**NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

[Revised per the Omnibus HIPAA Final Rule Effective March 26, 2013]

You have chosen to receive mental health and related services from WestCoast Children’s Clinic.

WestCoast Children’s Clinic is a provider in the Alameda County Behavioral Health Care Services (ACBHCS) Program and in the San Francisco Department of Public Health Community Behavioral Health Services (SFCBHS). While this document describes WCC’s Privacy Practices, you may inspect a copy or request a copy of the privacy practices of the county health plan of which you are a member.

**Alameda County Behavioral Health Services Clients**

The Alameda County BHCS Program consists of a comprehensive range of services provided at various sites throughout Alameda County. This provider and/or service site is a component of ACBHCS and is identified on the signature page (last page of this document). If you have any questions about this notice, please contact your health care provider or Alameda County Behavioral Health Care Services’ Consumer Assistance Office at (800) 779-0787.

**San Francisco Department of Public Health Community Behavioral Health Services**

The San Francisco DPH CBHS program consists of a comprehensive range of services provided at various sites throughout the City and County of San Francisco and throughout the greater San Francisco Bay Area. This provider and/or service site is a component of SFPDH CBHS and is identified on the signature page. If you have any questions about this notice, please contact your health care provider or the SF DPH Privacy Officer at (415) 206-2354.

**Purpose of this Notice**

This notice describes the privacy practices of ACBHCS and/or SFDPH CBHS, its departments and programs and the individuals who are involved in providing you with health care services. These individuals are health care professionals and other individuals authorized by the County of Alameda or the City and County of San Francisco to have access to your health information as a part of providing you services or compliance with state and federal laws.

Health care professionals and other individuals include:

* Physical health care professionals (such as medical doctors, nurses, technicians, medical students);
* Behavioral health care professionals (such as psychiatrists, psychologists, licensed clinical social workers, marriage and family therapists, psychiatric technicians, and registered nurses, interns);
* Other individuals who are involved in taking care of you at this agency or who work with this agency to provide care for its beneficiaries, including ACBHCS/SFDPH employees, staff, and other personnel who perform services or functions that make your health care possible.

These people may share health information about you with each other and with other health care providers for purposes of treatment, payment, or health care operations, and with other persons for other reasons as described in this notice.

**Our Responsibility**

Your 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.

This notice will:

* Identify the types of uses and disclosures of your information that can occur without your advance written approval.
* Identify the situations where you will be given an opportunity to agree or disagree with the use or disclosure of your information.
* Advise you that other disclosures of your information will occur only if you have provided us with a written authorization.
* Advise you of your rights regarding your personal health information.

**How We May Use and Disclose Health Information about You**

The types of uses and disclosures of health information can be divided into categories. Described below are these categories with explanations and some examples. Not every type of use and disclosure can be listed, but all uses and disclosures will fall within one of the categories.

* **Treatment.** We may use or share your health information to provide you with medical treatment or other health services. The term “medical treatment” includes physical health care treatment and also “behavioral health care services” (mental health services and alcohol or other drug treatment services) that you might receive. For example, a licensed clinician may arrange for a psychiatrist to see you about possible medication and might discuss with the psychiatrist his or her insight about your treatment. Or, a member of our staff may prepare an order for laboratory work to be done or to obtain a referral to an outside physician for a physical exam. If you obtain health care from another provider, we may also disclose your health information to your new provider for treatment purposes.
* **Payment.** We may use or share your health information to enable us to bill you or an insurance company or third party for payment for the treatment and services that we had provided to you. For example, we may need to give your health plan information about treatment or counseling you received here so that they will pay us or reimburse you for the services. We may also tell them about treatment or services we plan to provide in order to obtain prior approval or to determine whether your plan will cover the treatment. If you obtain health care from another provider, we may also disclose your health information to your new provider for payment purposes.
* **Health Care Operations.** We may use and disclose health information about you for our own operations.
	+ **Alameda County:** Alameda County includes several departments that provide operations support to the Alameda County Behavioral Health Care Services, such as the Auditor-Controller, County Administrator, County Counsel, and others. We may share limited portions of your health information with Alameda County departments but only to the extent necessary for the performance of important functions in support of our health care operations. These uses and disclosures are necessary to the successful operation of the Alameda County Behavioral Health Care Services and to make sure that all of our beneficiaries receive quality care. For example, we may use your health information:
		- To review our treatment and services and to evaluate the performance of the staff in caring for you.
		- To help decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective.
		- For the review or learning activities of doctors, nurses, clinicians, technicians, other health care staff, students, interns and other agency staff.
		- To help us with our fiscal management and compliance with laws.
	+ **San Francisco City & County**: Health information about you may be used and shared ffor DPH operations. DPH may need to use and share this information to run its facilities and make sure that all DPH patients receive quality care. For example, DPH may use your information to review treatment services and to check on the care you receive from DPH health workers. Health information about many DPH patients may be combined to decided what additional services the DPH should offer, what services are needed and whether certain new processes are effective. Collections of information about many DPH patients may be compared with information from other non-DPH health care settings to see whether care and services at DPH can be improved. Information that identifies you may be removed from health information to study health care and health care delivery. Information may be shared to DPH doctors, nurses, technicians, and other DPH staff for review and learning purposes.

 If you obtain health care from another provider, we may also disclose your health information to your new provider for certain of its health care operations. In addition, we may remove information that identifies you from this set of health information so that others may use it to study health care and health care delivery without learning the identity of specific patients.

**Disclosures For Which We are Not Required to Give You an Opportunity to Agree or Object.**

In addition to the above situations, the law permits us to share your health information without first obtaining your permission. These situations are described next.

* **As Required by Law.** We will disclose health information about you when required to do so by federal, state, or local law. For example, information may need to be disclosed to the Department of Health and Human Services to make sure that your rights have not been violated.
* **Suspicion of Abuse or Neglect**. We will disclose your health information to appropriate agencies if relevant to a suspicion of child abuse or neglect, or elder or dependent adult abuse and neglect, or if you are not a minor, if you are a victim of abuse, neglect or domestic violence and either you agree to the disclosure or we are authorized by law to disclose this and it is believed that disclosure is necessary to prevent serious harm to you or others.
* **Public Health Risks.** We may disclose health information about you for public health activities. These activities generally include the following:
* To prevent or control disease, injury or disability;
* To report births and deaths;
* To report reactions to medications or problems with products;
* To notify people of recalls of products they may be using;
* To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
* **Health Oversight Activities.** We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
* **Lawsuits and Disputes.** If you are involved in a lawsuit or dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only as authorized by law and only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested. If your health information is mental health information then the information will not be disclosed in the dispute except that it may be disclosed to the court for the administration of justice, under California law.
* **Law Enforcement.** We may release health information if asked to do so by a law enforcement official:
	+ In response to a court order or similar directive.
	+ To identify or locate a suspect, witness, missing person, etc.
	+ To provide information to law enforcement about a crime victim.
	+ To report criminal activity or threats concerning our facilities or staff.
* **Coroners, Medical Examiners and Funeral Directors.** We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about patients at our facilities in order to assist funeral directors as necessary to carry out their duties.
* **Organ or Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ donations or transplants.
* **Research.** We may use or disclose your information for research purposes under certain limited circumstances.
* **To Avert a Serious Threat to Health or Safety.** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety, or to the health and safety of the public or another person. Any disclosure however, would only be to someone who we believe would be able to prevent the threat or harm from happening.
* **For Special Government Functions.** We may use or disclose your health information to assist the government in its performance of functions that relate to you. Your health information may be disclosed (i) to military command authorities if you are a member of the armed forces, to assist in carrying out military mission; (ii) to authorized federal officials for the conduct of national security activities; (iii) to authorized federal officials for the provision of protective services to the President or other persons or for investigations as permitted by law; (iv) to a correctional institution, if you are in prison, for health care, health and safety purposes; (v) to workers’ compensation programs as permitted by law; (vi) to government law enforcement agencies for the protection of federal and state elective constitutional officers and their families; (vii) to the California Department of Justice for movement and identification purposes about certain criminal patients, or regarding persons who may not purchase, possess or control a firearm or deadly weapon; (viii) to the Senate or Assembly Rules Committee for purpose of legislative investigation; (ix) to the statewide protection and advocacy organization and County Patients’ Rights Office for purposes of certain investigations as required by law.
* **Other Special Categories of Information.** Special legal requirements may apply to the use or disclosure of certain categories of information –– e.g., tests for the human immunodeficiency virus (HIV) or treatment and services for alcohol and drug abuse. In addition, somewhat different rules may apply to the use and disclosure of medical information related to any general medical (non-mental health) care you receive.
* **Psychotherapy Notes.** Psychotherapy notes means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual’s medical record. Psychotherapy notes excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

We may use or disclose your psychotherapy notes, as required by law, or:

* For use by the originator of the notes
* In supervised mental health training programs for students, trainees, or practitioners
* By this provider to defend a legal action or other proceeding brought by the individual
* To prevent or lessen a serious & imminent threat to the health or safety of a person or the public
* For the health oversight of the originator of the psychotherapy notes
* For use or disclosure to coroner or medical examiner to report a patient’s death
* For use or disclosure necessary to prevent or lessen a serious & imminent threat to the health or safety of a person or the public
* For use or disclosure to the Secretary of DHHS in the course of an investigation

**Disclosure Only After You Have Been Given Opportunity To Agree or To Object.**

There are situations where we will not share your health information unless we have discussed it with you (if possible) and you have not objected to this sharing. These situations are:

* **Psychotherapy Notes** While we are permitted to use or disclose your psychotherapy notes, as described above, our preferred practice is to seek your written authorization to share the information contained in psychotherapy notes.
* **Patient Directory.** Where we keep a directory of our patients’ names, health status, location of treatment, etc. for purposes of disclosure to members of the clergy or to persons who ask about you by name, we will consult you about whether your information can be shared with these persons.
* **Persons Involved in Your Care or Payment for Your Care.** We may disclose to a family member, a close personal friend, or another person that you have named as being involved with your health care (or the payment for your health care) your health information that is related to the person’s involvement. For example, if you ask a family member or friend to pick up a medication for you at the pharmacy, we may tell that person what the medication is and when it will be ready for pick-up. Also, we may notify a family member (or other person responsible for your care) about your location and medical condition provided that you do not object.
* **Disclosures in Communications with You.** We may have contacts with you during which we will share your health information. For example, we may use and disclose health information to contact you as a reminder that you have an appointment for treatment here, or to tell you about or recommend possible treatment options or alternatives that might be of interest to you. We may use and disclose health information about you to tell you about health-related benefits or services that might be of interest to you. While some facilities may request to contact you for fundraising purposes, WestCoast Children’s Clinic will not solicit you for fundraising.
* **Other Uses of Health Information.** Other uses and disclosures of health information 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 health information 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 to you.

**Your Rights Regarding Health Information About You**

You have the following rights regarding health information we maintain about you:

* **Right to Inspect and Copy.** You have the right to inspect and copy this health 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.
* **Right to Amend.** If you feel that 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 as 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 health information kept by or for our facility;
	+ is not part of the information which you would be permitted to inspect or copy.

 Even if we deny your request for an amendment, you have the right to submit a written addendum, not to exceed 250 words, with respect to any item or statement in your record you believe is incomplete or incorrect. If you clearly indicate in writing that you want the addendum to be made part of your health record we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect.

* **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. You have the right to request a restriction on information disclosed to your health plan if the disclosure is purely for carrying out payment or health care operations and the requested restriction is for services paid out-of-pocket. You also have the right to request a limit on the health information 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 friend or family member about your diagnosis or treatment.

 If we agree to your request to limit how we use your information for treatment, payment, or health care 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 to your provider. 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.

* **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to your provider. We will not ask you for the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
* **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 this 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 from your provider or from the Alameda County Behavioral Health Care Services’ office. That office is generally open from Monday to Friday from 9:00 a.m. to 4:00 p.m. (except holidays).
	+ You may obtain a copy of this notice by writing to SF DPH Privacy Officer at 2789 25th Street, San Francisco, CA, 94110 or at www.dph.sf.ca.us./insidedph
* **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 health 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 disclosure.
* Disclosures that were made with your written authorization.
* Certain other disclosures that we made as allowed or required by law.

To request this list or accounting of disclosures, 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 may not be longer than six (6) 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). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

 If we use an Electronic Health Record (EHR) to maintain your health information, we are required to provide you with an accounting of disclosures including those needed for treatment, payment or health care operations for a three (3)-year period. You have a right to access your health information in electronic format, where it is available. We will notify you in writing as required by law when we adopt an EHR.

 In addition, we are required to notify you as required by law if your health information is unlawfully accessed or disclosed.

* **Right to Notification of Privacy Breaches**: We are required to notify you if there has been a breach of your unsecured protected health information.

**Changes to this Notice**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our facilities. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at a new service site, they will provide you with a copy of the current notice in effect.

**Complaints**

If you believe your privacy rights have been violated, you may file a complaint with the facility’s privacy or security officer or with the Secretary of the Department of Health and Human Services.

* To file a complaint with the facility, contact the Alameda County Consumer & Family Assistance Line (CFA Line) at 1-800-779-0787, which is the group responsible for handling complaints. That group can provide you with more information about this notice and our confidentiality practices. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
* To file a complaint with the facility, contact the San Francisco Behavioral Health Access Center (415-503-4703) or the Office of Cultural Competence and Client Relations at (415-255-3422) for assistance in filing a grievance. You have the option at anytime and without reprisal to use the formal grievance process for San Francisco Department of Public Health.

**Acknowledgement of Receipt of Notice of Privacy Practices**

Your dated signature on the last page of this packet acknowledges that you were provided with this Notice of Privacy Practices.