



# Informing Materials Manual

Your Guide to Service Consents & Rights and  
Responsibilities under Alameda County 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 ACBH 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 ACBH 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 ACBH 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 ACBH 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 ACBH 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 ACBH 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 ACBH 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 ACBH ACCESS sa 1-800-491-9099 (TTY: 711) upang itanong ang tungkol sa mga serbisyo.

## **한국어 (Korean)**

안내: 다른 언어를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 필요하신 경우 이용하고 계신 제공자에게 직접 연락하시거나 **1-800-491-9099(TTY: 711)**번으로 **ACBH ACCESS**에 전화해 서비스에 대해 문의해 주시기 바랍니다.

안내: 큰 활자 문서, 대체 형식 등 다양한 보조 도구 및 서비스를 요청 시 무료로 이용하실 수 있습니다. 필요하신 경우 이용하고 계신 제공자에게 직접 연락하시거나 **1-800-491-9099(TTY: 711)**번으로 **ACBH ACCESS**에 전화해 서비스에 대해 문의해 주시기 바랍니다.

## **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ACBH 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ACBH 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 ACBH 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



ACBH ACCESS 1-800-491-9099 համարով  
(հեռախոսիչ` 711): (Հեռախոսիչ` 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 ACBH 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 ACBH 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 ACBH 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 ACBH ACCESS به شماره (TTY:711) 1-800-491-9099 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、支援に関してお尋ねになるにはACBH 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、支援に関してお尋ねになるにはACBH 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 ACBH 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 ACBH 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 ACBH 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 ACBH 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 ACBH 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 ACBH ACCESS للاستفسار عن الخدمات على الرقم 1-800-491-9099 (الهاتف النصي: 711).

## हिंदी (Hindi)

कृपया ध्यान दें: यदि आप कोई अन्य भाषा बोलते हैं, तो आपके लिये निःशुल्क भाषा सहायता सेवा उपलब्ध है। कृपया अपने नियत प्रदाता से सीधे संपर्क करें अथवा सेवाओं के बारे में जानकारी हेतु ACBH ACCESS को 1-800-491-9099 (TTY: 711) पर कॉल करें।

कृपया ध्यान दें: अतिरिक्त सहायता तथा सेवाएं, जिसमें अन्य के अलावा बड़े अक्षरों के दस्तावेज़ और वैकल्पिक प्रारूप भी शामिल हैं, अनुरोध करने पर निःशुल्क उपलब्ध कराई जाएंगी। कृपया अपने नियत प्रदाता से सीधे संपर्क करें अथवा सेवाओं के बारे में जानकारी हेतु ACBH ACCESS को 1-800-491-9099 (TTY: 711) पर कॉल करें।



**ภาษาไทย (Thai)**

โปรดทราบ: หากคุณพูดภาษาอื่น เรามีบริการช่วยเหลือด้านภาษาให้คุณโดยไม่เสียค่าใช้จ่าย

โปรดติดต่อผู้ให้บริการที่คุณใช้อยู่โดยตรงหรือหากต้องการสอบถามเกี่ยวกับบริการต่างๆ โปรดติดต่อ  
ACBH ACCESS ที่ 1-800-491-9099 (TTY: 711)

โปรดทราบ: เรามีความช่วยเหลือและบริการเพิ่มเติม เช่น เอกสารพิมพ์ตัวใหญ่หรือในรูปแบบอื่นๆ

ให้คุณโดยไม่เสียค่าใช้จ่ายหากคุณแจ้งความประสงค์จะใช้ โปรดติดต่อผู้ให้บริการที่คุณใช้อยู่โดยตรง  
หรือสอบถามเกี่ยวกับบริการต่างๆ ได้โดยติดต่อ ACBH ACCESS ที่ 1-800-491-9099 (TTY: 711)

**(Cambodian)**

ចំណាំ: ប្រសិនបើអ្នកនិយាយភាសាបសេដប ៀត  
បសវជនន្ទយភាសាបោយតតកិតថ្លៃ គឺ អាចស្វែងរកបានសប្បុរសភាព  
សូមទាក់ ងបោយផ្លា លំបៅកាន់អ្នកសតល់បសវាសុំលោនការ  
ល្អសាា លំរស់អ្នក ឬបែបើមបី  
បុំលើការសាកសួរអំពីបសវាកមមនានា សូម ូរសពាបៅ ACBH  
ACCESS តាមរយៈបលខ 1-800-491- 9099 (TTY: 711)។ ចំណាំ៖  
សាា រៈនិងបសវាកមមជន្ទយ ានជាអា  
ិឯកសារជាអ្នកពុមពុំនឹងឯកសារជា បង់ បសេដប ៀត  
អាចស្វែងរកបានសប្បុរសភាពបោយតតកិតថ្លៃបៅតាមការបសនើសុំ។  
សូមទាក់ ងបោយផ្លា លំបៅកាន់អ្នកសតល់បសវាសុំលោនការ  
ល្អសាា លំរស់អ្នក ឬ បែបើមបីសាកសួរអំពីបសវាកមមនានា សូម  
ូរសពាបៅ ACBH ACCESS តាមរយៈបលខ 1-800-491- 9099  
(TTY: 711).



**ພາສາລາວ (Lao)**

ເອົາໃຈໃສ່: ຖ້າທ່ານເວົ້າພາສາອື່ນ, ພວກເຮົາມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານນໍາໃຊ້ໂດຍບໍ່ເສຍຄ່າ.

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

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

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# Table of Contents

|  |    |
|--|----|
| Welcome to Alameda County Behavioral Health Plan .....                             | 13 |
| Consent for Services .....   | 14 |
| Freedom of Choice .....  | 16 |
| Notice of Non-Discrimination .....   | 16 |
| Confidentiality & Privacy .....  | 17 |
| Maintaining a Welcoming & Safe Place.....  | 18 |
| Beneficiary Guides and Provider Directory.....                                     | 19 |
| Beneficiary Problem Resolution Information .....                                   | 20 |
| Additional Compliant Processes Available via the Board of Behavioral Sciences: ... | 22 |
| Advance Directive Information .....  | 23 |
| Notice of Privacy Practices .....  | 24 |
| Notice Of Privacy Practices Summary .....  | 35 |
| Notice of Information 42 CFR PART 2: .....   | 37 |
| Acknowledgement of Receipt.....  | 39 |
| Provider Directions .....  | 40 |

## **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 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 ACBH 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 Behavioral Health 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.
- ✓ 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.

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.ACBH.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.ACBH.org/provider\\_directory/](http://www.ACBH.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 ACBH:

By phone: 1-800-779-0787 ACBH 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 ACBH 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 ACBH:**

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:

ACBH 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.ACBH.org/providers/QA/docs/qa\\_manual/10-7\\_ADVANCE\\_DIRECTIVE\\_BOOKLET.pdf](http://www.ACBH.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 ACBH 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 ACBH 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

**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 healthcare 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.

Healthcare professionals and other individuals include:

- Physical health care professionals (such as medical doctors, nurses, technicians, and medical students)
- Behavioral health care professionals (such as psychiatrists, psychologists, licensed clinical social workers, marriage and family therapists, professional clinical counselors, 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 Responsibilities**

We are required by law to maintain the privacy and security of your protected health information 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.
- 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.
- 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 can use or share your health information and share it with other professionals who are treating you. 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 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 can use or share your health information to bill and get payment from Medi-Cal, Medicare, health plans, and other insurance carriers for the treatment and services that we had provided to you. For example, we may need to give your health plan information about the treatment or counseling you received here so that they will pay us or reimburse you for the services. We may also tell them about the treatment or services we plan to provide 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 can use and share your health information to run our practice, improve your care, and contact you when necessary. 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 healthcare 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 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.

**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 following situations described below, please tell us what you want us to do, and we will follow your instructions. You have the right and choice to tell us whom we may share information with your family, close friends, or others involved in your care about your location, your general condition, or, unless you had instructed us otherwise, in the event of your death. You also have the right and choice to tell us to include or remove your information in a hospital directory. You also have the right and choice to tell us whether we can contact you for fundraising efforts. In a disaster relief situation, 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. You have both the right and choice if you are able and available to agree or object, we will allow you 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 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.

**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).

**Disclosures where we DO NOT have to give you a chance 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.

**Suspicion of abuse or neglect.** We will disclose your health information to appropriate agencies if child abuse/neglect, elder or dependent adult abuse/neglect, or domestic violence is suspected. 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 a threat to an individual or public health or safety.

**Help with public health risks.** 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

**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 can share health information about you in response to a court or administrative order, lawsuits, and legal actions, or in response to a subpoena.

**Law enforcement.** We may release health information if asked to do so by a law enforcement official:

- To help law enforcement officials respond to criminal activities.
- 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, medical examiner, or funeral director. 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 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 organ procurement organizations.

**Research.** We can use or share your information for health research.

**To prevent a threat to an individual or public 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 the health and safety of the public or another person. Any disclosure, however, would only be to someone whom 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 and claims 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 mean 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 exclude medication prescription and monitoring, counseling session starts 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 the 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 U.S Department of Health and Human Services if it wants to see that we're complying with federal privacy law, 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 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 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 directories.** You can decide what health data if any, you want to be listed in patient directories.

**Persons involved in your care or payment.** 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. 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 people 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 data.** Other uses not covered by this notice or the laws that apply to us will be made only with your written consent.

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



**Breach notification.** In the case of a breach of unsecured protected personal health information, we will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. 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.]

**Get an electronic or paper copy of your medical record.** 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 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.
- You must submit your request in writing. We can provide you a form for this and instructions about how to submit it.
- You can expect to receive notifications 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.

**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. 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 with a form for this and instructions about how to submit it.
- You must provide a reason that supports your 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, concerning any item or statement in your record you believe is incomplete or incorrect. If you 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 disclose the item or statement you believe to be incomplete or incorrect.

**Right to 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. 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 pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

**Right to request confidential communications.** You can ask us to contact you in a specific way (for example, by home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests. 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.

**Right to 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. You may obtain a copy of this notice from your provider or any of the above-referenced Programs.

**Right to 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 before the date you ask, whom we shared it with, and why. This 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.

We will include all the disclosures except for those about treatment, payment, 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. To request this list or accounting of disclosures, you must submit your request in writing. We can provide you with a form for this and instructions about how to submit it. Your request must state a time period, and should indicate in what form you want the list (for example, on paper or electronically). 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.

**Right to 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.

**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 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.

**Cases where we never share your information** unless you give us written permission include: marketing purposes, the sale of your information, and most sharing of psychotherapy notes. See Psychotherapy Notes on page 29 for more detail. In the case of fundraising or media campaigns, we may contact you for fundraising or media campaign efforts, but you can tell us not to contact you again.

**File a complaint if you feel your rights are violated.** 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 promptly and take corrective action if necessary. We will not retaliate against you for filing a complaint.

All complaints must be submitted in writing. You may obtain a copy of the form and instructions for filing a complaint by contacting:

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

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to:

Office of Civil Rights  
U.S. Department of Health and Human Services  
90 Seventh Street, Suite 4-100  
San Francisco, CA 94103

Or by 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.



## **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**

---

Client or Client Representative  
Signature

---

Date

---

PRINT Client / Client Representative  
Name

---

HCSA Department/Program Name

# **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:<br>(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 <http://www.ACBH.org/providers/QA/General/informing.htm>.