

Portia Bell Hume Behavioral Health and Training Center

MENTAL HEALTH PRIVACY NOTICE

Effective Date 4/14/2003

THIS NOTICE DESCRIBES HOW MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO YOUR INFORMATION

PLEASE REVIEW THIS NOTICE CAREFULLY.

The Portia Bell Hume Behavioral Health and Training Center (the Hume Center) is committed to maintaining the privacy of your protected mental health information, which includes information about your mental health condition and the care and treatment you receive from the Hume Center. The creation of a record detailing the care and services you receive helps our office to provide you with quality health care and, also required by law. This Notice details how your "Protected Health Information" (PHI) may be used and disclosed to third parties. This notice also details your rights regarding your PHI.

PROTECTED HEALTH INFORMATION (PHI)

PHI refers to "Individually Identifiable Health Information" that becomes Protected Health Information when it is transmitted or maintained in any form or medium. More Specifically, PHI is information that relates to the past, present or future physical or mental health condition (diagnosis) of an individual; the providing of mental health care to an individual; or the past, present or future payment for the provision of health care to an individual; and that identifies an individual or could reasonably be used to identify an individual. PHI does not include information pertaining to medication prescription and monitoring, documents related to the content of therapy sessions, the modalities and frequency of treatment furnished, results of clinical tests and any summary of the following items: functional status, the treatment plan, symptoms, prognosis, and progress to date.

PURPOSE OF THIS NOTICE

This notice describes the privacy practices of the Hume Center, its departments and programs and individuals who are involved in providing you with mental health services. These individuals are mental health professionals, health care professionals, and other individuals authorized by the Hume Center to have access to your mental health information as a part of providing you services or compliance with state and federal laws.

Health Care professionals and other individuals include:

1. Physical health care professionals (such as medical doctors, nurses, technicians, medical students).

2. Mental health care professionals (such as psychiatrists, psychologists, registered psychologists, licensed clinical social workers, marriage and family therapists, psychiatric technicians, registered nurses, and other trainees).
3. Other individuals who are involved in taking care of you at our agency or who work with our agency to provide care for our clients, including the Hume Center, staff, and other personnel who perform services or functions that make your mental health care possible.

These individuals may share mental health information about you with each other and with other health care providers for purposes (e.g. billing for our services) of treatment, payment, or health care operations, and with other persons for other reasons as described in this notice.

OUR RESPONSIBILITY

Your mental health information is confidential and is protected by certain laws. It is our responsibility to protect this information as required by these laws and to provide you with this notice of our legal duties and privacy practices. It is also our responsibility to abide by the terms of this notice as currently in effect.

How We May Use and Disclose Mental Health Information About You

The Hume Center may use and/or disclose your protected health information provided that it first obtains a valid Consent signed by you. The Consent will allow the Hume Center to use and/or disclose your PHI for the purposes of:

- (a) Treatment - The provision, coordination or management of health care and related services by one or more health providers. The treatment definition includes consultation between health care providers relating to a patient or the referral of a patient from one health care provider to another. Any treatment information sent to or from the Hume Center to outside providers would require a signed authorization (please see the authorization section for further explanation).
- (b) Payment - Payment refers to the activities the Hume Center undertakes to obtain reimbursement for health care services that have been provided. These activities can include, among others: determinations for eligibility or coverage, billing, claims management, collection activities, and utilization review. The Hume Center will provide your PHI to appropriate third party **payors**, pursuant to their billing and payment requirements. The Hume Center may also need to tell your insurance plan about treatment you are going to receive, so that they can determine whether or not they will cover the treatment expenses.
- (c) Health Care Operations - Health care operations is a very broad category of activities ranging from quality assessment and utilization review to conducting or arranging for medical reviews, legal services and auditing functions, business planning and administrative services.

No Consent Required

The Hume Center may use and/or disclose your PHI, without a written Consent from you, in the following instances:

- (a) De-identified Information - Information that does not identify you and, even without your name, cannot be used to identify you.
- (b) Business Associate - To a business associate if the Hume Center obtains satisfactory written assurance, in accordance with applicable law, that the business associate will appropriately safeguard your PHI. A business associate is an entity that assists the Hume Center in undertaking some essential function, such as a billing company that assists the office in submitting claims for payment to insurance companies or other payers.
- (c) Personal Representative - To a person who, under applicable law, has the authority to represent you in making decisions related to your health care.
- (d) Emergency Situations –
 - i. For the purpose of obtaining or rendering emergency treatment to you provided that the Hume Center attempts to obtain your Consent as soon as possible; or
 - ii. To a public or private entity authorized by law or by its charter to assist in disaster relief efforts, for the purpose of coordinating your care with such entities in an emergency situation.
- (e) Communication Barriers - If, due to substantial communication barriers or inability to communicate, the Hume Center has been unable to obtain your Consent and the Hume Center determines, in the exercise of its professional judgment, that your Consent to receive treatment is clearly inferred from the circumstances.
- (f) Public Health Activities - Such activities include, for example, information collected by a public health authority, as authorized by law, to prevent or control disease.
- (g) Abuse, Neglect or Domestic Violence - To a government authority if the Hume Center is required by law to make such disclosure. If the Hume Center is authorized by law to make such a disclosure, it will do so if it believes that the disclosure is necessary to prevent serious harm.
- (h) Health Oversight Activities - Such activities, which must be required by law, involve government agencies and may include, for example, criminal investigations, disciplinary actions, or general oversight activities relating to the community's health care system.
- (i) Judicial and Administrative Proceeding - For example, the Hume Center may be required to disclose your PHI in response to a court order or a lawfully issued subpoena.

- (j) Law Enforcement Purposes - In certain instances, your PHI may have to be disclosed to law enforcement officials. For example, your PHI may be the subject of a grand jury subpoena. Or, the Hume Center may disclose your PHI if the Hume Center believes that your death was the result of criminal conduct.
- (k) Coroner or Medical Examiner - The Hume Center may disclose your PHI to a coroner or medical examiner for the purpose of identifying you or determining you or determining your cause of death.
- (l) Organ, Eye or Tissue Donation - If you are an organ donor, the Hume Center may disclose your PHI to the entity to whom you have agreed to donate your organs.
- (m) Research - If the Hume Center is involved in research activities, your PHI may be used, but such use is subject to numerous governmental requirements intended to protect the privacy of your PHI.
- (n) Avert a Threat to Health or Safety - The Hume Center may disclose your PHI if it believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to an individual who is reasonably able to prevent or lessen the threat.
- (o) Specialized Government Functions - This refers to disclosures of your PHI that relate primarily to military and veteran activity.
- (p) Worker's Compensation - If you are involved in a Worker's Compensation claim, the Hume Center may be required to disclose your PHI to an individual or entity that is part of the Worker's Compensation system.
- (q) National Security and Intelligence Activities - The Hume Center may disclose your PHI in order to provide authorized governmental officials with necessary intelligence information for national security activities and purposes authorized by law.
- (r) Military and Veterans - If you are a member of the armed forces, the Hume Center may disclose your PHI as required by the military command authorities.

Disclosure Only After You Have Been Given Opportunity to Object: There are situations where we will not share your PHI unless we have discussed it with you (if possible) and you have not objected to this sharing. Those situations are:

- (a) **Patient Directory:** The Hume Center may disclose to your designated emergency contact person identified by you, your PHI directly relevant to such person's involvement with your care or the payment for your care. The Hume Center may also use or disclose your PHI to notify or assist you in the notification (including identifying or locating) a family member, a personal representative, or another person responsible for your care, of your location, general condition or death. If you are not present, the Hume Center will, in the exercise of

professional judgment, determine whether the use or disclosure is in **your** best interests and, if so, disclose only the PHI that is directly relevant to the person's involvement with your care.

- (b) **Disclosures In Communication With You:** We may have contacts with you during which we share your PHI. For example: The Hume Center may, from time to time, contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. The following appointment reminders are used by the Hume Center: a) a postcard or letter mailed to you at the address provided by you; and b) telephoning your home and leaving a message on your answering machine or with the individual answering the phone.
- (c) **Other Uses of Health Information:** Other uses and disclosures of PHI 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 health 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 PHI 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 you.

Authorizations: Uses and/or disclosures of your PHI, other than those described above, will be made only with your written authorization. Authorizations are required when sending PHI or mental health information to or obtaining such information from other professionals related to your treatment (e.g. attorneys, court related cases initiated by you and/or others involved with you). In such, instances an authorization specifying what information will be shared, who will receive and who will send this information, the type of information, and it's intended usage must be authorized in writing by you.

Additional Rights Regarding Your Health Information:

You have the following rights regarding PHI we maintain about you:

- (a) **Right to Inspect and Copy.** You have the right to inspect and copy your PHI information. Usually this includes medical and billing records, but may not include some mental health information. Certain restrictions apply:
- You must submit your request in writing. We can provide you a form for this and instructions about how to submit it.
 - If you request a photocopy, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request.
 - We may deny your request in certain circumstances. If you are denied access to health information, you may request that the denial be reviewed as provided by law.
- (b) **Right to Amend.** If you feel that the health information we have about you is incorrect or incomplete, you may ask us to amend the information. We are not required to make the amendment if we determine that the existing information **is** accurate and complete. We are not required to remove information from your records. If there is an error, it will be corrected by adding clarifying

or supplementing information. You have the right to request an amendment for as long the information is kept by or for the facility. Certain restrictions apply:

- You must submit your request for the amendment in writing. We can provide you a form for this and instructions about how to submit it.
- 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 creator of the information is no longer available to make the amendment;
 - Is not part of the PHI kept by or for our facility;
 - Is not part of the information which you would be permitted to inspect or copy.

(c) 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 PHI information about you in the six (6) years prior to the date you request the accounting. The accounting will not include:

- Disclosures needed for treatment, payment or health care operations.
- Disclosures that we made to you.
- Disclosures that were merely incidental to an otherwise permitted or required disclosures.
- Disclosures that were made with your written authorization.
- Certain other disclosures that we made as allowed or required by law.

To request this accounting, you must submit your request in writing. We can provide you a form for this and instructions about how to submit it. Your request must state a time period which maybe no longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). We will notify you of the cost involved and you may choose to withdraw or modify your request at the time before any costs are incurred.

(d) Right to Request Restrictions. You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the PHI 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 caregiver 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. 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.

(e) Right to Request Confidential Communications. You have the right to request that we communicate with you about mental health matter in a certain way or at certain location. For example, you can ask that we only contact you at work or mail. To request confidential communications, you must make your request in writing to the Hume Center. We will not ask you for the reason for your request. We will accommodate all reasonable requests. Your request must specify where you wish to be contacted.

(f) Right to a 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 the 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 at any of the Hume Center's offices. Our offices are generally open from 9am to 5:30pm from Monday to Friday (except holidays).

If you believe your privacy rights have been violated, you may file a complaint with the Hume Center or with the Secretary of the Department of Health and Human Services. To file a complaint with the Hume Center, you must contact our PHI privacy officer, Barbara Parks.

To obtain more information on, or have your questions about your privacy rights answered, you may contact the Hume Center's Privacy Officer, Barbara Parks, at (925) 825-1793 x313.

THE HUME CENTER'S REQUIREMENTS

The Hume Center:

- (a) Is required by federal law to maintain the privacy of your PHI and to provide you with this Privacy Notice detailing The Hume Center's legal duties and privacy practices with respect to your protected health information.
- (b) Is required by State law to maintain a higher level of confidentiality with respect to certain portions of your medical information that is provided for under federal law. In particular, the Hume Center is required to comply with the following State laws: California Laws relating to the practice of psychology: Revised July, 2002 set forth and maintained by the State of California, Department of Consumer Affairs, Board of Psychology.
- (c) Is required to abide by the terms of this Privacy Notice.
- (d) Reserves the right to revise the terms of this Privacy Notice and to make the new Privacy Notice provisions effective for any and all PHI about you that it maintains.
- (e) Will distribute any revised Privacy Notice to you prior to implementation.
- (f) Will not retaliate against you for filing a complaint.

EFFECTIVE DATE: April 14, 2003

This Notice was approved and issued by:

Joty Sikand, Psy. D.,
President