



ALCOHOL, DRUG & MENTAL HEALTH SERVICES  
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MEMO

To: ACBHCS Providers

From: Marye Thomas, MD, Executive Director

RE: **Policy: Annual Notification of Beneficiary Rights**

In accordance with Title 42, Code of Federal Regulations (42 CFR), Part 438, Section 438.100, all providers and programs must inform Medi-Cal beneficiaries of their guaranteed rights, including assurance that treatment will not be adversely affected as a result of the exercise of these rights. This procedure, known as Notification of Beneficiary Rights, is accomplished by offering Medi-Cal beneficiaries a set of informing materials (e.g., Freedom of Choice, Notice of Privacy Practices, etc.) at specified intervals for their review and obtaining their signature to prove the notification was made.

Behavioral Health Care Services recently clarified that 42 CFR requires different notification intervals for different informing materials, ranging from one- to three-year intervals. To simplify the mandated procedures, a new BHCS "Notification of Beneficiary Rights" policy (attached) requires providers to give that notification for all required informing materials supplied by BHCS on an annual basis. This new policy eliminates the burden for providers to keep track of different notification intervals for different materials. (*The new "Notification of Beneficiary Rights" policy replaces the previous requirement for tri-annual notification of the "Notice of Privacy Practices."*)

To comply with the new "Notification of Beneficiary Rights" policy, providers must have proof in the clinical record that the Medi-Cal beneficiary was given an opportunity to review the "Informing Materials – Your Rights & Responsibilities" packet (see below) in the following situations

- Upon enrollment for services
- Upon request
- Once a year to beneficiaries enrolled in the BHCS Mental Health Plan\*

\*Annual notification may occur at any time in the year, however, providers may choose a single anniversary date for all Medi-Cal beneficiaries in their program/practice to simplify compliance.

"Informing Materials – Your Rights & Responsibilities" Packet:

The Quality Assurance Office has responded to providers' request for a more streamlined method to manage the notification process of required informing materials supplied by BHCS. In addition, new Federal and State regulations have required updates to some BHCS informing



materials. A single packet of updated materials, titled "Informing Materials – Your Rights & Responsibilities," was created and translated into all Alameda County threshold languages with the following goals:

- Require just one beneficiary signature on one signature page for all materials and consequently improve the admission experience for the beneficiary and provider.
- Ensure proof of provider compliance with notification regulations.
- Reduce the number of papers filed in the clinical record.

All threshold language versions of the "Informing Materials" packet, an instruction sheet for how to use the packet, and the new BHCS "Notification of Beneficiary Rights" policy are available at [www.acbhcs.org/providers](http://www.acbhcs.org/providers), under the Quality Assurance tab. Attached to this memorandum are the English version of the packet, instruction sheet, and new Policy.

Provider Requirements:

- County-Operated Clinics are required to:
  - Use the entire "Informing Materials" packet.
  - *Prior to use with beneficiaries: Add the clinic's site name to the packet's first page AND to the first page of the "Notice of Privacy Practices" in the spaces provided.*
- Community-Based Organizations & Fee-For-Service Providers are required to either:
  - Use the entire "Informing Materials" packet,  
*or*
  - Use/create their own packet or individual documents *that meet the same content standards, with the following caveats:*
    - Do not modify the "Beneficiary Problem Resolution Information" language.
    - Consider retaining the language on the packet's signature page, as it specifically addresses regulations for the timing & method of distribution of informing materials to beneficiaries.
    - The packet's updated version of the "Notice of Privacy Practices" must be used, but may be additionally amended per legal advice obtained by the provider.
    - Providers choosing to create their own materials must have those materials translated into all threshold languages used by beneficiaries served by that provider.
  - *Prior to use with beneficiaries: These providers must, at minimum, add their contracted name to the first page of the "Notice of Privacy Practices." In addition, if the BHCS "Informing Materials" packet is used, they must add their contracted name to the packet's first page in the space provided.*

Attachments: BHCS Policy: "Notification of Beneficiary Rights"  
Packet: "Informing Materials – Your Rights & Responsibilities," English version  
Instructions: How to Use the "Informing Materials" Packet  
Informing Materials List (included as reference item)

# Informing Materials -- Your Rights & Responsibilities

## *Welcome to the Alameda County Mental Health Plan*

Welcome! As a member (beneficiary) of the Alameda County Mental Health Plan (MHP) who is requesting mental health services with this provider, we ask that you review this packet of informing materials which explains your rights and responsibilities.

### **PROVIDER NAME:**

The person who welcomes you to services will go over these materials with you. You will be given this packet to take home to review whenever you want, and **you will be asked to sign the last page of this packet to indicate what was discussed and that you received the materials.** The provider will keep the original signature page. Providers of services are also required to notify you about the availability of certain materials in this packet every year and the last page of this packet has a place for you to indicate when those notifications happen.

**The next pages contain a lot of information, so take your time and feel free to ask any questions! Knowing and understanding your rights and responsibilities helps you get the care you deserve.**



## Consent for Services

As a member of this Mental Health Plan (MHP), your signature on the last page of this packet gives your consent for voluntary mental health treatment services with this provider. If you are the legal representative of a beneficiary of this MHP, your signature provides that consent.

Your consent for services also means that this provider has a duty to inform you about their recommendations of care, so that your decision to participate is made with knowledge and is meaningful. In addition to having the right to stop services at any time, you also have the right to refuse to use any recommendations, psychological interventions or treatment procedures.

This provider may have an additional consent form for you to sign that describes in more detail the kinds of services you might receive. These may include, but are not limited to: assessments; evaluations; crisis intervention; psychotherapy; case management; rehabilitation services; medication services; referrals to other behavioral health professionals; and consultations with other professionals on your behalf.

## Freedom of Choice



It is our responsibility, as your mental health care program, to tell you that anyone receiving our services (including minors and the legal representative of minors) should know the following:

- A. Acceptance and participation in the mental health system is voluntary; it is not a requirement for access to other community services.
- B. You have the right to access other behavioral health services funded by Medi-Cal or Short-Doyle/Medi-Cal and have the right to request\* a change of provider and/or staff.
- C. The mental health program has contracts with a wide range of providers in our community, including faith-based providers. There are laws governing faith-based providers receiving Federal funding, including that they must serve all eligible members (regardless of religious beliefs) and that Federal funds must not be used to support religious activities (such as worship, religious teaching or attempts to convert a member to a religion). If you are referred to a faith-based provider and object to receiving services from that provider because of its religious character, you have the right to see a different provider, upon request\*.

\*The MHP works with members and their families to grant every reasonable request, but we cannot guarantee that all requests to change providers will happen. Requests will be granted, however, to change a provider because of an objection to its religious character.

## Guide to Medi-Cal Mental Health Services, Member Handbook, & Provider List

Providers: The Member Handbook is available from the Quality Assurance Office in all threshold languages; the Guide and Provider List (updated quarterly) are available under the QA tab at [www.acbhcs.org/providers](http://www.acbhcs.org/providers).



*The three (3) documents described below are available from this provider for your review or to have a copy of at any time, at your request.*

The Behavioral Health Plan's Guide to Medi-Cal Mental Health Services will be offered to you when you begin services. It contains information on how a beneficiary is eligible for mental health services, what services are available and how to access them, who our service providers are, more information about your rights and our Grievance and State Fair Hearing process. It also includes important phone numbers regarding the Mental Health Plan.

The Mental Health Plan's Member Handbook for Alameda County Medi-Cal Recipients Needing Behavioral Health Services is a small brochure that summarizes the information in the Guide described above. It also describes what your rights & responsibilities are, as a member of this health plan.

The Provider List is a list of contracted providers of mental health services in our community. The County ACCESS program makes referrals for all outpatient non-emergency services. You may contact ACCESS at 1-800-491-9099 for further information regarding the Provider List, including whether a provider has current openings.

## Confidentiality & Privacy



The confidentiality and privacy of what you discuss at this service site is an important personal right of yours. This packet contains your copy of the “Notice of Privacy Practices” document which explains how your records and personal information are kept confidential.

In certain situations involving your safety or the safety of others, providers are required by law to discuss your case with people outside the Mental Health Care Services system.

Those situations include:

1. If you threaten to harm another person(s), that person(s) and/or the police must be informed.
2. When necessary, if you pose a serious threat to your own health and safety.
3. All instances of suspected child abuse must be reported.
4. All instances of suspected abuse of an elder/dependant adult must be reported.
5. If a court orders us to release your records, we must do so.

If you have any questions about these limits of confidentiality, please speak with the person explaining these materials to you. More information about the above and other limits of confidentiality are in the “Notice of Privacy Practices” section of this packet.

### **Advance Directive Information:** **“Your Right to Make Decisions about Medical Treatment”** **(Only applies if you are age 18 or older)**

Providers: “Your Right to Make Decisions About Medical Treatment,” is available in English at [www.acbhcs.org/providers](http://www.acbhcs.org/providers), in the QA tab. The same information, in the five threshold languages, is also online in booklet format.



If you are age 18 or older, the Mental Health Plan is required by federal & state law to inform you of your right to make health care decisions and how you can plan now for your medical care, in case you are unable to speak for yourself in the future. Making that plan now can help make sure that your personal wishes and preferences are communicated to the people who need to know. That process is called creating an Advance Directive.

At your request, you will be given an information sheet or booklet about Advance Directives called, “Your Right to Make Decisions About Medical Treatment.” It describes the importance of creating an Advance Directive, what kinds of things you might consider if you decide to create one, and it describes the relevant state laws. You are not required to create an Advance Directive but we do encourage you to explore and address issues related to creating one. Alameda County BHCS providers and staff are able to support you in this process, but are not able to create an Advance Directive for you. We hope the information will help you understand how to increase your control over your medical treatment.

The care provided to you by any Alameda County BHCS provider will not be based on whether you have created an Advance Directive. If you have any complaints about Advance Directive requirements, please contact the California Department of Health Services Licensing and Certification by calling 1-800-236-9747 or by mail at P.O. Box 997413, Sacramento, CA 95899-7413.

## Beneficiary Problem Resolution Information

### Deciding Where to Take Your Grievance

#### **PATIENTS' RIGHTS**

- If you feel that one (or more) of your rights as a mental health patient is being denied:

##### **Examples:**

- If you were put in restraints and you do not think the facility had good cause to do this.
- If you were hospitalized against your will and you do not understand why or what your options were.

##### **Where to Register Your Patient's Rights Grievance**

- Call the Patients' Rights Advocate at **(800) 734-2504**. This is a 24-hour number with an answering machine after hours. Collect calls are accepted.

#### **UNSATISFACTORY SERVICE**

##### **Examples:**

- If you are not getting the kind of service you want.
- If you are getting poor quality service.
- If you are being treated unfairly.
- If you feel you need a service team assignment, but you are assigned a medication support service.
- If appointments are never scheduled at the time which is good for you.

##### **Where to Register Your Unsatisfactory Service Grievance**

- Speak directly with your service provider and/or call the Consumer Assistance Office at **(800) 779-0787**. Your complaint can be informal or you can make a formal, written grievance.

#### **DENIAL OF SERVICE**

If you receive a "Notice of Action" (NOA) letter, informing you of denial of a service:

##### **Examples:**

- If a service you are currently receiving is terminated or reduced.
- If you go to a hospital and ask to be admitted for inpatient services, but you are denied admission.
- If your doctor requests that you continue to be hospitalized, but the county Medi-Cal authorization denies the request.
- If you go to ACBHCS's ACCESS Service and ask to be admitted, but you are denied admission.

##### **Where to Appeal Your Denial of Services: NOA**

- First, call the Authorization Department and tell them you want to appeal the NOA Letter you received. **(510) 567-8141**
- You can request a State Fair Hearing. This must be done within 10 days if you are to continue receiving a service pending the hearing.
- To request a hearing, complete the Request for a State Hearing form or call the Public Inquiry and Response Unit at **(800) 743-8525**.

**For more information about these options, you have the right to request and obtain the "Guide to Medi-Cal Mental Health Services" that is described on Page 2 of this packet.**

#### **Maintaining a Welcoming & Safe Place**

*It is very important to us that every member feels welcomed for care exactly as they are. Our most important job is to help you feel that you are in the right place, and that we want to get to know you & help you to have a happy and productive life. Please let us know if there is anything that we are doing that you find is not welcoming, or that makes you feel unsafe or disrespected.*

*It is also very important that our service settings are safe and welcoming places. We want you to let us know if anything happens at our service settings that make you feel unsafe so we can try to address it.*

*One way we help create safety is by having rules that ask everyone (providers & members) to have safe and respectful behaviors. These rules are:*

*\*Behave in safe ways towards yourself & others.*

*\*Be free of weapons of any kind.*

*\*Speak with courtesy towards others.*

*\*Respect people's privacy.*

*\*Respect the property of others & of this service site.*

*In order to have a welcoming place for all, anyone who is intentionally unsafe may be asked to leave, services may be stopped temporarily or completely, and legal action could be taken, if necessary. So if you think you might have trouble following these rules, please let your provider know. We will work hard to help you to feel welcome in a way that feels safe to you and those around you.*

*We appreciate everyone working with us to follow these rules.*

**NOTICE OF PRIVACY PRACTICES**  
per the  
**Health Insurance Portability & Accountability Act (HIPAA) and**  
**Health Information Technology for Economic & Clinical Health (HITECH) Act**

**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 your health care provider or Alameda County Behavioral Health Care Services' Consumer Assistance Office at (800)779-0787.

You have been admitted to receive mental health and related services from

PROVIDER NAME:

a provider in the Alameda County Behavioral Health Care Services (ACBHCS) Program. 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).

**Purpose of this Notice**

This notice describes the privacy practices of ACBHCS, 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 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 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 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.

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:

- **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. We might contact you about our fundraising activities.
- **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 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).
- **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.

### **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 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.

### **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.

**Informing Materials -- Your Rights & Responsibilities**  
**Acknowledgement of Receipt**

**Consent for Services**

As described on page one of this packet, your signature below gives your consent to voluntary mental health care services from this provider. If you are a beneficiary's legal representative, your signature gives that consent.

**Informing Materials**

Your signature also means that the materials marked below were discussed with you in a language or way that you could understand, and that you were given the packet for your records. You may request an explanation and/or copies of the materials again, at any time.

**Initial Notification:** Please mark the boxes below to show which materials were discussed with you at admission or any other time.

- Consent for Services
- Freedom of Choice
- "Guide to Medi-Cal Mental Health Services" (copy available upon request)
- Member Handbook for Alameda County Medi-Cal Recipients Needing Behavioral Health Services (maroon pamphlet - copy available upon request)
- Provider List for Alameda County Behavioral Health Plan (copy available upon request)
- Confidentiality & Privacy
- Advance Directive Information (for age 18+ & when client turns 18)  
*Have you ever created an Advance Directive?   Yes   No*  
*If yes, may we have a copy for our records?   Yes   No   If no, may we support you to create one?   Yes   No*
- Beneficiary Problem Resolution Information
- Maintaining a Welcoming & Safe Place (not a State-required informing material)
- Notice of Privacy Practices (HIPAA document)

Beneficiary Signature: (or legal representative, if applicable)	Date:
Clinician/Staff Witness Initials:	Date:

**Annual Notification:** Your provider must remind you each year that the materials listed above are available for your review. Please put your initials and the date in a box below to show when that happens.

Initials & date:	Initials & date:	Initials & date:	Initials & date:
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Use one box every year (see above) for the **beneficiary's** initials & date (or their legal representative).

**Provider Directions:**

- ❖ *Initial Notification: Discuss each relevant item in the packet with the beneficiary (or legal representative) in their preferred language or method of communication. Complete the identifying information box at the top right of this page. Mark the relevant checkboxes to indicate the items discussed/provided. Ask the beneficiary to sign & date in the appropriate box. Provide staff initials & date in the appropriate box. Give the remaining informing materials packet to the beneficiary for their records. File this signature page in the chart.*
- ❖ *Annual Notifications: Remind beneficiaries of the availability of all materials for their review, and review any materials, if requested. Obtain the appropriate dated initials in the boxes provided.*

**(The packet in all threshold languages & a detailed instruction sheet are available at [www.acbhcs.org/providers](http://www.acbhcs.org/providers), in the QA tab.)**

## How to Use the Packet: “Informing Materials – Your Rights & Responsibilities”

### Packet Must be Modified with the Provider’s Name Before Use:

- Prior to use with Medi-Cal beneficiary clients, the “Informing Materials” packet (in each threshold language version used by that provider) must be amended with the provider’s name, per the following:
  - In the spaces labeled “PROVIDER NAME:” on Page 1 (first page of packet) AND on Page 5 (first page of “Notice of Privacy Practices”), providers must indicate the name of the organization or individual provider contracting with ACBHCS. County-operated clinics must indicate their site name on same pages.
  - Protect the “master” document(s) from further changes prior to copying for distribution (electronic versions should be locked or password-protected).
- Each language version of the packet is designed to be printed/copied as a double-sided document, with text that prints outside the standard margins. The signature page is the last page (Page 11), so it can be easily separated from the packet and filed in the chart. Please do not change the packet’s larger font size, margins or formatted page breaks.

### Using the Packet:

- **At Intake/Admission:** The contents of the “Informing Materials” packet must be reviewed with and/or offered to Medi-Cal beneficiary clients during intake with BHCS providers.\*  
Please follow these instructions during a client’s admission:
  1. Discuss each item with the client (and/or legal representative, if applicable) in their preferred language or communication method, and in enough detail for the general content to be understood. It is your responsibility, as a BHCS provider, to help beneficiary clients understand their rights and responsibilities to the best of their ability.
  2. Complete the signature page:
    - Complete the identifying information box at top right;
    - Mark the boxes to indicate the items reviewed with or offered to the client;
    - Ask the client (and/or legal representative) to sign & date in the appropriate box;
    - Provider/staff initial & date in the appropriate box.
  3. Separate the completed signature page and file it in the chart. (Copy for client, if requested.)
  4. Give the remaining “Informing Materials” pages to the client (or legal rep.) for their records.
- **At Annual Notification:** The “Informing Materials” packet must also be offered to Medi-Cal beneficiary clients for their review on an annual basis.\* Notification may occur at any time of year, however, providers may choose a single anniversary date for all beneficiary clients to simplify compliance with the following procedure:
  1. Use the original signature page to remind each client of the materials available for review by going over the list of contents on that page; discuss the materials with them, if requested.
    - Existing clients: Use the entire packet or just the signature page, as needed.
    - Items reviewed for the first time: Check the item’s box.
  2. To prove that the annual notification requirement was met, ask the client to initial/date one of the boxes in the Annual Notification section of the original signature page.
  3. File the updated signature page in the chart. (Copy for client, if requested.)
- **You may also use the “Informing Materials” packet at any time to:**
  - Indicate review or distribution of items that are requested by the client at any time.
  - Indicate that Advance Directive information is given when a client turns age 18.

\*Per ACBHCS Policy: Beneficiary Rights and Title 42, Code of Federal Regulations, beneficiary clients must be offered informing materials at intake, annually thereafter, and upon request.

*If Medi-Cal beneficiaries have more than basic questions about their Mental Health Plan rights, please provide them with the toll-free number for the Patients’ Rights Advocates Office at 1-800-734-2504 (part of the Mental Health Association).*

*Beneficiaries with questions about the grievance or problem resolution process should be directed to the toll-free Consumer & Family Assistance Line at 1-800-779-0787.*

## Informing Materials List

This is a list for Alameda County BHCS providers to ensure that the appropriate informing materials are available to Medi-Cal beneficiaries, as required by the California Department of Mental Health.

### **A. Initial Forms that Must be in the Chart & Signed by Beneficiaries at Intake**

1. Signature page from the packet: "Informing Materials – Your Rights and Responsibilities" (*available in English, Spanish, Chinese, Farsi & Vietnamese*). Braille is available upon request.  
This packet must be offered to Medi-Cal beneficiaries at intake, annually thereafter, and upon request. The packet contains:
  - Consent for Services
  - Freedom of Choice
  - Explanation of the three (3) items noted in B. & C. (below): Provider Referral List, Guide to Medi-Cal Mental Health Services & BHP Member Handbook
  - Confidentiality & Privacy statement (Duty to Report)
  - Advance Directive Information
  - Beneficiary Problem Resolution Information
  - Maintaining a Welcoming & Safe Place (not a required informing material)
  - Notice of Privacy Practices (HIPAA/HITECH)
2. Written Policy regarding Confidentiality of Records (provider policy)
3. Releases of Information, as necessary (provider form)

### **B. Things You Must Offer Beneficiaries to Review**

These documents must be offered to new beneficiaries and be available in a lobby or area where they have access to them, without having to make a request. If desired, you may make a binder for these documents and label it, "Copies available upon request." As a courtesy, that phrase is translated into the five threshold languages for printing as a label; it is available at the website below, as are the following materials:

1. Provider Referral List, for Alameda County Behavioral Health Care Services (updated quarterly).
2. Guide to Medi-Cal Mental Health Services (*available in English, Spanish, Chinese, Farsi & Vietnamese*) Braille is available upon request.

### **C. Things that Must be Available in Your Lobby/Office**

1. Complaint Poster (*must be posted*)
2. Behavioral Health Plan Member Handbook – maroon pamphlet (*available in 8 languages: English, Spanish, Chinese, Farsi, Vietnamese, Cambodian, Laotian & Korean*). Providers must have this pamphlet available in all 8 languages, even though a provider may not currently serve beneficiaries who speak those languages. Braille & CD versions are available upon request.
3. Consumer & Family Grievance/Appeal Form (*available in English, Spanish, Chinese, Farsi & Vietnamese*) with envelopes addressed to BHCS. Braille is available upon request.

To replenish your supply of the above materials, check the Provider website [www.acbhcs.org/providers](http://www.acbhcs.org/providers). For materials not available on the website, email the BHCS Quality Assurance informing materials desk at [gainformingmaterials@acbhcs.org](mailto:gainformingmaterials@acbhcs.org), or call (510) 567-8233.