

# Imperial County Behavioral Health Services

## 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 IT CAREFULLY.**

### PROTECTED HEALTH INFORMATION

Imperial County Behavioral Health Services (ICBHS) is committed to protecting your health information. The health information we create and maintain is known as Protected Health Information, or PHI. PHI refers to any information that we create or receive that identifies you and relates to your health or payment for services. We are required by Federal and State law to protect your protected health information. We are required by law to provide you this Notice of our legal duties and privacy practices regarding your PHI. This Notice explains how we may legally use and disclose your protected health information. It also describes your rights about the privacy of your health information.

### HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

We will use and disclose your PHI as described in the categories below. Not every use or disclosure 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.

**For Treatment:** We may use or disclose PHI about you to provide, coordinate, or manage your health care. For example, various members of our staff including your doctor, nurse, and other therapists may share information to create and carry out a plan for your treatment. We may also share mental health information outside our facility with other treatment providers if they are also responsible for your medical or psychological well-being.

**For Payment:** We may use or disclose your PHI as needed to obtain payment for the services provided to you. For example, information about you, your diagnosis and the services we provided are included on the bills that we submit to insurance, Medi-Cal, or Medicare for payment. We may also tell them about the treatment we plan to provide in order to obtain prior approval.

**For Health Care Operations:** We may use and disclose PHI about you for business purposes. For example, we may use PHI to review or 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 consulting, auditing, investigatory and other services for us.

**Appointment Reminders:** We may use the contact information that you provided to us to remind you of your upcoming appointments.

### USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION THAT GIVE YOU THE OPPORTUNITY TO OBJECT

**Individual Involved in Your Care and for Notification:** Unless you object, we may disclose with a family member, a close friend, or any other person you identify, your PHI that directly relates to the person's involvement in your health care. In addition, we may disclose your PHI to public or private entities to assist in disaster relief efforts to provide needed medical care or to help you find members of your family. If you are unable to agree or object to such disclosure, we may disclose that information as necessary if we determine that it is in your best interest based on our professional judgment.

### USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION

**Required by Law:** We may use or disclose your PHI when required by federal, state, or local law.

**Health Oversight:** We may disclose your PHI to Federal or State agencies that audit, investigate and inspect government health benefit programs.

**Public Health Activities:** We may disclose your PHI to public health authorities or government agencies for reporting certain diseases, injuries, illnesses, and events required by law.

**Victims of Abuse, Neglect, or Domestic Violence:** We may disclose your PHI 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 PHI in response to a court order, subpoena or other lawsuit.

**Law Enforcement:** Under certain conditions we may disclose your PHI for law enforcement purposes including responding to a court order, as necessary to locate or identify a witness or missing person, reporting suspicious wounds or physical injuries, or as relating to the victim of a crime.

**Workers' Compensation:** For workers' compensation or similar programs providing benefits for work-related injuries and illnesses.

**Coroners/Funeral Directors:** We may disclose information to coroners and funeral director consistent with applicable laws to carry out their duties.

**Research:** We may use and disclose your PHI for research, if approved by an Institutional Review Board (IRB). An IRB is a committee responsible for reviewing the research proposal and establishing protocols to ensure the privacy of your PHI.

**Serious Threat to Health or Safety:** We may use or disclose your PHI when necessary to prevent a serious threat to you or the public's health or safety.

**Government Programs for Public Benefits:** We may use or disclose your PHI 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.

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

**Military and Special Government Functions:** If you are or were a member of the armed forces, we may disclose your PHI to military authorities. We may also disclose your PHI with Federal officials when it is necessary for national, intelligence activities, for the protection of the President or other government officials.

### USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

**Psychotherapy Notes:** We must obtain an authorization for any use or disclosure of psychotherapy notes, except to carry out treatment, payment, or health care operations.

**Marketing:** We must obtain an authorization for any use or disclosure of PHI for marketing, except if the communication is in the form of a face-to-face communication made by a covered entity to an individual or a promotional gift of nominal value provided by the covered entity.

**Sale of Protected Health Information:** We must obtain an authorization for any disclosure of PHI which is a sale of PHI. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any further uses and disclosures. This will not affect information that has already been shared.

### CONFIDENTIALITY OF YOUR ALCOHOL AND DRUG RELATED INFORMATION

The confidentiality of your alcohol or drug abuse records we maintain is protected by Federal law and regulations. As a general rule, we may not tell a person outside the program that you participate in our program, or disclose any information which identifies you as a participant in an alcohol or drug program, unless: 1) you consent in writing; 2) the disclosure is permitted by court order; or 3) the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation. Federal law and regulations do not protect any information about a crime committed by you either at our program or against any person who works for the program or about any threat to commit such a crime. Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

### YOUR HEALTH INFORMATION RIGHTS

Subject to limits outlined by law, you have the following rights regarding your protected health information:

**Right to a Paper Copy of This Notice:** You have a right to receive a paper copy of this notice. Even if you agreed to receive this Notice electronically, you are entitled to receive a paper copy.

**Right to Inspect and Copy:** You have the right to inspect and receive a copy of the PHI in our designated record set, which include medical and billing records. For the portion of your record maintained in our electronic health record, you may request that we provide that information in an electronic format. To inspect or receive a copy of your health information, you must submit your request in writing by filling out an Access to Records Request form. You may be charged a reasonable fee for the cost of copying, mailing, and other supplies used.

We may deny your request to access and copy your record. If this occurs, we will give you written reasons for the denial and explain your right, if any, to have a denial reviewed.

**Right to Request an Amendment:** You have the right to request that we amend your PHI if you feel that it is incorrect or incomplete. To request an amendment, you must submit your request in writing by filling out a Request to Amend Protected Health Information form. We may deny your request for correction under certain circumstances. If we deny your request, you have the right to file a written addendum not to exceed five (5) pages. You may request in writing that the addendum be added to your record, along with your original request to change your PHI and the written denial to make the change. If we agree to your request for correction, we will take reasonable steps to inform others of the correction.

**Right to Request an Accounting of Disclosures:** You have a right to request a list of certain disclosures we made of your PHI to third parties for up to six years preceding your request, but not before April 14, 2003. To receive an accounting of disclosures, you must submit your request in writing by filling out a Request for Accounting of Disclosures form. If you request this accounting more than once in any twelve (12) month period, we may charge you a reasonable amount to cover the cost of preparing the accounting.

**Right to Request Confidential Communications:** We will contact you by telephone or mail to provide appointment information or discuss your treatment. You have right to request that we communicate with you about your appointments or other matters related to your health care treatment and payment in a specific way or at a specific location. For example, you can ask that we contact you only at work, or by mail at a post office box. To request confidential communications, you must submit your request in writing by filling out a Request to Receive Confidential Communications by Alternative Means or at Alternative Locations form. We will accommodate all reasonable requests.

**Right to Request Restrictions:** You have a right to request a restriction or limitations on how we use or disclose your PHI for treatment, payment, or health care operations. For example, you may request a limit on the medical information we disclose about you to someone involved in your care or payment of your care. To request restrictions, you must submit your request in writing by filling out a Request for Special Restrictions on the Use or Disclosure of Protected Health Information form. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. If you pay for a treatment out-of-pocket fully, you may request we do not disclose information about that particular treatment to your health plan. We are required to honor that request.

**Breach Notification:** In the event of a breach of your unsecured protected health information, we will notify you of the circumstances of the breach.

### OUR RESPONSIBILITIES

We are required by law to maintain the privacy of your protected health information. We must follow the terms of the Notice that is currently in effect. We reserve the right to change this Notice and to make new provisions effective for all PHI we currently maintain, as well as information we create in the future. We will post a copy of the current Notice in our facilities and make them available in our waiting areas. Upon request, and each time you are admitted for treatment, we will offer you a copy of the current Notice in effect.

### HOW TO FILE A COMPLAINT

If you have any questions, or would like additional information about this Notice, you may contact the Privacy Officer at (442) 265-1565. If you feel your privacy rights have been violated, you may file a written complaint with our Privacy Officer at Imperial County Behavioral Health Services, 202 N. Eighth Street, El Centro, CA 92243. You may also file a written complaint with the Office for Civil Rights, U.S. Department of Health and Human Services, Attention: Regional Manager, 90 7th Street, Suite 4-100, San Francisco, CA 94103.

You will not be retaliated against for filing a complaint.

**Effective Date: April 14, 2003**

**Revised: October 1, 2019**