

**1736 FAMILY CRISIS CENTER
NOTICE OF PRIVACY PRACTICES**



THIS NOTICE DESCRIBES HOW HEALTH/MENTAL 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 THE PRIVACY OFFICER.

Tobi Quintiliani, MFT
Senior Director, Privacy Officer
1736 Family Crisis Center
2116 Arlington Ave., Suite 200
Los Angeles, CA 90018
(310) 543-9900 Ext 210

WHO WILL FOLLOW THIS NOTICE

This Notice describes the 1736 Family Crisis Center's (1736 FCC) practices and that of:

- All employees, staff, interns, and other 1736 personnel.
- All volunteers or members of volunteer groups working at 1736 FCC.

OUR PLEDGE REGARDING YOUR HEALTH/MENTAL HEALTH INFORMATION

We understand that your health/mental health information is personal. We are committed to protecting the health/mental health information about you. 1736 FCC creates a record of the treatment and services you receive. We need this record to provide you with quality care, and to comply with certain legal requirements.

This notice tells you how 1736 FCC may use or disclose health/mental health information about you. It will also describe your rights and certain obligations regarding the use and disclosure of health/mental health information.

1736 FCC is required by law to keep your health/mental health information (referred to as "protected health information" or "PHI") private; to give you this Notice of the Privacy Practices of 1736 FCC; and to follow the terms of the Notice that is currently in effect. You will receive notification from 1736 FCC if there is ever a breach of your PHI.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH/MENTAL HEALTH INFORMATION OR PHI WITHOUT YOUR WRITTEN AUTHORIZATION

The following categories describe different ways 1736 FCC may use and disclose your PHI. In each category we will explain what we mean and try to give some examples. Not every use and disclosure in a certain category is listed. However, all of the ways we are allowed to use and disclose your PHI will fall within one of the categories. In some instances a written authorization, signed by you, is required in order for 1736 FCC to use or disclose your PHI. In other instances 1736 FCC is not required to obtain a written authorization to use or disclose your PHI. 1736 has tried to identify which instances require and do not require your signed authorization.

1. **FOR TREATMENT:** 1736 FCC creates a record of the treatment and services you receive in our programs. We may use or disclose your PHI to any professionals, paraprofessionals, agency staff, or volunteers, who work for, or volunteer at 1736 FCC, and are involved in the treatment or services you receive.

For example, your counselor may need to share information about you with a case manager in order to help you receive the treatment, services, or resources you need. Also, 1736 FCC staff from different departments or programs may share your PHI to better assist you in your overall treatment.

We may use or disclose your PHI for supervision and training purposes. These situations occur in all 1736 program areas in order to ensure that 1736 FCC employees/interns/volunteers receive the necessary training and supervision. For instance, a 1736 FCC therapist may discuss your PHI with a licensed 1736 FCC professional in order to review treatment interventions, progress, areas of concern, etc. There may be therapy or group sessions that are video-taped or recorded for the purposes of training staff members on various treatment issues and interventions.

We may also disclose your PHI to individuals outside of 1736 FCC who are involved in your treatment. For example, your case manager may share some of your PHI with a counselor at another agency or program that is involved in your health care. Your health/mental health information may only be released to other health care staff outside of 1736 FCC without your authorization, who are responsible for your health or mental health care.

2. **FOR PAYMENT:** 1736 FCC may use or disclose your PHI in order to bill and collect payment from you, your insurance company, or an outside agency funding source, for the treatment and services we have provided to you. For example, 1736 FCC may need to provide mental health information about your diagnosis and treatment that you are receiving, to Los Angeles County Department of Mental Health in order to be reimbursed for services. We may also inform your health plan about the treatment you may receive in order to receive authorization for that treatment
3. **FOR HEALTH CARE OPERATIONS:** 1736 FCC may use or disclose your PHI to carry out the activities necessary to run our programs and ensure that all our clients receive quality care. For example, your case may be discussed with clinical staff for purposes of review and learning. Your case may also be reviewed in order to evaluate the effectiveness of treatment, or to evaluate agency compliance with funding requirements.
4. **APPOINTMENT REMINDERS:** 1736 FCC may use or disclose your PHI to contact you as a reminder that you have an appointment at one of our facilities. *If you do not want us to contact you for appointment reminders, please provide the Privacy Office with alternative instructions in writing.*
5. **WHEN REQUIRED BY LAW:** 1736 FCC may use or disclose your PHI when a law requires that we report certain information. For example, 1736 FCC staff is required to report suspected child abuse, elder/dependent abuse, or neglect. We may also have to provide your PHI in response to a court order. We are also required to disclose your health/mental health information to government authorities that monitor compliance with these privacy requirements.
6. **TO AVOID THREAT TO HEALTH OR SAFETY:** 1736 FCC may use or disclose your PHI to avoid a serious threat to your health or safety, or the health and safety of the public or another individual. For example, if a client is threatening to harm her/himself, we contact family

members who might be able to keep the person safe. Or, we might contact hospital staff who may evaluate the client for possible psychiatric hospitalization.

- 7. JUDICIAL AND ADMINISTRATIVE PROCEEDINGS:** 1736 FCC may be required to use or disclose your PHI in the course of a judicial or administrative proceeding in response to a legal order or other lawful process. 1736 FCC may use your PHI to defend itself in legal actions or proceeding brought on by you.
- 8. LAW ENFORCEMENT OFFICIALS:** 1736 FCC may disclose your PHI to the police or other law enforcement officials as required or permitted by law or in compliance with a court order or grand jury or administrative subpoena.
- 9. SPECIALIZED GOVERNMENT FUNCTIONS:** 1736 FCC may disclose your PHI to units of the government with special functions, such as the U.S. military or the U.S. Department of State under certain circumstances.
- 10. FOR RESEARCH PURPOSES:** 1736 FCC may disclose your PHI to mental health researchers for approved mental health research projects. However, such disclosures must be cleared through 1736 FCC's Privacy Officer. Also, outside researchers must confirm that they will be required to safeguard the PHI they receive.
- 11. FOR HEALTH OVERSIGHT ACTIVITIES:** 1736 FCC may use or disclose your PHI to a health oversight agency for activities authorized by law. For example, these oversight activities may include audits, electronic databases (including but not limited to the LA/OC HMIS), investigations, inspections, and licensure. These activities are required for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- 12. WORKERS' COMPENSATION:** 1736 FCC may disclose your PHI, as authorized by California law, relating to workers' compensation or similar programs.
- 13. PUBLIC HEALTH RISKS:** 1736 FCC may disclose your PHI for public health activities. For example, to help prevent or control disease, and prevent injury or disability.
- 14. INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE:**
1736 FCC may disclose your PHI to a friend, family member, or caregiver who is involved in your health care, or payment of your health care, *with the provision that you agree to this disclosure, or we give you the opportunity to object to this disclosure.* We may also notify such persons, if necessary, as to your location, general condition, or death. If you are not available, or are unable to agree or object, we will use our professional judgment to decide whether this disclosure is in your best interest.
- 15. AS REQUIRED BY LAW:** 1736 FCC may use and disclose your PHI when required to do so by any other law not already referred to in the proceeding categories. For example, we may be required to disclose your PHI to the Secretary of Health and Human Services for purposes of determining our compliance with ensuring our compliance with HIPAA.

OTHER USES AND DISCLOSURES REQUIRE YOUR PRIOR WRITTEN AUTHORIZATION

For uses and disclosures of your PHI, other than noted above, 1736 FCC will obtain your prior written authorization. Authorizations can be revoked at any time to stop future uses and disclosures, except to the extent that 1736 FCC has already acted upon your authorization.

WHEN WE MAY NOT USE OR DISCLOSE YOUR PHI

Except as described in this Notice, or as allowed by State or federal law, we will not use, sell, or share your PHI without your written authorization. Your written authorization will specify particular uses or disclosures that you choose to allow. If you do allow us to use or share your PHI for reasons other than treatment, payment, or health care business, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your PHI for the purposes covered by the authorization, except where we have already disclosed or used your PHI because we reasonably relied on the authorization.

Psychotherapy Notes: A signed authorization or court order is needed for any use or disclosure of psychotherapy notes except for certain treatment, payment, or health care business.

Marketing: A signed authorization is needed for the use or disclosure of your PHI for a purpose that encourages you to buy or use a product or services, except in some circumstances. For example, when the marketing communication is face-to-face or includes a promotional gift by 1736 FCC.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have the following rights about your PHI. The following briefly describes how you may exercise these rights.

- 1. RIGHT TO INSPECT AND COPY:** You have the right to inspect and copy your PHI upon your written request. If you desire access to your records, please obtain a record request from the Privacy Officer and submit the completed form to the Privacy Officer. You have the right to choose what parts of your PHI you want copied, and to receive prior information as to the cost of the copying. The charge for copying your records is \$0.25 per page. 1736 FCC will respond to your written request to inspect your records within five (5) working days of receiving your request. If you would like a copy of your records, 1736 FCC must provide you with a copy within fifteen (15) working days of receiving your written request.

Some PHI may not be accessed for treatment reasons and other reasons pertaining to California state law regarding confidentiality of mental health information. If, for any reason 1736 FCC denies you access to your records, we will give you a written explanation for the denial, and we will explain, in writing, the reason/s for the denial. We will also explain your right to have the denial reviewed.

- 2. RIGHT TO REQUEST RESTRICTIONS:** You have the right to ask that 1736 FCC limit how it uses and/or discloses your PHI. 1736 FCC will carefully consider your request for any additional restrictions, however 1736 FCC is not required to comply to a requested restriction. If you would like to request additional restrictions, please obtain a request form from the Privacy Officer. Please complete and submit the request form to the Privacy Officer.

3. **RIGHT TO AMEND YOUR PHI:** If you believe that there is a mistake or missing information in our record of your PHI, you have the right to request that 1736 FCC amend your record. If you desire to amend your record, please obtain an amendment request form from the Privacy Officer. 1736 FCC will comply with your request unless we believe that the information requested to be amended is accurate and complete, or that other special circumstances apply.

4. **RIGHT TO AN ACCOUNTING OF DISCLOSURES:** You have the right to get a list of the instances in which 1736 FCC has disclosed your PHI. This list will not include uses or disclosures that you have already consented to, such as those made for treatment, payment, or health care operations, directly to you, or to your family. Also, this list will not include uses or disclosures made for national security purposes, to corrections or law enforcement personnel, or disclosures made prior to April 15, 2003. This request may not state a time period longer than six (6) years. A request for an accounting of more than once in a twelve month per period will result in a charge of \$0.25 per page.

If you desire an accounting of disclosures, please obtain an accounting of disclosure form from the Privacy Officer. Please complete and submit the form to the Privacy Officer. 1736 FCC will respond to your written request within 60 days of receiving your request.

5. **RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS:** You have the right to request that 1736 FCC send information to you by an alternate means or to an alternate address. 1736 FCC is required to agree to your request as long as 1736 FCC can easily provide this information to you in the format you requested.

6. **RIGHT TO A PAPER COPY OF THIS NOTICE:** You have the right to a paper copy of this notice. Upon your request, you may receive a paper copy of this notice, even if you have agreed to receive this notice electronically (e.g., via e-mail). If you would like a paper copy of this notice, please talk to your counselor, case manager, or other support staff. You may also obtain a copy of this notice at our website: www.1736familycrisiscenter.org.

CHANGES TO THIS NOTICE

1. 1736 FCC reserves the right to change this notice. We reserve the right to make the revised or changed Notice effective for all health/mental health information we already have about you, as well as any information we receive in the future. We will place a copy of the current Notice in each facility. You can locate the effective date of the most recent Notice at the top of page one. If 1736 FCC changes the Notice, you will be able to obtain a copy from agency staff, or by visiting our website at www.1736familycrisiscenter.org.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the 1736 FCC Privacy Officer. All complaints must be submitted in writing. You will not be penalized or retaliated against for filing a complaint.

1736 Family Crisis Center
At (310) 543-9900 Ext. 216 or
Mail your complaint to
Privacy Officer
1736 Family Crisis Center
2116 Arlington Ave., Suite 200
Los Angeles, CA 90018

OR

County of Los Angeles Chief HIPAA Privacy Officer,
Department of Auditor-Controller
At (213) 974-2164, or
Mail your complaint to:
Chief HIPAA Privacy Officer,
500 West Temple Street, Room 410
Los Angeles, CA 90012

Or send an e-mail to HIPAA@Auditor.lacounty.gov.

You may also file a complaint with:

U.S. Department of Health and Human Services, Region IX, Office for Civil Rights
50 United Nations Plaza – Room 322
San Francisco, CA 94102
Voice Phone: (415) 437-8310
TDD (415) 437-8311
FAX (415) 437-8329
E-mail: www.hhs.gov/oc