



San Fernando Valley Community Mental Health Center, Inc.
SFVCMHC, INC. NOTICE OF PRIVACY PRACTICES:
Acknowledgement of Receipt Effective Date: April 14, 2003

ACKNOWLEDGEMENT OF RECEIPT

By signing this form, you acknowledge receipt of the *Notice of Privacy Practices* of San Fernando Valley Community Mental Health Center, Inc. (SFVCMHC, Inc). Our *Notice of Privacy Practices* provides information about how we may use and disclose your Protected Health Information. We encourage you to review it carefully.

Our *Notice of Privacy Practices* is subject to change. If we change our Notice, you may obtain a copy of the revised Notice by visiting our website at <http://www.sfvcmhc.org> or on request from your Treatment Team.

I acknowledge receipt of the *Notice of Privacy Practices* of SFVCMHC, Inc.

Signature _____ Date: _____
(client/parent/conservator/guardian)

ABILITY TO OBTAIN ACKNOWLEDGEMENT

To be completed only if no signature is obtained. If it is not possible to obtain the individual's acknowledgement, describe the good faith efforts made to obtain the individual's acknowledgement, and the reasons why the acknowledgement was not obtained:

Signature/discipline of Treatment Team Member: _____ Date: _____

Reasons why the acknowledgement was not obtained:

- Client refused to sign (see progress notes for explanation)
- Other Reason or Comments:



San Fernando Valley Community Mental Health Center, Inc.
SFVCMHC, INC. NOTICE OF PRIVACY PRACTICES:
Effective Date: April 14, 2003

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.

WHO WILL FOLLOW THIS NOTICE

This Notice describes SFVCMHC, Inc. practices and that of:

- All employees, staff and other SFVCMHC, Inc. personnel.
- Any member of a volunteer group we allow to help you while you receive services from SFVCMHC, Inc.

OUR PLEDGE REGARDING YOUR MEDICAL INFORMATION

We understand that health information about you and your health is personal. We are committed to protecting health information about you. We create a record of the care and services you receive with the Center. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated by the Center. As required and when appropriate, we will ensure that the minimum necessary information is released in the course of our duties.

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 regarding the use and disclosure of health information.

We are required by law to:

- Keep your health information, also known as “protected health information” or “PHI,” private;
- Give you this Notice of our legal duties and privacy practices with respect to your PHI; and
- Follow the terms of the Notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

The following categories describe different ways that we use and disclose protected health information. For each category of uses or disclosures we will explain what we mean and try to

give some examples. 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.

For Treatment

We create a record of the treatment and services you receive at the Center. We may use your PHI to provide you with mental health treatment or services. We may disclose your PHI to doctors, licensed and non-licensed mental health staff, interns, or other facility personnel who are involved in taking care of you at the Center. For example, a doctor treating you for a chemical imbalance may need to know if you have problems with your heart because some medications affect your blood pressure. We may share your PHI in order to coordinate the different things you need, such as prescriptions, blood pressure checks and lab tests, and to determine a correct diagnosis.

We also may disclose your PHI to people outside the Center who may be involved in your treatment, such as your case manager, or other persons for coordination and management of your health care. Your mental health information may only be released to health care professionals outside the Center without your authorization if they are responsible for your physical or mental health care.

For Payment

We may use and disclose your PHI in order to get paid for the treatment and services we have provided you. For example, we may need to give your health plan information about a medication, visit, or treatment session you received at the Center so your health plan will pay us. 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 your PHI to carry out activities that are necessary to run Center programs and to make sure that all of our clients receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many facility clients to decide what additional services the facility should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, licensed and non-licensed mental health staff, interns, and other facility personnel for review and learning purposes.

Appointment Reminders

We may use and disclose you PHI to contact you as a reminder that you have an appointment for treatment or mental health care at the facility.

Treatment Alternatives and Health-Related Products and Services

We may use and disclose your PHI to recommend possible treatment options or alternatives that may be of interest to you. Additionally, we may use and disclose PHI to tell you about health-related benefits or services that may be of interest to you (for example, Medi-Cal eligibility or Social Security benefits).

Individuals Involved in Your Care or Payment for Your Care

We may disclose your PHI to a friend or family member who is involved in your health care or payment related to your health care, provided that you agree to this disclosure, or we give you an opportunity to object to this disclosure. However, if you are not available or are unable to agree or object, we will use our judgment to decide whether this disclosure is in your best interests.

Disaster Relief Purposes

We may disclose your PHI to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. We will give you the opportunity to agree to this disclosure or object to this disclosure, unless we decide that we need to disclose your PHI in order to respond to the emergency circumstances.

USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU THAT DOES NOT REQUIRE YOUR AUTHORIZATION

As Required By Law

We will disclose your PHI when required to do so by federal, state or local law.

Workers' Compensation

We may release your PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks

We may disclose your PHI 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 a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but 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 PHI requested.

Law Enforcement

We may disclose PHI to government law enforcement agencies in the following circumstances:

- In response to a court order, warrant, subpoena, summons or similar process issued by a court.

- If a psychotherapist believes that it is likely that you present a serious danger of violence to another person.
- If we believe you have committed or have been a victim of a crime, and you are currently hospitalized, disclosures must be limited to information that directly relates to the factual circumstances of your treatment.
- To report your discharge, if you were involuntary detained after a peace officer initiated a 72-hour hold for evacuation and requested notification.
- In certain circumstances, if you have been admitted to a facility and have disappeared or been transferred.

Coroners, Medical Examiners and Funeral Directors

We may release PHI 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 medical information about clients to the facility to funeral directors as necessary to carry out their duties.

Specialized Government Functions

We may release your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

We may disclose your PHI to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Inmates

If you are an inmate or under the custody of a law enforcement official, we may release your PHI to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Other Uses of Your Medical Information

Other uses and disclosures of your PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your PHI for the reasons covered by the authorization, except that, we are unable to take back any disclosures we have already made when the authorization was in effect, and we are required to retain our records of the care that we provided to you.

RIGHTS REGARDING YOUR PHI

You have the following rights regarding your PHI in our records:

Right to Inspect and Copy

With certain exceptions, you have the right to inspect and copy your PHI from our records. Usually, this includes treatment and billing records.

To inspect and copy PHI that may be used to make decisions about you, you must submit your request in writing to your case manager or the person in charge of your treatment. A form will be provided to you for this request. If you request a copy of your PHI, 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 copy in certain circumstances. If you are denied the right to inspect and copy your PHI in our records, you may request that the denial be reviewed. With the exception of a few circumstances that are not subject to review, another licensed health care professional within SFVCMHC, Inc. who was not involved in the denial, will review the decision. We will comply with the outcome of the review.

Right to Request Amendment

If you feel that your PHI in our records is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as we keep your PHI.

To request an amendment, ask for a “Request to Amend Protected Health Information” form, and complete and submit this form to your case manager or the person in charge of your treatment. 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 PHI that:

- Was not created by us, unless you can provide us with a reasonable basis to believe that the person or entity that created the PHI is no longer available to make the amendment;
- Is not part of the PHI kept by or for the Center;
- Is not part of the PHI which you would be permitted to inspect and copy; or
- Is accurate and complete.

Even if we deny your request for amendment, you have the right to submit a **Statement of Disagreement** form, with a description 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 this form to be made part of your medical record, we will attach it to your records and include it whenever 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 your PHI other than our own uses for treatment, payment and health care operations, (as those functions are described above) and with other exceptions pursuant to the law.

To request this list or accounting of disclosures, ask for a “Request for an Accounting of Disclosures” form, and complete and submit this form to your case manager or the person in charge of your treatment. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. 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 the time before any costs are incurred.

Right to Request Restrictions

You have the right to request that we follow additional, special restrictions when using or disclosing your PHI for treatment, payment or health care operations. You also have the right to request that we follow additional, special restrictions when using or disclosing your PHI to someone who is involved in your care or the payment for your health care, like a family member or friend. For example, you could ask that we not use or disclose that you are receiving services at the Center.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, ask for a “Request for Additional Restrictions on Use or Disclosure of Protected Health Information,” and complete and submit this form to your case manager or the person in charge of your treatment. 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 your appointments or other matters related to your treatment in a specific way or at a specific location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, ask for a “Request to Receive Confidential Communications by Alternative Means or at Alternative Locations” form, and complete and submit this form to your case manager or to the person in charge of your treatment. Your request must specify how or where you wish to be contacted. We will not ask you the reason for your request. We will accommodate all reasonable requests.

Right to a Paper Copy of This 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 at our website: www.sfvcmhc.org

To obtain a paper copy of this Notice, please contact your Treatment Team.

CHANGES TO THIS NOTICE

We reserve the right to change the terms of 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 the facility. The Notice will contain on the first page, in the top right-hand corner, the effective date. If we change our Notice, you may obtain a copy of the revised Notice by visiting our website at www.sfvcmhc.org or you may request one from your Treatment Team.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us, Los Angeles County or the Federal Government. All complaints must be submitted in writing. **You will not be penalized or retaliated against for filing a complaint.** To file a complaint with us, or if you have comments or questions regarding our privacy practices, contact:

San Fernando Valley Community Mental Health Center, Inc. (SFVCMHC, Inc.)

Administrative Offices

Privacy Official

6931 Van Nuys Boulevard

Van Nuys, CA 91405

(818) 904-9703

Email: PrivacyOfficial@sfvcmhc.org

To file a complaint with Los Angeles County, contact:

Los Angeles County Chief Information Office (LACCIO)

Chief Information Privacy Officer

500 West Temple Street, Suite 493

Los Angeles, CA 90012

(213) 974-2164

Email: CIPO@cio.co_la_ca_us

To file a complaint with the Federal Government, contact:

Office of Civil Rights (Room 515F)

US Department of Health and Human Services

200 Independence Avenue, S.W.

Washington, D.C. 20201

Attention: RobinSue Frohboese, Ph.D., J.D. Acting Director

(202) 619-0805

(202) 619-0553