

## Notice of Privacy Practices

We respect our clients' confidentiality and only release information about you in accordance with state and federal laws.

**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.**

This notice describes my policies related to the use of the records of your care. We are required to give you this Notice about (1) [the use and disclosure of your health information](#), (2) [our legal responsibilities](#), and (3) [your rights concerning your health information](#) and to abide by the terms of this notice.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional information, contact Kevin S. Thomas, Ph.D., Privacy Officer, 228 West Main Street, Tustin, CA 92780, (714) 665-8064.

### **1. USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION**

We use and disclose the minimum necessary health information about you for your treatment, for payment for your services, and for South County Behavioral Health's (SCBH) health care operations.

- a. For Treatment.** We use and disclose your health information internally in the course of your treatment at SCBH. For example, we may give information to another SCBH health care professional for the purpose of referral within SCBH. If we wish to provide information outside of SCBH for your treatment by another health care provider, we will have you sign an authorization for release of information.
- b. For Payment.** We may use and disclose your health information to obtain payment for services we provide to you as delineated in the "Office Policies and General Information Agreement to Provide Mental Health Services" form. For example, we may need to give insurance companies (if applicable) or other agencies the minimum necessary information in order for them to pay us for the service we have provided to you.
- c. For Health Care Operations.** We may use and disclose your health information within SCBH as part of our internal health care operations. For example, this could mean a review of records to assure quality. We may also use your information to tell you about services, educational activities, and programs that we feel might be of interest to you.

## 2. INFORMATION DISCLOSED WITHOUT YOUR CONSENT

Under Oregon and federal law, information about you may be disclosed without your consent in the following circumstances.

- a. **Emergencies.** Sufficient information may be shared to address an immediate emergency you are facing.
- b. **Judicial and Administrative Proceedings.** We may disclose your personal health information in the course of a judicial or administrative proceeding in response to a valid court order or other lawful process, including if you were to make a claim for Workers Compensation.
- c. **Public Health Activities.** If we felt you were an immediate danger to yourself or others, we may disclose health information about you to the authorities, as well as alert any other person who may be in danger.
- d. **Child/Elder Abuse.** We may disclose health information about you related to the suspicion of child and/or elder abuse or neglect.
- e. **Criminal Activity or Danger to Others.** We may disclose health information if a crime is committed on our premises or against our personnel, or if we believe there is someone who is in immediate danger.
- f. **National Security, Intelligence Activities, and Protective Services to the President and Others.** We may release health information about you to authorized federal officials as authorized by law in order to protect the President or other national or international figures, or in cases of national security.
- g. **Health Oversight Activities.** We may disclose health information to a health oversight agency for activities authorized by law. These activities might include audits or inspections and are necessary for the government to monitor the health care system and assure compliance with civil rights laws. Regulatory and accrediting organizations may review your case record to ensure compliance with their requirements. The minimum necessary information will be provided in these instances.
- h. **Business Associates.** SCBH may disclose the minimum necessary health information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, SCBH contracts with a financial audit firm to review the finances of SCBH on a yearly basis. In the process of the audit, they may come in contact with client billing records. All of our business associates sign agreements to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.



- i. **Marketing.** SCBH may send you newsletters or information about services we provide in which we feel you might be interested. You may at any time request that your name be removed from our mailing list. We will not disclose any information to a third party for their use in telemarketing, direct mail marketing, or marketing through electronic mail.
- j. **Scheduling Appointments.** SCBH may use your phone number to call you and leave messages to schedule or remind you of appointments.

## 2. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION:

- a. **Right to Inspect and Copy.** You have the right to look at or get copies of your health information, with limited exceptions. Your request must be in writing. If you request a copy of the information, a reasonable charge may be made for the costs incurred.
- b. **Right to Amend.** You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We have the right to deny your request under certain circumstances.
- c. **Right to an Accounting of Disclosures.** You have the right to receive a list of instances in which we have disclosed your health information for a purpose other than treatment, payment, or health care operations. To request an accounting of disclosures, you must submit your request in writing to the Privacy Officer (Kevin S. Thomas, Ph.D.). Such accountings are available for disclosures beginning April 14, 2003, and remain available for eight years after the last date of service at SCBH.
- d. **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 example, you could ask that we not share information with an insurance company, in which case you would be responsible to pay in full for the services provided. While you are in treatment, a written request should be made with your therapist. To request a restriction after therapy is completed, you must make your written request to the Privacy Officer of SCBH. We are not required to agree to your request, but we will consider the request very seriously. If we agree, we will abide by our agreement unless the information is needed in an emergency or by law.
- e. **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 may ask that we contact you only by mail or at work. You must make this request in writing and it must specify the alternative means or location that you would like us to use to provide you information about your healthcare. We will make every attempt to accommodate reasonable requests.

**f. Right to Obtain a Paper Copy of this Notice.** You have the right to receive a paper copy of this notice and any amended notice upon request. Any other uses and disclosures not set out in the information above will be made only with your written authorization. You may revoke a written authorization for release of information at any time. The revocation must be in writing and will become effective when it has been received by SCBH and will only be for disclosures not already completed.

We reserve the right to change our privacy practices provided such changes are permitted by applicable law. Before the effective date of a material change, however, we will change this Notice and make a new Notice available to you at the reception desks or lobbies at each site.

Beginning April 14, 2003, we are required to abide by the terms of Notice.

### **QUESTIONS AND COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with us, or you may file a complaint with the U. S. Department of Health & Human Services. To obtain additional information, or to file a complaint with us, contact the Privacy Officer at (714) 665-8064. We will not retaliate in any way if you choose to file a complaint.

This Notice is effective 8-1-03 (Revised)



**Kevin S. Thomas, Ph.D.**  
Licensed Psychologist (PSY20836)  
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Tustin, CA 92780  
(714) 852-1231

**Client Acknowledgement and Consent Regarding Privacy Practices.**

The Notice of Privacy Practices provides information about how I may use and disclose protected health information about you. You have the right to review the notice before signing this consent. If the terms of the notice change, I can provide you with a revised copy at your request.

By signing this form, you consent to my use and disclosure of protected health information about your treatment, payment, or mental health care operations. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

I, \_\_\_\_\_ have received a copy of the Notice of Privacy Practices.

\_\_\_\_\_  
Signature of client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of therapist

\_\_\_\_\_  
Date

Copy accepted by client     Copy kept by therapist

*This is a strictly confidential patient medical record. Redisclosure or transfer is expressly prohibited by law.*