuant to minor consent for sensitive services, you might tell us not to bill your parents' insurance company for those services. This information will be written in your healthcare chart and other sources of payment will be sought.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about healthcare matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to your provider. We will not ask you for the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to Paper Copy of the Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice from your provider during normal business hours.

Changes to this Notice

- We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for healthcare information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our facilities. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register for new services we will offer you a copy of the current notice in effect.

Other Uses of Healthcare Information

Other uses and disclosures of healthcare information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose healthcare information about you, you may revoke that permission, in writing, at any time. If you revoke your permission we will no longer use or disclose healthcare information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission and that we are required to retain our records of the care that we provided to you.

If you have any questions about this notice, please speak with your provider.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the facility or with the Secretary of the Department of Health & Human Services. To file a complaint with the facility, contact the Consumer Assistance Specialist at 1-(800) 779-0787 who is the person responsible for handling complaints. This should be the same person on the first page who can provide you with more information about this notice and our confidentiality practices. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Client Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Witness _____ Date _____

