



**Mariposa County Behavioral Health and Recovery Services
NOTICE OF PRIVACY PRACTICES**

Effective: March 25, 2019

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.

If you have any questions about this notice, please contact the program Privacy Officer at (209)966-2000. Mariposa County Behavioral Health and Recovery Services (MCBHRS) is committed to protecting your personal health information and to assure you that MCBHRS understands the sensitive and personal nature of the information provided to us during the course of your treatment. MCBHRS also want to make you aware of how your protected health information is used and stored.

In order to provide you with quality care and to comply with certain legal requirements, MCBHRS creates a record of the services you receive with us. MCBHRS is required by law to:

- Make sure that information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

The following categories describe different ways that MCBHRS can use and disclose your health information. MCBHRS will provide you with examples of each category to help explain the purpose for the disclosure, but not every use or disclosure within that category will be listed. However, all of the ways MCBHRS is permitted to use and disclose your information will fall within one of those categories. **Alcohol & Drug programs have very strict laws regarding privacy and you will notice that the areas where the laws are different from MCBHRS Mental Health Programs have identified.**

MCBHRS operates as a single agency where mental health and alcohol and drug services are integrated for service delivery, medical records, billing and other administrative purposes.

Treatment

MCBHRS may use information about you to provide you with treatment or services. Information about you may be shared amongst Mariposa County Behavioral Health personnel involved in your treatment for the purpose of coordination of care between programs within Mariposa County for referral and treatment purposes.

For Mental Health clients MCBHRS may also share information with others outside Mariposa County Behavioral Health, who will be involved in your care. The doctors, nurses, therapists, case managers, and other clinical staff involved in your care may share information about you in order to coordinate services or determine how to best to meet your needs. For example, if you and your therapist believe that you may need assistance finding appropriate housing, a case management referral could be made and the case manager made aware of your particular needs. For Mental Health services, home visits may be part of the way services are delivered to you, and the doctors or nurses may need to share information about you with your pharmacy in order to get your prescriptions filled, or with a school nurse if medications ordered by us are to be dispensed during school hours.

Staff may need to disclose information about you when making a referral to a psychiatric hospital should you require inpatient treatment, or in a psychiatric emergency as deemed necessary to protect the health and safety of you or others. For our Alcohol & Drug programs MCBHRS will make these referrals only with your written consent, consistent with federal laws.

Payment

If you are a client of our Mental Health Services, MCBHRS may use and disclose health information about you so that the treatment and services you receive here may be billed to and payment collected from you, an insurance company, or a third party. For example, MCBHRS may be required to inform your health plan of what MCBHRS is treating you for, what specific services you are receiving, and the dates of those services. MCBHRS may also tell your health plan about a treatment you are going to receive to obtain prior approval for services, if, for example, you should need hospitalization. If you have paid in full out-of-pocket for a service, you have the right to request that the disclosure to your covered entity is restricted. For our Alcohol & Drug programs MCBHRS will make these referrals only with your written consent, consistent with federal laws.

Health Care Operations

MCBHRS may use and disclose personal information about you for the clinic operations. These uses and disclosures are necessary to run the clinic and make sure all of our consumers receive quality care. For example, MCBHRS may use information about you contained in your health record to review our treatment and services, and to evaluate the performance of staff in caring for you. MCBHRS may also disclose information to those designated to review our procedures and practices to ensure our agency is in compliance with regulations and that the services that are provided to you, meet acceptable standards of care.

Generally, MCBHRS may not say to a person outside of our program, who is not a provider of your health services or a representative of your health plan, that you attend our program, or disclose any information identifying you as a person who receives Mental Health or Alcohol & Drug Abuse treatment except when:

- You authorize us to do so in writing.
- The disclosure is allowed by a court order.
- The disclosure is made to health care personnel in a medical or psychiatric emergency or to qualified personnel for audit, or program evaluation.
- The disclosure is to report suspected child abuse or neglect.
- The disclosure is to report a crime committed by a consumer either at the program or against any person who works for the program or about any threat to commit such a crime to local authorities.

In addition, for Mental Health clients MCBHRS may disclose information when:

- The disclosure is to report suspected intention to physically harm another person to local authorities and the identified person targeted for harm.
- The disclosure is to your parent, legal guardian or conservator if you are a minor or conservatee and it would be detrimental to you not to disclose information about your treatment.
- The disclosure is to report elder or dependent adult abuse or neglect to local authorities (Applicable for substance use disorder clients as well.)
- In an emergency when MCBHRS may be required to evaluate you and arrange for your involuntary hospitalization if it is believed you may be, as a result of a mental disorder, a danger to yourself, others, or unable to meet your basic needs of food, clothing and shelter.
- MCBHRS may use and disclose health 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.
- The disclosure is made to avert a serious threat to your health and safety or to the health and safety of others.
- The disclosure is to report to the Department of Public Health the psychiatrist's opinion that your mental

condition impairs your ability to drive.

Appointment Reminders

MCBHRS may use and disclose limited information to contact you as a reminder that you have an appointment, to change an appointment, or to make contact with you should you fail to keep any of your appointments.

Health Oversight Activities

MCBHRS may disclose health information about you 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 Federal, State, and local governmental agencies 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, MCBHRS may disclose health information about you in response to a court order. For Alcohol & Drug clients any such court order must be obtained through 42 Code of Federal Regulations.

For our Mental Health clients, information may be released in response to a subpoena; discovery request or other lawful request provided that:

- MCBHRS has received a written statement and documentation showing that the requesting party has secured a court order, or;
- If subpoena is for a summons to court, MCBHRS will appear in court with the information requested, but will not release it until the court has ordered us to do so.

Law Enforcement

MCBHRS may release protected health information to law enforcement official only under court order for our Alcohol & Drug clients. For Mental Health clients MCBHRS will release information:

- In response to a court order
- About criminal activity at our program, or against any person who works for our program, or about any threat to commit such a crime;
- If suspected that you intend to physically harm another person (and to the identified intended victim as well).

Research

MCBHRS may release protected health information for research purposes, regardless of the funding sources and only with prior approval from an Institutional Review Board.

Coroners or Medical Examiners

MCBHRS may release medical information to a coroner or medical examiner as authorized by law. This may be necessary, for example, to identify a deceased person or determine the cause of death.

National Security and Intelligence Activities

MCBHRS may release health information about you to authorized federal officials for national security activities as authorized by law.

Protected Services for the President and Others

MCBHRS may disclose health information about you to authorized federal officials so that they may provide protection to the President, other authorized persons or foreign heads of state, or conduct special investigations as authorized by law.

Inmates

If you are an inmate of a correctional institution or under the custody of a law enforcement official, MCBHRS may release health information about you 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.

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU

Right to Inspect and Copy

You have a right to inspect and copy your health information that may be used to make decisions about your care. There may be some exceptions to this right, such when information requested contains specific identifying information about another person, or for mental health clients, when a licensed healthcare professional believes that the access of that information may endanger the life or physical safety of you or another person.

You further have a right to have any denial of access to your information reviewed by another licensed health care professional designated by this agency to review consumer complaints and who did not participate in the original decision to deny. MCBHRS will comply with the outcome of this review.

To inspect and copy your health information, you must submit your request in writing to the facility where you receive care at no charge to you.

Right to Amend

If you feel that the health information MCBHRS have about you is incorrect or incomplete, you may ask us to amend the information. You have a right to request an amendment for as long as the information is kept by or for us.

To request an amendment, a request must be made in writing and submitted to Mariposa County Behavioral Health and Recovery Services. In addition, you must provide a reason that supports your request.

MCBHRS may deny your request if it is not made in writing or does not include a reason to support the request. In addition, MCBHRS may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the information kept by or for us;
- Is not part of the information which you would be permitted to inspect and copy; or is accurate and complete.

Right to an Accounting of Disclosures:

You have the right to an “accounting of the disclosures.” This is a list of the disclosures MCBHRS made of health information about you, other than for releases for which you provided written authorization, or for releases used for purposes of treatment, payment, and health care operations, as those functions are described above.

To request a list or accounting of disclosures, you must submit your request in writing to Mariposa County Behavioral Health and Recovery Services. Your request must state the 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 in a twelve-month period will be free. There may be a fee for any additional lists requested within a year. MCBHRS will notify you of the costs 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 health information MCBHRS uses or discloses about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information MCBHRS discloses about you to someone who is involved in your care.

MCBHRS is not required to agree to your requests. If MCBHRS does agree, we will comply with your request unless the information is needed to provide you emergency treatment or as authorized by law.

To request restrictions, you must make your request in writing to Mariposa County Behavioral Health and Recovery Services. 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 MCBHRS communicates with you about your health matters in a certain way or at a certain location. For example, you can ask that MCBHRS only contacts you at work or by mail.

To request confidential communications, you must make your request in writing to Mariposa County Behavioral Health and Recovery Services. MCBHRS will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Breach

MCBHRS has a legal duty to notify you if your protected health information was breached. You will be notified in the event of a breach of your protected health information.

Right to a Copy of This Notice

You have a right to a copy of this notice. You may ask us to give you a copy of this notice at any time (paper or electronic). Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a copy of this notice, contact the front desk at Mariposa County Behavioral Health and Recovery Services. A copy of this notice is also posted on the Mariposa County Behavioral Health Website.

Changes to This Notice

MCBHRS reserves the right to change this notice, as well as reserves the right to make the revised or changed notice effective for health information MCBHRS already has about you as well as any information that will be received in the future. MCBHRS will post a copy of the current notice in the lobby of the Mariposa County Behavioral Health facility and the website. The notice will contain the effective date. In addition, each time you open your case for services, MCBHRS 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 this program by asking to speak with the county representative listed below: Problem resolution processes and levels of complaint or grievance are available in detail in the initial registration packet and in the waiting area of the Mental Health Department. The two levels of the grievance process is to first file a complaint with the Deputy Director of Behavioral Health and Recovery Services at 5362 Lemee Ln., Mariposa, CA 95338

(209) 966-2000. Second, if your complaint is not resolved to your satisfaction, you can request that your grievance be escalated up to the Mariposa County Director of Human Services.

You may file a complaint if you feel MCBHRS has violated your privacy rights by sending a letter to:

U.S. Department of Health and Human Services Office for Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
Or you may call 1-877-696- 6775, or visit www.hhs.gov/ocr/privacy/hipaa/complaints/

MCBHRS will not retaliate against you for filing a complaint.

Detailed information or questions regarding these processes can be provided from direct service staff, the supervisor for the Quality Assurance Unit, the Mental Health Director, the Patients Rights Advocate, or the State Ombudsman Office. Numbers and/or contact names are posted in the waiting and group areas or available in the formal grievance instructions and forms in the waiting room.

Other Uses of This 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 medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, MCBHRS will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that MCBHRS is unable to take back any disclosures that have made with your permission, and that MCBHRS are required to retain our records of the care that are provided to you.