



# Notice of Privacy Practices

**This notice describes how medical and mental health information about you may be used, disclosed and how to obtain access to this information. PLEASE REVIEW THIS NOTICE CAREFULLY.**

In 1996 Congress passed the HIPAA law which stands for the Health Insurance Portability and Accountability Act. From this federal law, standards were developed to protect an individual's health information. These standards, better known as "The Privacy Rule," became effective Monday, April 14<sup>th</sup>, 2003.

**There are some important things to remember about HIPAA.**

- HIPAA will not change the services you receive.
- HIPAA will not affect your eligibility for services.

Pacific Clinics is committed to protecting the privacy of its current and former clients' health information. We recognize a client's right to receive an explanation of this organization's uses and discloses of Protected Health Information (PHI) that is obtained while providing treatment, obtaining payment for services or other operations.

We are also informing you of our legal duties and your rights related to your protected health information and how to exercise them with this organization.

**Our Responsibilities to You**

Pacific Clinics is required by law to maintain the privacy of your protected health information and to provide you with this notice of our legal duties and privacy practices with respect to your protected health information. Protected health information is information the Clinics creates and maintains so we can provide our services to you. We have a duty to abide by this Notice currently in effect when we use or disclose your protected health information. Pacific Clinics must follow both state and federal law when using and disclosing your protected health information. Some laws provide increased protection for mental health, alcohol and drug abuse, HIV/AIDS, and sexually transmitted disease information. In cases where both state and federal law give similar protection, Pacific Clinics generally follows the law that gives greater protection of your rights, or privacy of your protected health information.

**Pacific Clinics is permitted to use or disclose your protected health information without your authorization for the following purposes**

**Treatment**

We may use and disclose your protected health information within this organization and to our business associates who provide treatment and other services to you. An example of a treatment use could be the psychiatrist consults with your case manager over a medication prescribed for you.

When Pacific Clinics and another provider of your treatment share you as a client, we may also disclose enough information:

- To treat you during an emergency
- For coordinating your services
- To provide immediate transitional care after you leave Pacific Clinics

In addition, we may 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.

**Payment**

We may use and disclose your protected health information to obtain payment for services provided to you, including billing and data processing activities that allow us to receive reimbursement for services. An example of a payment use would be when Pacific Clinics provides payment requests through the state or county data systems.

**Healthcare Operations**

We may use and disclose your protected health information for our health care operations, including internal administration and related activities to improve the quality and cost effectiveness of our services. An example of a healthcare operations use would include our internal quality improvement committee's activities or using information to establish program outcome success.

**Business Associates**

We may also share protected health information with our business associates who perform treatment, payment, health care operations or other services on our behalf. The business associates are contractually obligated to safeguard your protected health information.

**Pacific Clinics is permitted or may be required by law to disclose your protected health information without your authorization for the following purposes**

**Reporting Abuse/Neglect**

If we reasonably believe you are a victim of abuse or neglect, we may disclose your protected health information to a governmental authority (for example, the Dept. of Social Services or other protective service agencies) authorized by law to receive such reports. We may disclose information to appropriate authorities concerning suspected child or dependent adult/elder abuse and neglect as required under California law.

### **Law Enforcement, Court Related, and Lawsuit/Dispute Purposes**

We will disclose your protected health information to law enforcement officials, as required or permitted by law, or in response to subpoenas and court orders. This may include situations involving violence or threats of violence to yourself or others. We may also disclose information directly related to certain crimes you are suspected of committing on the Clinic's premises or against Clinic staff.

### **Public Health Activities**

We may disclose your protected health information for public health activities. This may include (1) the reporting of health information to public health authorities for the purpose of preventing or controlling disease, injury or disability and (2) to alert a person who may have been exposed to a communicable disease or may otherwise be at serious risk of contracting or spreading a disease or condition.

### **Health Oversight Activities**

We may disclose your protected health information to a health oversight agency that oversees the health care system and is charged with responsibility for ensuring compliance with the rules of government health programs such as Medicare or Medi-Cal.

### **Coroner, Medical Examiner, Funeral Directors**

We may disclose your protected health information to determine cause of death and as necessary to carry out duties as authorized by law.

### **Threats to Health and Safety**

We may use or disclose your protected health information to prevent or lessen a serious and imminent threat to a person's health or safety.

### **Research**

We may use or disclose your protected health information, if our Institutional Review Board or other board for the protection of human subjects, approves a waiver of authorization and certain safeguards are in place to ensure the privacy of your protected health information.

### **Emergency Situations**

We may disclose information to medical personnel to treat an emergency condition that poses an immediate threat and requires immediate medical intervention.

### **As Required by Law**

We may use and disclose your protected health information when required to do so by any other federal, state, or local law not already referred to in the preceding categories.

**Pacific Clinics will not disclose protected health information for any purpose other than described above, until you give us written authorization on our form or in a written statement prior to any use or disclosure of your protected health information.**

**Pacific Clinics may disclose your protected health information with your authorization under the following conditions**

- Your attorney with proper authorization to disclose/use protected health information. If you are unable to sign, we may release records to your attorney if we determine the attorney represents your interests.
- A person you designate with the approval of your treatment staff.
- A person designated in writing by your parent, guardian, or conservator.
- A professional person not employed by the Clinics, who does not have responsibility for your medical or mental health care.
- A potential employer's qualified psychiatrist as a result of an application for employment, unless the professional person responsible for your care deems the release contrary to your best interests.
- A probation officer for evaluation purposes, if you have been convicted of a crime, if you were previously confined in, or otherwise treated by, a facility.
- An applicant or recipient of services from the state Department of Developmental Services (or the person's representative) for the purpose of appealing an adverse eligibility or benefits decision.
- A county clients' rights advocate upon presentation of your written authorization or by the "client's" guardian.

**Pacific Clinics may disclose your protected health information to family members and other persons in the following circumstances**

We may disclose your protected health information to a family member or other person designated by you ("Designee") if we ask you and advise you of your right not to disclose such information. If you consent, we may advise your family member or Designee of your admission, release, transfer, serious illness or injury, diagnosis, prognosis, medication prescribed and their side effects (if any), your general progress, and in the case of a disaster, the entity assisting in a disaster. We would disclose only information we believe is directly relevant to the family member or Designee's involvement in your health care. You may advise us, in writing, that you do not want us to disclose such information. If you object, no information may be disclosed. If you are incapacitated or otherwise unable to consent or object to the disclosure of information, we are limited to confirming your presence in our Clinic. If, however, you are receiving services for alcohol or drug abuse, federal law prohibits any disclosure.

If you are a minor, you have the right to request that certain information not be disclosed to your parent or guardian.

## **You have a right to:**

### **Inspect and Copy Your Protected Health Information Upon Request**

You may make a written request to inspect and copy your protected health information. However, we are not required to provide you access to all the protected health information that we maintain. For example, this right does not extend to information compiled in anticipation of, or for use in, a civil, criminal or administrative proceedings. Access may be denied if disclosure would reasonably endanger you or another person.

### **Request Restrictions on Certain Uses and Disclosures of Your Protected Health Information**

You may make a written request that identifies how you would like Pacific Clinics to restrict its uses and disclosures of protected health information for treatment, payment and health care operations. However, we are not required to agree to these requests. We are committed to your healthcare and strongly believe that all our information is necessary to perform effectively in these areas.

You may make a written request that restricts or prohibits Pacific Clinics from disclosure of limited medical information related to your location or condition to your friends and family, and in the case of a disaster, the entity assisting in a disaster.

### **Seek an Amendment of Your Protected Health Information**

You may make a written request for an amendment to your protected health information. You must state a reason to support the requested amendment. If we disagree with the requested amendment we will permit you to include a statement disagreeing with the denial in the record. Moreover, we will provide you with a written explanation of the reasons for the denial and the procedures for filing appropriate complaints and appeals.

### **Make a Complaint**

If you desire further information about your privacy rights, are concerned that we have violated your privacy rights or disagree with a decision that we made about access to your protected health information, you may contact our Privacy Office at (626) 254-5000. You may also file written complaints with the Director, Office of Civil Rights of the U.S. Department of Health and Human Services Region IX, 50 United Nations Plaza, Room 322, San Francisco, CA 94102. Or call 415 437-8310, TDD 415 437-8311. We will not retaliate against you if you file a complaint with us or the Director of HHS.

### **Receive an Accounting of Disclosures of Your Protected Health Information**

You may make a written request for an accounting of protected health information disclosures made by us within six (6) years prior to the date of your request. The accounting will not include disclosures related to treatment, payment or health care operations, disclosures to you based on your consent, authorization or other means permitted by the Privacy Regulations, disclosures to persons involved in your care, or disclosures that occurred prior to April 14, 2003. Your first request for an accounting each year, is free.

### **Revoke Your Authorization**

You may make a written request to revoke your prior authorization for the use or disclosure of your protected health information. However, such revocation will not have any effect on uses or disclosures prior to the receipt of the revocation.

### **Right to Receive Confidential Communications**

You may request, and we will accommodate, any reasonable written request for you to receive your protected health information by alternative means of communication or at alternative locations. Pacific Clinics would need to ensure that any requested method be in compliance with current protected health information privacy and/or security standards. For example, you may ask us to only contact you at work or by mail. Your request must specify how or where you wish to be contacted.

### **Receive Paper Copy of this Notice**

**You have the right to request and receive a paper copy of this notice at any time.**

## **Pacific Clinics' Right to Change Terms of this Notice**

Pacific Clinics reserves the right to change the terms of this Notice at any time. If we change this Notice, new notice terms will be effective for all protected health information the Clinics maintains, whether created or received prior to issuing the new notice. Any new Notice will be posted in the Clinics waiting areas and on our web site at [www.pacificclinics.org](http://www.pacificclinics.org). You also may obtain any new notice by contacting the Privacy Office as provided below:

**Pacific Clinics Privacy Office  
800 S. Santa Anita Avenue  
Arcadia, CA 91006  
Telephone Number: (626) 254-5000**