



**Imperial County**  
**Behavioral**  
**Health Services**

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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.***

**Introduction:**

At Imperial County Behavioral Health Services (ICBHS), we are committed to using protected health information about you responsibly. "Protected health information" means any information that we create or receive that identifies you and relates to your health or payment for services to you. This notice of privacy practices describes the personal information we collect, and how, when, and why we use or disclose that information.

**Understanding Your Health Records/  
Information**

Each time you visit Imperial County Behavioral Health Services, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnosis, treatment, and plan.

**For More Information or to Report  
a Problem**

Requests for additional information, concerns about our privacy practices or complaints should be directed to the Privacy Officer at:

(442) 265-1565

[icbhsprivacyofficer@co.imperial.ca.us](mailto:icbhsprivacyofficer@co.imperial.ca.us)

You may also file a written complaint with the Office for Civil Rights, U.S. Department of Health and Human Services. You may send your complaint to:

U.S. Department of Health and Human  
Services  
Office for Civil Rights  
Attention: Regional Manager  
50 United Nations Plaza, Room 322  
San Francisco, CA 94102  
1 (800) 368-1019

**There will be no retaliation against you  
for filing a complaint.**

## **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.



for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- ◆ Basis for planning your care and treatment,
- ◆ Means of communication among the many health professionals who contribute to your care,
- ◆ Legal document describing the care you received,
- ◆ A tool in educating health professionals,
- ◆ A source of data for medical research,
- ◆ A source of information for public health officials charged with improving the health of this state and the nation,
- ◆ A source of data for our planning and marketing,
- ◆ A tool with which we can assess and continually work to improve the care we render and outcomes we achieve.

Understanding what is in your record and how your health information is used helps to ensure its accuracy, better understand who, when, and why others may access your information and make more informed decisions when authorizing disclosures.

## Your Health Information Rights

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

- ◆ **To receive this notice:** You have a right to receive a paper copy of this Notice and/or electronic copy upon request.
- ◆ **To inspect and copy your protected health information:** With some exceptions, you have the right to inspect and copy your protected health information if you put your request in writing. As of February 17, 2010, for that portion of your record maintained in our electronic health record, you may request that we provide that information in an electronic format. If you make such a request, we are required to provide that information for you electronically (unless we deny your request for other reasons), and any third party you identify. If we deny your access, we will give you written reasons for the denial and explain your right to have the denial reviewed.

*Notification:* With your authorization, we may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

*Communication: with the family:* With your authorization, health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

*Other disclosures:* We will follow the provisions of Title 42, CFR Part 2 governing disclosure of protected health information if you are receiving services from the Alcohol and Drug Program. If a request for disclosure of your record is received, you will be contacted and asked whether you wish to authorize disclosure. If you refuse to authorize disclosure, or it is not possible for us to contact you in person, we will not disclose your information without a court order.

- ◆ To exchange information as required by law.
- ◆ To a health oversight agency for activities. Including investigations, audits, inspections, and licensure.
- ◆ When ordered to do so by a court.
- ◆ When there is a serious public health or safety threat to you or others.
- ◆ To communicate with federal officials involved in security activities authorized by law.
- ◆ To communicate with law enforcement if you are a victim of a crime, involved in a crime at our facilities, or you have threatened to commit a crime at our facilities.
- ◆ To researchers involved in approved research projects.
- ◆ To public health authorities or the FDA when requested for public health activities.
- ◆ To correctional institutions, if you are an inmate.

*With your authorization, we may disclose health information about you in compliance with guidelines outlined by law, in the following circumstances:*

- ◆ **To request an amendment of your protected health information:** If you see a mistake or something missing, you may request, in writing, that we correct or add to the record as provided in 45 CFR 164.526.
- ◆ **To find out what disclosures have been made:** You may request, in writing, a list of those to whom we have sent information about you after April 14, 2003, as provided in 45 CFR 164.528. In addition, we will notify you as required by law if your health information is unlawfully accessed or disclosed.
- ◆ **To choose how we contact you:** You may ask, in writing, that we communicate with you in a certain way or at a certain location.
- ◆ **To request restrictions on uses/disclosures:** You may request, in writing, that we limit how we use or disclose information about you as provided in 45 CFR 164.522. ICBHS will consider your request, but we are not legally bound to agree with and accommodate any requested re-

striction. However, as of February 17, 2010, if you pay for a treatment or procedure wholly out-of-pocket, you may request we do not disclose information about that particular treatment to your health plan; we are required to honor that request.

### **Our Responsibilities:**

Imperial County Behavioral Health Services is required to:

- ◆ Maintain the privacy of your health information;
- ◆ To give you this notice of our legal duties and privacy practices with respect to health information about you.
- ◆ Follow the terms of the notice that is currently in effect.

We will not disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of any authorization. This will not affect information that has already been shared.

**For example:** Members of the professional staff, the quality improvement manager, or members of the quality improvement staff may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide.

### **Other Uses and Disclosures**

We may use and/or disclose your health information:

- ◆ To send you appointment reminders or surveys regarding the services we provide you.
- ◆ To discuss treatment alternatives with you.
- ◆ To inform you of other treatment services we may provide you.
- ◆ To treat you in an emergency.

*Without your authorization, we may use and disclose your protected health information in compliance with guidelines outlined by law for the following purposes:*

cal well-being.

However, if you are receiving substance abuse services, we will not share information outside the program without your written authorization.

*We may use and disclose your health information for payment.*

**For example:** We will use or disclose your protected health information as needed to arrange for payment for services to you.

Information about your diagnosis and the service we provide is included on the bills that we submit to insurance, Medi-Cal, Medicare, or a third-party payer.

If you are receiving substance abuse services, we will obtain your written authorization before we disclose information to a third-party payer or insurance.

*We may use and disclose your health information for regular health operations.*

We reserve the right to change our privacy practices and to make new provisions effective for all protected health information we maintain. Should our privacy practices change, we will post a current copy in all of our lobbies and buildings. In addition, each time you register for treatment we will offer you a current copy of our Notice of Privacy Practices.

### **Examples of Uses and Disclosures for Treatment, Payment and Health Operations**

*We may use and disclose health information to provide treatment to you.*

**For example:** We may use or disclose protected health information about you to provide, coordinate, or manage your health care. 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 psychologi-