

# 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.

- We may also share medical information about you with the other health care providers, health care clearinghouses and health plans that participate with us in "organized health care arrangements" (OHCAs) for any of the OHCAs' health care operations. OHCAs include hospitals, physician organizations, health plans, and other entities which collectively provide health care services. A listing of the OHCAs we participate in is available from the ACCESS.
- **Sign-in Sheet.** We may use and disclose medical information about you by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.

**Notification and Communication with Family.** We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or, unless you had instructed us otherwise, in the event of your death. In the event of a disaster, we may disclose information to a relief

organization so that they may coordinate these notification efforts. We may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

**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.
- **Judicial and Administrative Proceedings.** We may, and are sometimes required by law, to disclose your personal health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative
- **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 you or the Secretary of DHHS in the course of an investigation or as required by law.
  - To the coroner or medical examiner after you die. To the extent you revoke an authorization to use or disclose your psychotherapy notes, we will stop using or disclosing these notes.
- **Change of Ownership.** In the event that this practice/program is sold or merged with another organization, your personal health information/record will become the property of the new owner, although you will maintain the right to request that copies of your personal health information be transferred to another practice/program

#### **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:

- **Breach Notification.** In the case of a breach of unsecured protected personal health information, we will notify you as required by law. If you have provided us with a current email address, we may use email to communicate information related to the breach. In some circumstances our business associate may provide the notification. We may also provide notification by other methods as appropriate. [Note: email notification will only be used if we are certain it will not contain PHI and it will not disclose inappropriate information. For example if our email address is "digestivediseaseassociates.com" an email sent with this address could, if intercepted, identify the patient and their condition.]
- **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.
  - If we deny your request to access your psychotherapy notes, you will have the right to have them transferred to another mental health professional.
- **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 Special Privacy Protections.** You have the right to request restrictions on certain uses and disclosures of your personal health information by a written request specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have imposed. If you tell us not to disclose information to your health plan concerning mental health care items or services for which you paid for in full, out-of-pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons. We reserve the right to accept or reject any other request, and will notify you of our decision.
- **Right to Request Confidential Communications.** You have the right to request that you receive your personal health information in a specific way or at a specific location. For example, you may ask that we send information to a particular email account or to your work address. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.
- **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.

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 and on our provider website. The notice will contain on the first page, in the bottom 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:

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.)**