

## Notice of Privacy Practices

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

**PLEASE REVIEW IT CAREFULLY**

If you have any questions about this notice, please contact our Privacy Officer at (408) 846-2100.

**WHO WILL FOLLOW THIS NOTICE:** This notice describes the information privacy practices of Rebekah Children's Services (RCS) and its affiliated staff, sites and locations. All RCS entities, sites and locations may share information with each other for treatment, payment or health care operations purposes within the described limits.

**WHAT IS "PROTECTED HEALTH INFORMATION"?**

Your protected health information (PHI) is health information that contains identifiers such as your name, social security number or other information that reveals who you are.

**WHAT IS "ELECTRONIC PROTECTED HEALTH INFORMATION"?**

Electronic projected health information (ePHI) refers to any protected health information (PHI) that is covered under Health Insurance Portability and Accountability Act of 1996 (HIPAA) Security Rule and is produced, saved, transferred or received in an electronic form.

**OUR PLEDGE REGARDING INFORMATION:** We understand that information we maintain about you is personal. We are committed to protecting your information. RCS creates a record of the care and services rendered to all its clients. We need this record to provide you with quality care and to comply with legal requirements. This notice applies to all of the records of your care generated by or available to RCS personnel.

This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of information.

***Under Federal and State law, RCS is required to:***

- make sure that information that identifies you is kept private (that is, handled as "protected health information").
- give you this notice of our legal duties and privacy practices with respect to information about you.
- follow the terms of the notice that is currently in effect.

**HOW WE MAY USE AND DISCLOSE INFORMATION ABOUT YOU:** The following categories describe different ways that we use and disclose your health information. For each category of use or disclosure we will explain what we mean. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories. In general, it is the practice of RCS to obtain the parent/legal guardian's signature on consent and authorization forms specific to the services RCS will provide and the information RCS will obtain from or share with others.

**For Treatment:**

- We may use information about you to provide you with treatment or services.
- We may disclose information about you to doctors, nurses, clinicians, facilitators, counselors, specialists, interns or other agency personnel who are involved in providing care for you at RCS.
- We also may disclose information about you to people outside of RCS or its affiliates who may be involved in your treatment after you leave RCS, such as family members, social workers, school employees or others involved in providing services to you.

**For Payment:**

- We may use and disclose information about you so that the treatment and services you receive at RCS may be billed to and payment may be collected from you, an insurance company or a third party.
- We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

**For Health Care Operations:**

- We may use and disclose information about you for RCS operations. These uses and disclosures are necessary to make sure that all of our clients receive appropriate care.
- We may also combine information about many RCS clients to decide what additional services RCS should offer, what services are not needed, and whether certain services are effective.
- We may also disclose information to doctors, nurses, clinicians, interns, counselors, specialists and other agency personnel for review and learning purposes.
- We may provide information to representatives of organizations with oversight responsibility for compliance, licensure, quality of care and funding purposes.

- We may also combine the information we have with information from other agencies to compare how we are doing and see where we can make improvements in the care and services we offer.

**Appointment Reminders:** We may use and disclose health information to contact you as a reminder that you have an appointment at RCS. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone.

**Sign in sheet:** We may use and disclose health information about you by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.

**Information about treatments:** Your health information may be used to send you information on the treatment and management of your health condition that you may find interesting. We may also send you information to tell you about our health-related products or services that may be of interest to you.

**Fundraising Activities:** We may use information about you to contact you in an effort to raise money for RCS and its operations. If you do not want to participate in fund-raising efforts, please check the following box:

Please do not use my information for fund-raising purposes.

**Marketing:** Unless you requested us not to, there are some marketing activities for which we may use your name and address, to provide you with information about services available at our agency. If you rather not receive marketing communication from our practice, please check off the following box:

Please do not use my information for marketing purposes.

**Individuals Involved in Your Care or Payment for Your Care:** We may release information about you to a friend, family member or other individual who is involved in your health care. We may also give information to someone who helps pay for your care. In addition, we may disclose information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

**Research:** Under certain circumstances, we may use and disclose information about you for research purposes. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of information. You will always be asked for your specific permission for a researcher to access information that reveals who you are.

**Business Associations:** At times, RCS hires certain individuals or companies to perform business functions, such as clerical tasks if a permanent staff member is out on medical leave. RCS has a contract with each individual or company that insures that the privacy of our clients are protected.

**To Avert a Serious Threat to Health or Safety:** We may use and disclose information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

**SPECIAL SITUATIONS:**

**Health Oversight Activities:** We may disclose information to a health oversight agency for activities authorized by law (for example Community Care Licensing, Santa Clara County Mental Health). These oversight activities include, for example, audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by federal and California law.

**Public Health Reporting:** We may disclose information about you to public health agencies as required by law. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report the abuse or neglect of children, elders and dependent adults;
- 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;
- to notify the appropriate government authority if we believe a client has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Judicial and administrative proceedings:** Your health information may be disclosed in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information in response to a subpoena.

**Law Enforcement:** We may release your health information if asked to do so by a law enforcement official as allowed by government mandated reporting:

- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- In response to a court order, subpoena, warrant, summons or similar process;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at RCS.

**Workers' Compensation:** We may release your health information to comply with worker's compensation laws. We are also required by law to report cases of occupational injury or occupational illness to the employer or worker's compensation insurer.

**Coroners:** We may release information to a coroner in connection with their investigations of death.

**Specialized government functions:** We may release your health information for military or national security purposes to to correctional institutions or law enforcement officers that have you in their lawful custody.

**Protective Services for the President and Others:** We may disclose information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

**All other uses and disclosures of your PHI require your prior written authorization:** Except for those uses and disclosures described above, we will not use or disclose your PHI without your written authorization. When your authorization is required and you authorize us to use or disclose your PHI for some purpose, you may revoke that authorization by notifying us in writing at any time. Please note that the revocation will not apply to any authorized use or disclosure of your PHI that took place before we received your revocation.

**Duty to Notify:** In the event that there is an impermissible disclosure that results in a breach of your PHI or ePHI, you will be notified within 60 days of the discovery of a breach.

**YOUR RIGHTS REGARDING INFORMATION ABOUT YOU:** You have the following rights regarding information we maintain about you:

**Right to Inspect and Receive a Copy:** You have the right to inspect and receive copies of your health information that have been produced and may be used to make decisions about your care. To inspect and request a copy of your health information you must submit your request in writing to the Privacy Officer by completing an "Access to Records Request" form. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and obtain a copy in certain very limited circumstances. We may offer a summary of your treatment rather than the complete record. If you are denied access to information, you may request that the denial be reviewed. Another licensed health care professional chosen by RCS will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review. RCS maintains records for a period of time consistent with federal and state legislated retention periods.

**Your right to choose how we send PHI to you:** You may ask us to send your PHI to you in a particular method such as to a particular address (for example, your work address) or by different means (for example, fax instead of regular mail, or electronically). We will try to accommodate your request, if possible. If it's not feasible, we will communicate with you and come to an agreement of how to provide you with your health information.

**Right to Amend:** If you feel that information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for RCS.

To request an amendment, your request must be made in writing and submitted to the Privacy Officer. In addition, 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 (1) was not created by us; (2) is not part of the information kept by or for RCS; or is not part of the information which you would be permitted to inspect and copy; or (3) is accurate and complete.

Even if we deny your request for amendment, you have the right to submit a written addendum, within reasonable limits, 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 an Accounting of Disclosures:** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of information about you other than our own uses for treatment, payment and health care operations, (as those functions are described above), those disclosures that were authorized by you and other exceptions as required by law.

To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer. Your request must state a time period which may not be longer than six 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, 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.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the information we use or disclose about you for treatment, payment or health care operations. You have the right to request a limit on the 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.

You also have the right to restrict the disclosure of you information to a health plan with respect to health care for which you have paid for out-of-pocket and in full.

We will review and consider your request. You must make your request in writing to the Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

**Right to Request Confidential Communications:** You have the right to request that we communicate with you about health 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 the Privacy Officer. We will not ask you 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 This Notice:** You have the right to a paper 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. (1) You may obtain a copy of this notice at our website: <http://www.rcskids.org>, or (2) to obtain a paper copy of this notice, contact our Privacy Officer at (408) 846-2100. A copy of our Notice of Privacy Notice is also available at the front desk.

**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 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 all RCS sites. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at or are admitted to RCS for treatment or services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

**COMPLAINTS:** If you believe your privacy rights have been violated, you may file a complaint with RCS by contacting the Privacy Officer at (408) 846-2100 or by writing to: Privacy Officer, Rebekah Children's Services, 290 IOOF Avenue, Gilroy, CA 95020; or with the Mental Health Compliance Manager, Santa Clara County Mental Health Administration, 828 S. Bascom Avenue, Suite 200, San Jose, CA 95128; or with the Secretary of the Department of Health and Human Services, Washington, DC. All complaints must be submitted in writing.

**You will not be penalized for filing a complaint.**

**OTHER USES OF INFORMATION:** Other uses and disclosures of 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 information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, this will stop any further use or disclosure of your information for the purposes covered by your written authorization, except if we have already acted in reliance on your permission. 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.