

### Notice of Privacy Practices

#### This Notice Describes How Medical

Informatic

Effective Date: February 17, 2010 Revised 5/2025

Used and Disclosed and How you

This Notice Describes How

Medical Information About

you May be Used and Disclosed

and How you Can get Access to

## 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 future care or treatment.
This information, often referred to as
your health or medial record,
services 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,

This Notice Describes How Medical
Information About you May be
Used and Disclosed and How you Can
aet Access to this Information.

This Notice Describes How Medical Information About you May be Used and Disclosed and How you Can aet Access to this Information.

This Notice Describes How Medical
Information About you May
be Used and Disclosed and How
vou Can aet Access to this

This Notice Describes How Medical
Information About you May
be Used and Disclosed and How
you Can get Access to this

This Notice Describes How Medical Information #About you May be Used and Disclosed and How you Can aet Access to this Information.

This Notice Describes How Medical Information About you May be Used and Disclosed and How you Can aet Access to this Information.

This Notice Describes How Medical
Information About you May
be Used and Disclosed and How
you Can get Access to this

This Notice Describes How Medical
Information About you May
be Used and Disclosed and How
you Can get Access to this

This Notice Describes How Medical Information About you May be Used and Disclosed

This Notice Describes How Medical Information About you May be Used and Disclosed

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.

# 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

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 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
Icbhsprivacyoicr@co.imperial.ca.

us

You may also file a written complaint with the Office for Civil Rights, U.S.

Department of Health and Human Serv‡ces.

## 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.