

COMMUNITY FAMILY GUIDANCE CENTER

NOTICE OF PRIVACY PRACTICES

I. 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.

A. Who We Are

This Notice describes the privacy practices of Community Family Guidance Center (CFGC), its clinical, office, and administrative staff and other personnel. It applies to services furnished to you at 10929 South St, Suite 208B, Cerritos 90703 and 8320 Iowa St, Suite 201, Downey 90241 as well as the offsite locations of our various programs.

II. OUR PRIVACY OBLIGATIONS

A. We have a legal duty to safeguard your Protected Health Information (“PHI”)

We understand that information about you and your mental health is personal. We are committed and legally required to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to your protected health information.

This notice applies to all of the records of your care generated by the agency, and any and all agency personnel, interns, trainees, and volunteers. This notice will inform you of the ways in which we may use information within the agency and disclose health information about you to parties outside the agency. We also describe your rights and certain obligations we have regarding the use and disclosure of health information.

We are legally required to follow the privacy practices described in this notice. However, we reserve the right to change the terms of this notice and our privacy policies at any time. Any changes will apply to PHI on file with us already. Before we make any important changes to our policies, we will promptly change this notice and post a new copy of it in our offices. You may also request a copy of this notice from us, or you can view a copy of it in our offices.

If you have any questions about this notice, please contact your counselor, therapist, or the agency privacy officer noted on the signature page.

We are required by law to:

- Make sure that health information that identifies you is kept private (with certain exceptions described on pages 2-7).
- Give you this notice of our legal duties and privacy practices with respect to health information about you.
- Not use or disclose any more information than is necessary to accomplish the purpose for which the use or disclosure is made.
- Not to sell your information, such as name, date of birth to vendors (such as pharmacies) without a written authorization by you.
- To inform you if there is a breach of your Personal Health Information, and we have reason to believe that your information has been leaked or disclosed inappropriately.
- To inform you of the right to opt of receiving any fundraising communications from CFGC.

B. Who will follow this notice

This notice describes our agency's practices and those of:

- Any health care professional authorized to enter information into your mental health chart.
- All departments and programs of this agency.
- Any member of a volunteer group we allow to help you while you are at our agency.
- All employees, staff and other agency personnel.
- Contracted business associates of the agency that perform treatment, payment or health care operations on our behalf.

III. HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

A. Uses and Disclosures Relating to Treatment, Payment or Health Care Operations Do Not Require Your Prior Written Consent

1. For Treatment

We may use health information about you to provide you with mental health treatment or services. We may share health information about you with psychiatrists, therapists, case managers, therapist trainees, volunteers, or support staff personnel who are involved with your treatment. For example, the therapist may discuss mental health information with the psychiatrist to facilitate a psychiatric evaluation. This information will help the psychiatrist determine if and when medication may be needed. Different departments of the agency also may share health information about you in order to coordinate treatment for you and your family members. We also may disclose limited mental health information about you to people outside the agency who may be involved in your mental health care either during or after your treatment in our agency, such as other L.A. County Department of Mental Health providers.

In addition, we may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

2. For Payment

We may use and disclose health information about you so that the treatment and services you receive at the agency may be billed to and payment may be collected from an insurance company or a third party. For example, we may need to give your health information to Medi-Cal in order to obtain payment for mental health services provided to you. We may also tell your health plan about a treatment or medication you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment or medication. We may also provide your PHI, such as: your name, date of birth, address, Social Security Number, payment history and account number to our business associates. Our business associates may include: billing companies, claims processing companies, and others that may process our health care claims. If you pay for your treatment out of pocket in full, you may request that your treatment be restricted from being shared with these mentioned agencies.

3. For Health Care Operations

We may use and disclose health information about you for CFGC's operations. These uses and disclosures are necessary to run the agency and make sure that all of our clients receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about many agency clients to decide what additional services the agency should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to psychiatrists, therapists, case managers, therapist trainees, support staff, credentialing agency for accreditation purpose and other agency personnel for review and learning purposes. We

may also combine the health information we have with health information from other agencies to compare how we are doing and see where we can make improvements in the treatment and services we offer.

We may also provide your PHI to our business associates who perform treatment, payment and health care operations services on our behalf, including accountants, attorneys, consultants, and others to make sure we are complying with applicable laws.

B. Certain Other Uses and Disclosures Do Not Require Your Consent

1. As Required By Law

We will disclose health information about you when required to do so by federal, state or local law; for example, when a law requires us to report information to government agencies and law enforcement personnel about victims of abuse, neglect or domestic violence.

2. To Avert a Serious Threat to Health or Safety

We will use and disclose health information about you when necessary to prevent a serious and imminent threat to your health and safety or the health and safety of another person. Any disclosure, however, would only be to someone able to help prevent the threat, for example the L.A. County Psychiatric Mobile Response Team.

3. Public Health Risks

We may disclose PHI about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability
- To report deaths
- To report reactions to medications
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
- To notify the appropriate government authority if we believe a client has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

4. Health Oversight Activities

We may disclose mental health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. This could include, for example, audits by the Department of Mental Health. These activities are necessary for the health oversight agencies to monitor the health care system, government and contracted programs, and compliance with civil rights laws.

5. Lawsuits and Disputes

If you are involved in a lawsuit or a legal dispute, we may disclose mental health information about you in response to a court or administrative order. We may also disclose mental health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested.

6. Research

Under certain limited circumstances, we may use and disclose your health information for research purposes without your authorization if we comply with the special requirements of federal and state law. In all other situations, we will always make every effort to ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the agency.

7. Workers' Compensation

We may release mental health information about you to the extent necessary to comply with California law relating to workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

8. Law Enforcement

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

- In response to a court order, subpoena, warrant, summons or similar process;
- Limited information to identify or locate a suspect, fugitive, material witness or missing person;
- About a victim of a crime, under certain circumstances;

- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

9. National Security and Intelligence Activities

We may release mental health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. In addition we may disclose mental health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

10. Military and Veterans

If you are a member of the armed forces, we may release mental health information about you as required by military command authorities. We may also release mental health information about foreign military personnel to the appropriate foreign military authority.

11. Inmates or Individuals in Custody

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the correctional institution or law enforcement official. This release would be if necessary: 1) for the institution to provide you with health care; 2) to protect your health and safety or the health and safety of others; or 3) the safety and security of the correctional institution.

12. Decedents

We may disclose your protected health information to a coroner or medical examiner as authorized by law.

13. Organ and Tissue Donation

If you are an organ donor, we may use or release Health Information to organizations that handle organ or other program who manage recipient donation, banking or transportation of organs, eyes or tissues to facilitate organ, eye or tissue donation and transportation.

14. Data Breach Notification Purposes

We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

15. Business Associates

We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

C. Fundraising Activities

If we use your information, such as name, address, and date of birth for any fundraising activities, we will need to receive a written authorization from you to allow us to do so. During fundraising, we may disclose to our fundraising staff demographic information about you (e.g. your name, address and phone number) and the dates on which we provided health care to you. We may also use Outcome Measure data (without including your personal identification) in order to demonstrate the efficacy of the services we provide. For example, we may contact you to ask if you would meet with agency staff and outside parties and share the benefits you received from CFGC programs. You have the right to refuse to have your information be used in any of our fundraising activities. If you also do not want to receive any fundraising requests, please contact our Privacy Officer, Gwendolyn Lo, at (562) 924-5526.

D. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT

1. Disclosures to family, friends, or others.

We may disclose your health information to a family member or other person designated by you (“Designee”). If you object, no information may be disclosed. If you consent to the disclosure, we may advise your family or Designee of your admissions, discharge, transfer, serious illness or injury. In addition, we may inform your family or Designee of your diagnosis, prognosis, medication prescribed and their side effects (if any), your progress, or your death. We would disclose only information that we believe is directly relevant to the family member or Designee’s involvement with your health care or payment related to your health care. If you are incapacitated or otherwise unable to elect whether to consent or object to the disclosure of information, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. If, however, you are receiving services for alcohol or drug abuse, federal law prohibits any disclosure of this information.

For minors between the ages of 12 -18, you have the right to request that certain information not be disclosed to your parent or guardian. We encourage you to discuss this with your therapist.

E. OTHER USES AND DISCLOSURES REQUIRE YOUR PRIOR WRITTEN AUTHORIZATION

Other uses and disclosures of health information not covered by this notice will be made only with your written authorization. For example, we will only speak to your child's teacher with your permission and authorization. In addition, federal and state law require special privacy protections for certain highly confidential information about you (i.e. HIV/AIDS test results). In order for us to disclose your highly confidential information for a purpose other than those permitted by law, we must obtain your written authorization.

If you provide us with written authorization to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, this will stop any further use or disclosure of your health information for the purposes covered by your written authorization, except if we have already acted with reliance on your 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 own records of the care that we provided to you.

IV. YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding health information we maintain about you:

A. Right to Request Limits on Uses and Disclosures of your PHI.

You have the right to request a restriction or limitation on the health information we use or disclose about you. For example, you have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member, or on our internal use or disclosure of your PHI.

You may not limit the uses and disclosures that we are legally required to make. To request restrictions, you must make your request in writing to your counselor/clinician. In your request, you must inform us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse. While we will consider all requests for restrictions, we are not required to agree to a requested restriction. We will send you a written response with our decision.

B. Right to Request How Health Information is Sent to You

You have the right to request that we communicate with you, or send information to you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. You must make your request in writing to your counselor/clinician. We will not ask you the reason for your request and we will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

C. Right to Inspect and Copy Your Health Information

You have the right to inspect and copy health information that may be used to make decisions about your care. This includes medical billings but does not include psychotherapy notes. If we don't have your health information but know who does, we will inform you how you can obtain the information. To inspect and copy health information that may be used to make decisions about you, you must submit your request on our Request to Access Personal Health Information form, to your own or your child's counselor/therapist. If you request a copy of the information, we will charge a fee for the costs of copying, mailing or other supplies associated with your request within the limits of the law. We will allow you to inspect your records within five (5) business days of receiving your written request. We will provide you with copies within 15 business days.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to mental health information, you will be given a reason for the denial in writing. If you request that the denial be reviewed, a program director that is a licensed health care professional, will review the denial. The program director conducting the review will not be the person who denied your request. You will be given the results of the review in writing, within a reasonable time, and we will comply with the outcome.

You should take note that, if you are a parent or legal guardian of a minor, certain portions of the child's medical record will not be accessible to you. For example, records pertaining to health care services for which the minor can lawfully give consent and therefore for which the minor has the right to inspect or obtain copies of the record; or the health care provider determines, in good faith, that access to the patient records requested by the representative would have a detrimental effect on the provider's professional relationship with the minor patient, or on the minor's physical safety or psychological well being.

D. Right to an Electronic Copy of Electronic Medical Records

If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request, your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

E. Right to an Accounting of Disclosures

You have the right to request an Accounting of Disclosures. This is a list of the disclosures we or our Business Associates have made about you and your health

information. This list will not include an accounting of our uses and disclosures for treatment, payment and health care operations, or other exceptions to accounting allowed by the law. To request an accounting of disclosures, you must submit your request in writing to CFGC staff member, who will forward it to a Program Director and the Privacy Officer. Your request must state a time period, which may not be longer than eight (8) years and may not include dates before April 14, 2003. The first list you request within a twelve (12) month period will be free. You will be charged for the costs of providing additional lists. We will notify you of the cost involved and you will have the opportunity to withdraw or modify your request.

F. Right to Amend Your Health Information

If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by the CFGC Community Counseling Services.

To request an amendment, your request must be made in writing on our Amendment Request form, and submitted to your counselor/therapist. In addition, you must provide a reason that supports your request. We may deny your request if you ask us to amend information that:

- Was not created by the agency, unless the person or entity that created the information is no longer available to make the change;
- Is not part of the health information kept by or for the agency;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

We will respond to requests for amendments within 60 days from the date of the request. If we are unable to respond within 60 days, we will notify you of the need for a 30 day extension.

Even if we deny your request for amendment, you have the right to submit a written addendum, not to exceed 250 words, with respect to any item or statement in your record you believe is incomplete or incorrect. If you clearly indicate in writing that you want the addendum to be made part of your medical record we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect.

G. Right to a Paper Copy of This Notice

You have the right to a paper copy of this notice. You should have been offered a copy of this notice at the time of your initial face-to-face contact with a CFGC

staff member. You may ask your therapist to give you a copy of this notice at any time. You may also obtain a copy of this notice in the reception area of the clinic.

H. Out-Of-Pocket Payments

If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment of health care operation, and we will honor that request.

I Right to Request Confidential Communications

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your request, in writing, to your therapist. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

V. CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the agency's clinics. The effective date of the notice will be on the first page. When you are admitted to the agency for treatment, we will offer you a copy of the current notice in effect.

VI. COMPLAINTS ABOUT PRIVACY PRACTICES

If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer of CFGC, Gwendolyn Lo, at 10929 South Street, Suite 208B, Cerritos, CA 90702. The phone number is (562) 924-5526. All complaints must be submitted in writing. You may also send a written complaint to:

- 1) The Los Angeles County Department of Mental Health
- 2) Secretary of the Department of Health and Human Services

CFGC will give you the necessary contact information upon request. You will not be penalized for filing a complaint.