



# Behavioral Health Department

Alameda County Health

Informing Materials Packet

Your Guide to Service Consents & Rights and Responsibilities under Alameda County Health Behavioral  
Health Plan

### English

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you.

Please contact your established provider directly or to inquire about services call ACBHD ACCESS at 1-800-491-9099 (TTY: 711).

ATTENTION: Auxiliary aids and services, including but not limited to large print documents and alternative formats, are available to you free of charge upon request. Please contact your established provider directly or to inquire about services call ACBHD ACCESS at 1-800-491-9099 (TTY: 711).

### Español (Spanish)

ATENCIÓN: Si habla otro idioma, podrá acceder a servicios de asistencia lingüística sin cargo.

Comuníquese directamente con su proveedor establecido o, si desea preguntar por los servicios, llame a ACBHD ACCESS al 1-800-491-9099 (TTY: 711).

ATENCIÓN: Los servicios y recursos auxiliares, incluidos, entre otros, los documentos con letra grande y formatos alternativos, están disponibles sin cargo y a pedido. Comuníquese directamente con su proveedor establecido o, si desea preguntar por los servicios, llame a ACBHD ACCESS al 1-800-491-9099 (TTY: 711).

### Tiếng Việt (Vietnamese)

LƯU Ý: Nếu quý vị nói một ngôn ngữ khác, chúng tôi có các dịch vụ miễn phí để hỗ trợ về ngôn ngữ.

Xin quý vị vui lòng liên lạc trực tiếp với nơi cung cấp dịch vụ của quý vị hoặc để tìm hiểu về các dịch vụ hãy gọi cho ACBHD ACCESS ở số 1-800-491-9099 (TTY: 711).

LƯU Ý: Các trợ giúp và dịch vụ phụ trợ, bao gồm nhưng không giới hạn vào các tài liệu in lớn và các dạng thức khác nhau, được cung cấp cho quý vị miễn phí theo yêu cầu. Xin quý vị vui lòng liên lạc trực tiếp với nơi cung cấp dịch vụ của quý vị hoặc để tìm hiểu về các dịch vụ hãy gọi cho ACBHD ACCESS ở số 1-800-491-9099 (TTY: 711).

### Tagalog (Tagalog/Filipino)

PAALALA: Kung gumagamit ka ng ibang wika, maaari kang makakuha ng libreng mga serbisyo sa tulong ng wika.



Mangyaring direktang makipag-ugnayan sa iyong itinalagang provider o tumawag sa ACBHD ACCESS sa 1-800-491-9099 (TTY: 711) upang itanong ang tungkol sa mga serbisyo.

**PAALALA:** Ang mga auxiliary aid at mga serbisyo, kabilang ngunit hindi limitado sa mga dokumento sa malaking print at mga alternatibong format, ay available sa iyo nang libre kapag hiniling. Mangyaring direktang makipag-ugnayan sa iyong itinalagang provider o tumawag sa ACBHD ACCESS sa 1-800-491-9099 (TTY: 711) upang itanong ang tungkol sa mga serbisyo.

**한국어** (Korean)

**ACCESS**

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 711) □ □ □ ACBHD ACCESS □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ .

繁體中文(Chinese)

注意：如果您使用其他語言，則可以免費使用語言協助服務。  
請直接與您的服務提供者聯繫，或致電ACBHD ACCESS，電話號碼：1-800-491-9099（TTY: 711）。

注意：可應要求免費提供輔助工具和服務，包括但不限於大字體文檔和其他格式。請直接與您的服務提供者聯繫，或致電ACBHD ACCESS，電話號碼：1-800-491-9099（TTY: 711）。

## Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե տիրապետում եք մեկ այլ լեզվի, ապա կարող եք օգտվել լեզվական աջակցման անվճար ծառայություններից:

Խնդրում ենք ուղղակիորեն կապվել ձեր պաշտոնական մատակարարի հետ կամ ծառայությունների վերաբերյալ տեղեկություններ ստանալու համար զանգահարել ACBHD ACCESS 1-800-491-9099 համարով (հեռատիպ՝ 711):

ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Հայտ ներկայացնելու դեպքում կարող եք անվճար օգտվել օժանդակ միջոցներից և ծառայություններից, այդ թվում՝ մեծածավալ տպագիր և այլընտրանքային ձևաչափի փաստաթղթերից: Խնդրում ենք ուղղակիորեն կապվել ձեր պաշտոնական մատակարարի հետ կամ ծառայությունների վերաբերյալ տեղեկություններ ստանալու համար զանգահարել ACBHD ACCESS 1-800-491-9099 համարով (հեռախոս՝ 711): (Հեռախոս՝ 711):

### Русский (Russian)

ВНИМАНИЕ: Если вы говорите на другом языке, вы можете бесплатно воспользоваться услугами переводчика.

Свяжитесь напрямую со своим поставщиком или узнайте подробнее об услугах, позвонив в ACBHD ACCESS по телефону 1-800-491-9099 (телетайп: 711).

ВНИМАНИЕ: Вспомогательные средства и услуги, включая, помимо прочего, документы с крупным шрифтом и альтернативные форматы, доступны вам бесплатно по запросу. Свяжитесь напрямую со своим поставщиком или узнайте подробнее об услугах, позвонив в ACBHD ACCESS по телефону 1-800-491-9099 (телетайп: 711). (Телетайп: 711).

### فارسی (Farsi)

توجه: اگر شما به زبان دیگری صحبت می کنید، خدمات کمک زبانی بصورت رایگان در اختیار شما قرار دارند. لطفاً با ارائه دهنده تعیین شده خود به طور مستقیم تماس گرفته و یا برای پرس و جو در مورد خدمات به ACBHD ACCESS به شماره 1-800-491-9099 (TTY:711) تماس بگیرید.

توجه: کمک ها و خدمات کمکی، از جمله اما نه محدود به اسناد چاپ شده با حروف بزرگ و قالب های جایگزین، در صورت درخواست شما به صورت رایگان در اختیار شما قرار می گیرند. لطفاً با ارائه دهنده تعیین شده خود به طور مستقیم تماس گرفته و یا برای پرس و جو در مورد خدمات به ACBHD ACCESS به شماره 1-800-491-9099 (TTY:711) تماس بگیرید.

### 日本語 (Japanese)

注意事項：他の言語を話される場合、無料で言語支援がご利用になれます。

ご利用のプロバイダーに直接コンタクトされるか、支援についてお尋ねになるにはACBHD ACCESS、電話番号1-800-491-9099 (TTY: 711)までご連絡ください。

注意事項：ご要望があれば、大きな印刷の文書と代替フォーマットを含むがこれらのみに限定されない補助的援助と支援が無料でご利用になれます。ご利用のプロバイダーに直接コンタクトされるか、支援についてお尋ねになるにはACBHD ACCESS、電話番号1-800-491-9099 (TTY: 711). (TTY: 711) までご連絡ください。

### Hmoob (Hmong)

LUS CEEV: Yog tias koj hais lwm hom lus, muaj cov kev pab cuam txhais lus uas pab dawb xwb rau koj tau siv.

Thov txuas lus ncaj nraim nrog koj tus kws pab kho mob uas tau teeb los sis thov tau qhov kev pab cuam uas yog hu rau ACBHD ACCESS ntawm 1-800-491-9099 (TTY: 711).

LUS CEEV: Muaj cov kev pab cuam that khoom pab cuam txhawb ntxiv, xam nrog rau tab sis kuj tsis txwv rau cov ntaub ntawv luam loj thiab lwm cov qauv ntawv ntxiv, muaj rau koj uas yog pab dawb xwb raws qhov thov. Thov txuas lus ncaj nraim nrog koj tus kws pab kho mob uas tau teeb los sis thov tau qhov kev pab cuam uas yog hu rau ACBHD ACCESS ntawm 1-800-491-9099 (TTY: 711). (TTY: 711).

### ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਕੋਈ ਹੋਰ ਭਾਸ਼ਾ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ, ਭਾਸ਼ਾ ਦੀ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ, ਮੁਫਤ ਉਪਲਬਧ ਹਨ। ਕਿਰਪਾ ਕਰਕੇ ਆਪਣੇ ਸਥਾਪਿਤ ਪ੍ਰਦਾਤਾ ਨਾਲ ਸਿੱਧਾ ਸੰਪਰਕ ਕਰੋ ਜਾਂ ਸੇਵਾਵਾਂ ਬਾਰੇ ਪੁੱਛਗਿੱਛ ਲਈ ACBHD ACCESS ਨੂੰ 1-800-491-9099 (TTY: 711) ਤੇ ਕਾਲ ਕਰੋ।

ਧਿਆਨ ਦਿਓ: ਸਹਾਇਤਾ ਪ੍ਰਣਾਲੀ ਅਤੇ ਸੇਵਾਵਾਂ ਸ਼ਾਮਲ ਹਨ ਪਰ ਵੱਡੇ ਪ੍ਰਿੰਟ ਵਾਲੇ ਦਸਤਾਵੇਜ਼ ਅਤੇ ਵਿਕਲਪਿਕ ਫਾਰਮੇਟ ਵਿਚ ਸੀਮਿਤ ਨਹੀਂ ਹਨ, ਮੰਗਣ ਤੇ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹਨ।

ਕਿਰਪਾ ਕਰਕੇ ਆਪਣੇ ਸਥਾਪਿਤ ਪ੍ਰਦਾਤਾ ਨਾਲ ਸਿੱਧਾ ਸੰਪਰਕ ਕਰੋ ਜਾਂ ਸੇਵਾਵਾਂ ਬਾਰੇ ਪੁੱਛਗਿੱਛ ਲਈ ACBHD ACCESS ਨੂੰ 1-800-491-9099 (TTY: 711) ਤੇ ਕਾਲ ਕਰੋ।

### العربية (Arabic)

انتباه: إذا كنت تتحدث لغة أخرى، فإن خدمات المساعدة اللغوية متاحة لك مجانًا. يرجى الاتصال بمزودك المعتاد مباشرة أو اتصل على ACBHD ACCESS للاستفسار عن الخدمات على الرقم 1-800-491-9099 (الهاتف النصي: 711).

انتباه: تتوفر لك الوسائل والخدمات المساعدة، بما فيها دون حصر الوثائق المطبوعة بخط كبير والتنسيقات البديلة، مجانًا عند طلبها. يرجى الاتصال بمزودك المعتاد مباشرة أو اتصل على ACBHD ACCESS للاستفسار عن الخدمات على الرقم 1-800-491-9099 (الهاتف النصي: 711).



[illegible]

**ພາສາລາວ (Lao)**

ເອົາໃຈໃສ່: ຖ້າທ່ານເວົ້າພາສາອື່ນ, ພວກເຮົາມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານນຳໃຊ້ໂດຍບໍ່ເສຍຄ່າ.

ກະລຸນາຕິດຕໍ່ຜູ້ໃຫ້ບໍລິການທີ່ກຳນົດໄວ້ຂອງທ່ານໂດຍກົງ ຫຼື ເພື່ອສອບຖາມກ່ຽວກັບການບໍລິການ ໃຫ້ໂທ  
ຫາ ACBH ACCESS ທີ່ເບີ 1-800-491-9099 (TTY: 711).

ເອົາໃຈໃສ່: ອຸປະກອນ ແລະ ການບໍລິການຊ່ວຍເຫຼືອ, ເຊິ່ງລວມມີ ແຕ່ບໍ່ຈຳກັດ ເອກະສານຕົວພິມໃຫຍ່ ແລະ ຮູບແບບທາງເລືອກອື່ນ, ແມ່ນມີໃຫ້ທ່ານນຳໃຊ້ໂດຍບໍ່ເສຍຄ່າຕາມຄຳຂໍ. ກະລຸນາຕິດຕໍ່ຫາຜູ້ໃຫ້ ບໍລິການທີ່ກຳນົດໄວ້ຂອງທ່ານໂດຍກົງ ຫຼື ເພື່ອສອບຖາມກ່ຽວກັບການບໍລິການ ໃຫ້ໂທຫາ ACBH ACCESS ທີ່ເບີ 1-800-491-9099 (TTY: 711). (TTY: 711).

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## Welcome to Alameda County Health 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 Health'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 contains 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 is under the supervision of licensed professionals.

SUD outpatient treatment services may include the following modalities: Assessment, Plan Development, Individual and Group Counseling, Case Management, Drug Testing, Family Therapy, and Discharge Planning. You have a right to refuse any of the following modalities: Individual Counseling, Group Counseling, Case Management, Drug Testing, Family Therapy, and Discharge Planning. There may be additional requirements for drug testing (Drug Court, SSA, Probation, etc.) outside of ACBHD requirements.

### Recovery Residences:

- ✓ Residents are required to test as a condition of living in the Recovery Residences.

### Opioid Treatment Programs (OTP)\*

- ✓ OTPs are required to conduct drug testing per program requirements.

Grounds for an involuntary discharge from the program include, but are not limited to, creating a disruptive or unsafe environment for other participants. This is sometimes due to a client being intoxicated. At that time, your counselor will discuss this with you and may recommend immediate drug testing. Although drug testing may be declined, it is important to know this needs to be part of the discussion of the behavior the counselor feels is disruptive or unsafe to other clients. Whether you agree to, or decline, drug testing in this circumstance, you may still be discharged (period will be explored) if your behavior cannot be addressed and altered to create a non-disruptive and safe environment for all in the program. In addition, if you continue to decline the program services being offered to you, your treatment staff might recommend a more appropriate placement for you.



If you have been involuntarily discharged from a program and you disagree with the decision, you may file an appeal with Alameda County Health Behavioral Health Department Consumer Assistance Office:

By phone: 1-800-779-0787

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

The ethical response to a positive drug test result is to discuss the findings with the client and to consider an evidence-based change in your treatment plan. Addiction treatment professionals and provider organizations will take appropriate steps to ensure that drug test results remain confidential to the extent permitted by law.

## 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 are 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.

## Notice of Non-Discrimination

Discrimination is against the law. Alameda County Behavioral Health follows Federal civil rights laws and does not discriminate, exclude people, or treat them differently because of race, religion, ethnicity, color, national origin, age, disability sexual preference, sex, or ability to pay.

## 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 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 in 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.         | ✓ 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. | ✓ Sale, use, and distribution of alcohol, drugs, nicotine/tobacco products, and e-cigarettes are prohibited on premises. |

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.

## Beneficiary Guides and Provider Directory

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 Guide lists 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 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.

Beneficiary Guides are available electronically here:

<http://www.acbhcs.org/beneficiary-handbook/> and they are available in the following languages: English, Spanish, Chinese, Farsi, Korean, Tagalog, and Vietnamese.

The Provider Directory is updated monthly and is available electronically here: [http://www.acbhcs.org/provider\\_directory/](http://www.acbhcs.org/provider_directory/) they are available in the following languages: English, Spanish, Chinese, Farsi, Korean, Tagalog, Arabic, and Vietnamese.

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 that are good for you.
- If the facility is not clean or safe.

### Where to File Your Grievance

With Alameda County Health (ACBHD):

By phone: 1-800-779-0787 ACBHD 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  
954-60<sup>th</sup> Street, Suite 10, Oakland, CA 94608

With your provider: Your provider may resolve your grievance internally or direct you to ACBHD 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 paying for a service you received.
- If services are not provided to you promptly.
- If your grievance or appeal is not resolved within the required timeframes.
- If your request to dispute financial liability is denied.
- If you have been involuntarily discharged from a program.

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



With Alameda County Health (ACBHD):

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,  
954-60<sup>th</sup> 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 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

## PATIENT'S RIGHTS

Issues relating to involuntary 5150 hold, 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](#) which 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 at 1(800) 779-0787.

Additional Compliant Processes Available via the Board of Behavioral Sciences:

#### NOTICE TO CLIENTS

Beginning July 1, 2020, the Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of (marriage and family therapists, licensed educational psychologists, clinical social workers, or professional clinical counselors). You may contact the board online at <https://www.bbs.ca.gov/consumers/> or by calling (916) 574-7830.

For more information, please see [https://www.bbs.ca.gov/pdf/ab\\_630.pdf](https://www.bbs.ca.gov/pdf/ab_630.pdf)

Alameda County of Behavioral Health (county clinics and contractors) continues to receive and respond to complaints regarding the practice of psychotherapy by any unlicensed or unregistered counselor. To file a complaint, contact Consumer Assistance Office at (800) 779-0787 or at:

ACBHD Consumer Assistance Office  
2000 Embarcadero Cove  
Suite 400 Oakland, CA 94606

## 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/qa\\_manual/10-7\\_ADVANCE\\_DIRECTIVE\\_BOOKLET.pdf](http://www.acbhcs.org/providers/QA/docs/qa_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 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 Health ACBHD providers and staff can 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 ACBHD 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.

## Notice of Privacy Practices



### **Your Information. Your Rights. Our Responsibilities.**

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.**

#### **Your Rights**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

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##### **Get an electronic or paper copy of your medical record**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

##### **Ask us to correct your medical record**

- You can ask us to correct health information about you that you think is incorrect or incomplete.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

##### **Request confidential communications**

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.

- We will say “yes” to all reasonable requests.

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*continued on next page*

## Your Rights *continued*

### Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
  - We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
  - We will say “yes” unless a law requires us to share that information.

### Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but may charge a reasonable, cost-based fee if you ask for another one within 12 months.

### Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

### Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

### File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 90 7<sup>th</sup> Street, Suite 4-100 San Francisco, CA 94103, calling 1-800-368-1019, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)
- We will not retaliate against you for filing a complaint.

## Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

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**In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include or remove your information in a hospital directory
- Contact you for fundraising efforts

*If you are not able to tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

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**In these cases we never share your information unless you give us written permission:**

- Marketing purposes
  - Sale of your information
  - Most sharing of psychotherapy notes
- 

**In the case of fundraising or media campaign:**

- We may contact you for fundraising or media campaign efforts, but you can tell us not to contact you again.

*continued on next page*

## Our Uses and Disclosures

**How do we typically use or share your health information?** We typically use or share your health information in the following ways.

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### Treat you

We can use your health information and share it with other professionals who are treating you.

**Example:** A doctor treating you for an injury asks another doctor about your overall health condition.

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### Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

**Example:** We use health information about you to manage your treatment and services.

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### Bill for your services

We can use and share your health information to bill and get payment from Medi-Cal, Medicare, health plans or other insurance carriers.

**Example:** We give information about you to your health insurance plan so it will pay for your services.

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*continued on next page*

**How else can we use or share your health information?** We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

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**Help with public health and safety issues**

- We can share health information about you for certain situations such as:
  - Preventing disease, injury or disability
  - Reporting births and deaths
  - Helping with product recalls
  - Reporting adverse reactions to medications
  - Reporting suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone's health or safety

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**Do research**

We can use or share your information for health research.

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**Comply with the law**

We will share information about you if state or federal laws require it, including with the U.S. Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

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***Respond to organ and tissue donation requests***

We can share health information about you with organ procurement organizations.

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**Work with a medical examiner or funeral director**

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

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**Address workers' compensation, law enforcement, and other government requests**

- We can use or share health information about you:
- For workers' compensation claims
  - For law enforcement purposes or with a law enforcement official
  - With health oversight agencies for activities authorized by law
  - For special government functions such as military, national security, and presidential protective services

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***Respond to lawsuits and legal actions***

We can share health information about you in response to a court or administrative order, or in response to a subpoena.



**Note:** 42 CFR Part 2 protects your health information if you are applying for or receiving services for drug or alcohol abuse. Generally, if you are applying for or receiving services for drug or alcohol abuse, we cannot acknowledge to a person outside our organization that you attend our program or disclose any information identifying you as an individual seeking treatment from substance abuse, except under circumstances that are listed in this Notice.

*continued on next page*



## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

*Effective Date of Notice: 2013 Revised:  
Aug 2017; June 2022*

## NOTICE OF PRIVACY PRACTICES SUMMARY

This describes how health data about you may be used and shared and how you can get access to this data. **IMPORTANT NOTE:** This page is a summary only and does not include all of the details about our privacy policy. Details on all sections are presented in the full-text Notice of Privacy Practice upon request.

### I. How We May Use and Share Health Data About You:

- Treatment - We may use or share your health data to give you medical treatment or other types of health services.
- Payment - We may use or share your health data to bill you or a third party for payment for services provided to you.
- Health Care Operations - We may use and share health data about you for our operations such as quality control, compliance monitoring, outcome evaluation, audit, etc.

### II. Disclosures Where We DO NOT Have to Give You a Chance to Agree or Object:

- As required by federal, state, or local law
- If child abuse/neglect or elder or dependent adult abuse/neglect or domestic violence is suspected
- Public Health risks for public health activities to prevent and control of disease.
- Lawsuits and disputes in response to a court, administrative order, or in response to a subpoena
- Law enforcement to help law enforcement officials respond to criminal activities.
- Coroners, medical examiners, and funeral directors
- Organ or tissue donation facilities if you are an organ donor
- To prevent a threat to an individual or public health or safety

### III. Disclosures Where We HAVE to Give You a Chance to Agree or Object:

- Patient directories - You can decide what health data if any, you want to be listed in patient directories.
- Persons involved in your care or payment for your care - We may share your health data with a family member, a close friend or another person that you have named as being involved with your health care.

### IV. Other Uses of Health Data:

- Other uses not covered by this notice or the laws that apply to us will be made only with your written consent.

### V. You Have These Rights for The Health Data We Keep About You:



1. Right to access your health information
2. Right to inspect your health record and to receive a copy of your health record upon request
3. Right to amend information in your health record you believe is inaccurate or incomplete
4. Right to know to whom we have disclosed your health information
5. Right to ask for limits on the health information data we give out about you
6. Right to receive communication from us about your health information in alternate ways
7. Right to a paper copy of the complete Notice of Privacy Practices

I acknowledge that I have been ☐ offered or ☐ received the Notice of Privacy Practices

Notice of Information 42 CFR PART 2:  
Information on Drug and Alcohol Patient Disclosure

PLEASE REVIEW IT CAREFULLY

42 CFR Part 2 protects your health information if you are applying for or receiving services for drug or alcohol abuse. Generally, if you are applying for or receiving services for drug or alcohol abuse, we cannot acknowledge to a person outside our organization that you attend our program or disclose any information identifying you as an individual seeking treatment for substance abuse, except under circumstances that are listed in this Notice.

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 protects 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.

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 a 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 concerning 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 starting on page 20 of this packet for more information.



Beneficiary Name:		Program Name:
DOB:	Admit date:	RU #, if applies:
INSYST#:		

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 at any other time.

- ☐ Consent for Services
- ☐ Freedom of Choice
- ☐ Notice of Non-Discrimination
- ☐ 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: ☐ Web ☐ E-mail ☐ Paper copy
- ☐ Provider Directory for Alameda County Behavioral Health Plan  
Delivery: ☐ Web ☐ E-mail ☐ 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:
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Use one box every year (see above) for the beneficiary’s initials & date (or their legal representative).

Provider Directions:

- **Initial Notification:** Discuss each relevant item in the packet with the beneficiary (or legal representative) in their preferred language or method of communication. Complete the identifying information box at the top 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 <http://www.acbhcs.org/providers/QA/General/informing.htm>.