

Informing Materials -- Your Rights & Responsibilities

Welcome to Alameda County Behavioral Health Plan

Welcome! As a member (beneficiary) of the Alameda County Behavioral Health Plan (BHP) who is requesting behavioral health services with this provider, we ask that you review this packet of informing materials which explains your rights and responsibilities. Alameda County's BHP includes both mental health services offered by the County Mental Health Plan and substance use disorder (SUD) treatment services offered by the County SUD Organized Delivery System; you may be receiving only one or both types of services.

PROVIDER NAME:

The person who welcomes you to services will review 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.** Your provider will keep the original signature page. Providers of services are also required to notify you about the availability of certain information in this packet every year and the last page of this packet has a place for you to indicate when those notifications happen.

This packet 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 Behavioral Health Plan (BHP), your signature on the last page of this packet gives your consent for voluntary behavioral health services with this provider. If you are the legal representative of a beneficiary of this BHP, 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, behavioral health 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, individual counseling, group counseling, crisis intervention, psychotherapy, case management, rehabilitation services, medication services, medication assisted treatment, referrals to other behavioral health professionals, and consultations with other professionals on your behalf.

Professional service providers may include, but are not limited to, physicians, registered nurse practitioners, physician assistants, marriage and family therapists, clinical social workers (LCSW),

professional clinical counselors, psychologists, registered associates, and certified peer specialists. If your rendering service provider is an unlicensed professional (eg. student trainee or registered associate) your service provider must inform you of this in writing. All unlicensed professional staff are under the supervision of licensed professionals.

Freedom of Choice



It is our responsibility as your behavioral health plan 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 behavioral 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 and have the right to request* a change of provider and/or staff.
- C. The Behavioral Health Plan has contracts with a wide range of providers in our community, which may include 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 BHP 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.

Confidentiality & Privacy



Confidentiality and privacy of your health information while participating in treatment services with us is an important personal right of yours. This packet contains your copy of the “Notice of Privacy Practices”, which explains how your treatment records and personal information are kept confidential, used and disclosed by Alameda County Behavioral Health Care Services and how you may access this information. If you are receiving Substance Use Disorder (SUD) treatment services this packet also contains your copy of the “Notice of Information 42 CFR PART 2 - Information on Drug and Alcohol Patient Disclosure.” Your Provider must provide you with information on your rights to confidentiality and privacy.

In certain situations involving your safety or the safety of others, although providers generally cannot disclose information that would directly or indirectly identify you as a beneficiary receiving SUD services,

providers are required by law to discuss your case with people outside the Behavioral 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 to appropriate state or local authorities.
4. All instances of suspected abuse of an elder/dependent adult must be reported to appropriate state or local authorities.
5. If a court orders us to release your records, we must do so.
6. A patient's commission of a crime on the premises or against personnel of a Substance Use Treatment Provider; such reports are not protected.

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" and the "Notice of Information 42 CFR PART 2 - Information on Drug and Alcohol Patient Disclosure" sections 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 get to know you and help you to have a happy and productive life. Please let us know if there is anything that we are doing that causes you to feel unwelcome, 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 and members) to have safe and respectful behaviors. These rules are:

- ✓ Behave in safe ways towards yourself & others.
- ✓ Speak with courtesy towards others.
- ✓ Respect the property of others & of this service site.
- ✓ Be free of weapons of any kind.
- ✓ Respect people's privacy.
- ✓ Sale, use, and distribution of alcohol, drugs, nicotine/tobacco products and e-cigarettes are prohibited on premises.

In order to have a welcoming place for all, anyone who is intentionally unsafe may be asked to leave the facility, services may be stopped temporarily or completely, and, if necessary, legal action could be taken. 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.

**Guide to Medi-Cal Mental Health Services,
Guide to Drug Medi-Cal Services, and Provider Directory**

*The Guides and Provider Directory (updated monthly)
are available online at www.acbhcs.org or
you may request them as per below*



The Behavioral Health Plan's (BHP) beneficiary handbook, the **Guide to Medi-Cal Mental Health Services** OR **Guide to Drug Medi-Cal Services** will be provided to you when you begin services. They contain information on how a beneficiary is eligible for services, what services are available and how to access them, who our service providers are, more information about your rights and the Grievance, Appeal and State Fair Hearing process. The Guides also includes important phone numbers regarding the Behavioral Health Plan.

The **Provider Directory** is a list of County and County-contracted providers of behavioral health services in our community; it is updated monthly. For referrals for outpatient non-emergency mental health services or for more information about the *Provider Directory*, call the ACCESS program at 1-800-491-9099; a representative can inform you whether a mental health provider has current openings. For referrals for substance use treatment services or more information about the *Provider Directory*, call the Substance Use Treatment and Referral Helpline at 1-844-682-7215; a representative can inform you whether a substance use treatment provider has current openings. For hearing or speaking limitations, dial 711 for the California Relay Service for assistance connecting to either customer service line.

The Guides and Provider Directory are available on the BHCS website at www.acbhcs.org, via email at your request or in paper form upon request at no cost to you. The Guides and Provider Directory are available in the County's threshold languages (English, Spanish, Cantonese, Mandarin, Vietnamese, Tagalog, Korean, and Farsi) and in alternative formats.

Regarding the Guides and Provider Directory, language assistance is available by calling the ACCESS Line at 1 (800) 491-9099.



Beneficiary Problem Resolution Information
Deciding Where to Take Your Grievance or Appeal

UNSATISFACTORY SERVICE – a Grievance can be about anything

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 appointments are never scheduled at times which are good for you.
- If the facility is not clean or safe.

Where to File Your Grievance

With Alameda County BHCS:

By phone: 1-800-779-0787 BHCS Consumer Assistance
For assistance with hearing or speaking, call 711, California Relay Service

Via US mail: 2000 Embarcadero Cove, Suite 400, Oakland, CA 94606

In Person: By visiting Consumer Assistance at Mental Health Association
954-60th Street, Suite 10, Oakland, CA 94608

With your provider: Your provider may resolve your grievance internally or direct you to ACBHCS above. You may obtain forms and assistance from your provider.

ADVERSE BENEFIT DETERMINATIONS – you may Appeal

You may receive a “Notice of Adverse Benefit Determination” (**NOABD**) informing you of an action by the BHP regarding your benefits. **Examples:**

- If a service you requested is denied or limited.
- If a previously authorized service you are currently receiving is reduced, suspended or terminated.
- If the BHP denies to pay for a service you received.
- If services are not provided to you in a timely manner.
- If your grievance or appeal is not resolved within required timeframes.
- If your request to dispute financial liability is denied.

Where to File Your Appeal (applies only to Medi-Cal beneficiaries receiving Medi-Cal services)

With Alameda County BHCS:

By phone: 1-800-779-0787 Consumer Assistance
For assistance with hearing or speaking, call 711, California Relay Service

Via US Mail: 2000 Embarcadero Cove, Suite 400, Oakland, CA 94606

In Person: By visiting Consumer Assistance at Mental Health Association,
954-60th Street, Suite 10, Oakland, CA 94608

You have a right to a **State Fair Hearing**, an independent review conducted by the California Department of Social Services, if you have completed the BHP’s Appeals process and the problem is not resolved to your satisfaction. A request for a State Fair Hearing is included with each Notice of Appeal Resolution (NAR); you must submit the request within 120 days of the postmark date or the day that the BHP personally gave you the NAR. You may request a State Fair Hearing whether or not you have received a NOABD. To keep your same services while waiting for a hearing, you must request the hearing within ten (10) days from the date the NAR was mailed or personally given to you or before the effective date of the change in service, whichever is later. The State must reach its decision within 90 calendar days of the date of request for Standard Hearings and for Expedited Hearings within 3 days of the date of request. The BHP shall authorize or provide the disputed services promptly within 72 hours from the date it receives notice reversing the BHP’s ABD. You may request a State Fair Hearing by calling 1(800) 952-5253 or for TTY 1 (800) 952-8349, online to <http://secure.dss.cahwnet.gov/shd/pubintake/cdss-request.aspx> or writing to: California Department of Social Services/State Hearings Division, P.O. Box 944243, Mail Station 9-17-37, Sacramento, CA 94244-2430.

PATIENTS' RIGHTS

Issues relating to involuntary 5150 holds, 5250 holds and conservatorships are handled through existing legal remedies such as Patient's Rights, rather than through the grievance or appeal process. Contact Patients' Rights Advocates: 1 (800) 734-2504 or (510) 835-2505.

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 Issue

- 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.

For more detailed information on the beneficiary problem resolution process, please ask your provider for a copy of *Guide to Medi-Cal Mental Health Services* OR *Guide to Drug Medi-Cal Services* that are described on Pages 2-3 of this packet. For questions or assistance with filling out forms, you may ask your provider or call: **Consumer Assistance t 1(800) 779-0787**

Regarding the beneficiary problem resolution process, language assistance is available by calling Consumer Assistance at 1 (800) 779-0787.

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 multiple languages at
http://www.acbhcs.org/providers/QA/docs/ga_manual/10-7_ADVANCE_DIRECTIVE_BOOKLET.pdf.



If you are age 18 or older, the Behavioral Health Plan is required by federal and 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 information 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 Consumer Assistance at 1-800-779-0787.



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NOTICE OF PRIVACY PRACTICES

**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 the appropriate Alameda County Health Care Services Agency Department:

Administration and Indigent Health at (510) 618-3452
Behavioral Health Care Services, Consumer Assistance Office at (800)779-0787
Public Health Department Office of the Director at (510) 267-8000
Department of Environmental Health at (510) 567-6700

Purpose of this Notice

This notice describes the privacy practices of Alameda County Health Care Services Agency (ACHCSA), 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 clients, including ACHCSA 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. 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 for the administrative operation of the Health Care Services Agency and to make sure that all of our clients 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. If applicable.** 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. If applicable.** 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. If applicable.** 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.

- You can expect to receive notice related to this request within 10 working days.
- 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, 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 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 limitation 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 healthcare 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.

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 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 any of the above referenced Programs.
- **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. You will receive a copy of a new notice when/if the Notice of Privacy Practices changes, or if you register at a new service site.

Complaints

All programs within the Health Care Services Agency are committed to protecting the privacy of your personal health information. If you believe your privacy rights have been violated, you may file a complaint with the department where you believe the violation occurred. We will investigate your claim in a timely manner and take corrective action if necessary.

All complaints must be submitted in writing. You will not be penalized for filing a complaint. You may obtain a copy of the form and instructions for filing a complaint by contacting:

| BEHAVIORAL HEALTH CARE SERVICES | DEPARTMENT OF ENVIRONMENTAL HEALTH | ADMINISTRATION AND INDIGENT HEALTH | PUBLIC HEALTH DEPARTMENT |
|---|--|---|---|
| Consumer Assistance Office 2000 Embarcadero Cove Suite 400 Oakland, CA 94606 (800) 779-0787 | Office of the Director 1131 Harbor Parkway Alameda, CA 94502 (510) 567-6700 | Office of the Director 1000 San Leandro Blvd Suite 300 San Leandro, CA 94577 (510) 618-3452 | Office of the Director ATTN: Privacy Issue 1000 Broadway 5 th Floor Oakland, CA 94607 (510) 267-8000 |

You may also file a complaint with the U.S. Department of Health and Human Services. The department will ask HCSA to investigate the complaint, so resolving your complaint may take longer than if you contact HCSA directly at the addresses above. To file a complaint with the Secretary of the U.S. Department of Health and Human Services, contact:

Office of Civil Rights
U.S. Department of Health and Human Services
50 United Nations Plaza, Room 322
San Francisco, CA 94102
415) 437-8310; (415) 437-8311 (TDD)
(415) 437-8329 FAX
Web Site: www.hhs.gov/ocr

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|--|
| <p>NOTICE OF INFORMATION 42 CFR PART 2: Information on Drug and Alcohol Patient Disclosure <u>PLEASE REVIEW IT CAREFULLY.</u> <i>(Applicable to beneficiaries receiving substance use treatment services only)</i></p> |
| <p>42 CFR, Part 2: General information regarding your health care, including payment for health care, is protected by under federal laws and regulations, including the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), 42 U.S.C. § 1320d et seq., 45 C.F.R. Parts 160 & 164, & the Confidentiality Law, 42 U.S.C. § 290dd-2, and 42 C.F.R. Part 2. Under these laws and regulations, confidentiality of your Substance Use Disorder (“SUD”) Treatment records protect confidentiality of the identity, diagnosis, prognosis, or treatment record maintained in connection with the performance of any federally assisted program or activity relating to substance abuse education, prevention, training, treatment rehabilitation or research. The Provider may not say to a person outside of the program that you attend the program, nor may the Provider disclose any information identifying you as an alcohol or drug treatment patient, or disclose any other protected information except as permitted by federal law.</p> |

A Provider must obtain your written consent before it can disclose information about you for payment purposes. For example, the Provider must obtain your written consent before it can disclose information to your health insurer in order to be paid for services. The Provider is also required to obtain your written consent before it can sell information about you or disclose information about you for marketing purposes. Generally, you must also sign a written consent before the Provider can share information for treatment purposes or for health care operations. Although the Provider generally cannot disclose information that would directly or indirectly disclose a client as an SUD client, federal laws and regulations permit the Provider to disclose information *without* your written permission, which may include:

1. When a client is a danger to self or others;
2. When a client is a danger or has threatened harm to others;
3. When a client is gravely disabled and unable to make a rational decision as to his or her need for treatment;
4. When a client is suspected of child abuse or neglect;
5. When a client is suspected of elder abuse;
6. When a client is in a medical emergency and unable to grant permission;
7. When the client information is used for quality review;
8. Pursuant to an agreement with a qualified service organization (QSO), e.g., for record keeping, accounting, or other professional services; and
9. For review by accrediting and licensure bodies.

A violation of the federal law and regulations by a program subject to 42 CFR part 2 is a crime, and suspected violations may be reported to the appropriate authorities, including the U.S. Attorney for the Northern District of California (450 Golden Gate Avenue, San Francisco, CA 94102) and the California Department of Health Care Services (1501 Capital Avenue, MS 0000, Sacramento, California 95389-7413).

Before the Provider can use or disclose any information about your health in a manner, which is not described above or otherwise permitted under applicable laws or regulations (e.g., 42 CFR part 2), it must first obtain your specific written consent allowing it to make the disclosure. Any such written consent may be revoked by you orally or in writing.

Provider Duties: The Provider is required by law to maintain the privacy of your health and SUD information and to provide you with notice of its legal duties and privacy practices with respect to your health information. The Provider is required by law to abide by the terms of this notice and to make new notice provisions effective for all protected health information it maintains. Revision and update notices will be provided to individuals during treatment sessions and will be posted on the Public Notice Board in the lobby.

Grievance and Reporting Violations: If you are not satisfied with any matter related to your services including confidentiality issues or are uncomfortable with speaking to your Provider about an issue, you may contact **Consumer Assistance at 1 (800) 779-0787**. See Beneficiary Problem Resolution Process on Pages 4-5 in this packet for more information.

Alameda County Behavioral Health Care Services

| | | |
|-------------------|-------------|---------------|
| Beneficiary Name: | | Program Name: |
| Birthdate: | Admit date: | |
| INSYST #: | | |

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 receive voluntary behavioral 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, that you were given the Informing Materials packet for your records, and that you agree with the method of delivery for the Guide and Provider Directory as checked. 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
- Confidentiality & Privacy
- Maintaining a Welcoming & Safe Place (*not a State-required informing material*)
- “Guide to Medi-Cal Mental Health Services” OR “Guide to Drug Medi-Cal Services”
 Delivery via: Web access E-mail electronic copy Paper copy
- Provider Directory for Alameda County Behavioral Health Plan
 Delivery via: Web access E-mail electronic copy Paper copy
- Beneficiary Problem Resolution Information
- 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
- Notice of Privacy Practices – HIPAA & HITECH
- Notice of Information 42 CFR PART 2: Information on Drug and Alcohol Patient Disclosure (*for clients receiving Substance Use Treatment services only*)

| | |
|---|-------|
| Beneficiary Signature: (or legal representative, if applicable) | Date: |
| Clinician/Staff Witness Initials: | Date: |
| E-mail address for delivery of Guide & Provider Directory, if applicable: | |

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 of the previous 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, in the QA tab.*