



Effective Date: October 1, 2015

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

WHO WILL FOLLOW THIS NOTICE

This Notice describes MHALA practices and that of:

- All employees, staff and other MHALA personnel.
- Any members of a volunteer group that we allow to help you while you are in the facility.

OUR PLEDGE REGARDING OUR MEDICAL INFORMATION

We understand that medical/mental health information about you is personal. We are committed to protecting medical information about you. We create the record of care and services that you receive at this facility. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated by the facility. As required and when appropriate, we will ensure that the minimum necessary information is released in the course of our duties.

This Notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations regarding the use and disclosures of medical information.

We are required by law to:

- keep your medical information , also known as “protected health information” (PHI) private
- give you this Notice of our legal duties and privacy practices with respect to your PHI
- Follow the terms of the Notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

The following categories describe different ways that we use and disclose protected 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 that we are permitted to use and disclose information will fall within one of the categories.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION ABOUT YOU THAT DO NOT REQUIRE YOUR AUTHORIZATION

For Treatment

We create a record of the treatment and services that you receive at our facility. We may use your PHI to provide you with medical treatment or services. We may disclose your PHI to doctors, therapists, case managers, and other facility personnel who are involved in providing you services at the facility. For example, a doctor treating you for a chemical imbalance may need to know if you have problems with your heart.

We may share your PHI in order to coordinate the different things that you need such as prescriptions, blood pressure checks and lab tests, and to determine a correct diagnosis. We also may disclose your PHI to people outside of the facility who may be involved in your treatment, such as your case managers, or other persons for coordination and management of your health care. Your mental health information may only be released to health care professionals outside of this facility without your authorization if they are responsible for your physical or mental health care.

For Payment

We may use and disclose your PHI in order to get paid for the treatment and services that we have provided you. For example, we may need to give your health plan information about a medication, visit, or treatment session that you received at the facility so that your health plan will pay us. We may also tell your health plan about a treatment that you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations

We may use and disclose your PHI to carry out activities that are necessary to run our facilities and to make sure that all of our clients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in working with you. We may also combine medical information about many facility clients to decide what additional services the facility

should offer, what services are not needed, to allow facility staff to review information for learning purposes.

Treatment Alternatives and Health-Related Products and Services

We may use and disclose your PHI to recommend possible treatment options or alternatives that may be of interest to you. Additionally, we may use and disclose PHI to tell you about health-related benefits or services that may be of interest to you (for example, Medi-Cal eligibility or Social Security benefits).

Research

We may disclose your PHI to medical researchers who request it for approved medical research projects; however, such disclosures must be cleared through a special approval process before any PHI is disclosed to the researchers who will be required to safeguard the PHI they receive.

As Required By Law

We will disclose your PHI when required to do so by federal, state or local law.

Workers' Compensation

We may release your PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks

We may disclose medical information about you for public health activities, such as those aimed at preventing or controlling disease, preventing injury or disability, and reporting the abuse or neglect of children, elders and dependent adults.

Lawsuits and Disputes

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

Health Oversight Activities

We may disclose medical information about you for activities authorized by law. These oversight activities may 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.

Law Enforcement

We may disclose PHI to government law enforcement agencies in the following circumstances:

- In response to a court order, warrant, subpoena, summons or similar process issued by a Court.
- If a staff person believes that it is likely that you present a serious danger of violence to yourself or another person.
- If you were involuntarily detained after a peace officer initiated a 72-hour hold for evaluation and requested notification of your discharge.
- In certain circumstances, if you have been admitted to a facility and have disappeared or been transferred.

Coroners, Medical Examiners and Funeral Directors

We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about clients of the facility to funeral directors as necessary to carry out their duties.

Specializing Government Functions

We may disclose your PHI to authorized federal officers for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates

If you are an inmate or under the custody of a law enforcement official, we may release your PHI to the correctional institution or law enforcement official. This release would be necessary if: (1) the institution need to provide you with health care, (2) the protection of your health and safety or the health and safety of others was needed, (3) the safety and security of the institution was at risk.

Fundraising

We may use PHI to contact you in an effort to raise money for our operations. We may also disclose PHI to a foundation that is related to us so that the foundation may contact you in an effort to raise money for its operations. Any fundraising materials sent to you will include a description of how you may opt out of receiving any further fundraising communications.

Organized Health Care Arrangement

MHA is part of an organized health care arrangement with The Children's Clinic (TCC), Century Villages at Cabrillo; Pacific Asian Counseling Services; and The Guidance Center. As participants in an organized health care arrangement, these organizations engage in quality assessment and improvement activities through which treatment provided by each organization is assessed by the other participant. For example, MHA and TCC coordinate clinical review activities to establish best practice standards and assess clinical benefits that may be derived from collaborative efforts through the use of electronic health record systems. Your health information may be shared by MHA with TCC when necessary for health care operations purposes of the organized health care arrangement. Please direct any questions regarding the organized health care arrangement to:

Privacy Manager
100 West Broadway, Suite 5010
Long Beach, CA 90802
privacy@mhala.org,
562.285.1330

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION THAT MAY BE MADE WITHOUT YOUR AUTHORIZATION, BUT FOR WHICH YOU HAVE AN OPPORTUNITY TO OBJECT.

Individuals Involved in Your Care or Payment for Your Care

We may disclose your PHI to a friend or family member who is involved in your medical care or payment related to your health care, provided that you agree to this disclosure, or we give you an opportunity to object to this disclosure. However, if you are not available or unable to agree or object, we will use our professional judgment to decide whether this disclosure is in your best interest.

Disaster Relief Purposes

We may disclose your PHI to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. We will give you the opportunity to agree or object to this disclosure, unless we decide that we need to disclose your PHI due to emergency circumstances.

USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

Psychotherapy Notes

We must obtain your authorization for any use or disclosure of psychotherapy notes, except if our use or disclosure of psychotherapy notes is: (1) by the originator of the

psychotherapy notes for treatment purposes, (2) for our own training programs in which mental health students, trainees or practitioners learn under supervision to practice or improve their counseling skills, (3) to defend ourselves in a legal proceeding initiated by you, (4) as required by law, (5) to a health oversight agency with respect to the oversight of the originator of the psychotherapy notes, (6) to a coroner or medical examiner; or (7) to prevent or lessen a serious and imminent threat to the health or safety of a person or the general public.

Marketing Communications; Sale of PHI

We must obtain your written authorization prior to using PHI for marketing or the sale of PHI, consistent with the related definitions and exceptions set forth in HIPAA.

Other Uses of Your Medical Information

Other uses and disclosures of your PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose your PHI, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your PHI for the reasons covered by the authorization, except that, we are unable to take back any disclosures that we have already made when the authorization was in effect, and we are required to retain our records of the care that we provided to you.

RIGHTS REGARDING YOUR PHI

You have the following rights regarding your PHI in our records:

Right to Inspect and Copy

With certain exceptions, you have the right to inspect and copy your PHI from our record. Usually, this includes treatment and billing records.

To inspect and copy PHI that may be used to make decisions about you, you must submit your request in writing to your Personal Service Coordinator or the Director of your team. A form will be provided to you for this request. If you request a copy of your PHI, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain circumstances. If you are denied the right to inspect and copy your PHI in our records, you may request that the denial be reviewed. With the exception of a few circumstances that are not subject to review, another licensed health care professional within MHA-LA, who was not involved in the denial, will review the decision. We will comply with the outcome of the review.

Right to Request Amendment

If you feel that your PHI in our records is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as we keep the PHI.

To request an amendment, complete a “Request to Amend Protected health Information” form, and submit this form to a staff member in your neighborhood team. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend PHI that:

- Was not created by us, unless you can provide us with a reasonable basis to believe that the person or entity that created the PHI is no longer available to make the amendment;
- Is not part of the PHI kept by or for the facility;
- Is not part of the PHI which you would be permitted to inspect and copy;
- Is not accurate and complete.

Even if we deny your request for amendment, you have the right to submit a “Statement of Disagreement” form, with a description not to exceed 250 words, with respect to any item or statement in your record that you believe is incomplete or incorrect. If you clearly indicate in writing that you want this form 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 that you believe to be incomplete or incorrect.

Right to an Accounting of Disclosures

You have the right to request an “Accounting of Disclosures”. This is a list of the disclosures that we made of your PHI other than our own used for treatment, payment and health care operations (as those functions that are described above) and other exceptions pursuant to the law.

To request the list of accounting of disclosures, ask for a “Request for an Accounting Disclosures” form, complete and submit this form to your Personal Service Coordinator the Director of your team. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. This first list that you request within a 12-month period will be free. For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions

You have the right to request that we follow additional, special restrictions when using or disclosing your PHI for treatment, payment or health care operations. You also have the right to request that we follow additional, special restrictions when using or disclosing

your PHI to someone who is involved in your care or the payment for your health care, like a family member or friend. For example, you could ask that we do not use or disclose that you are receiving services at this facility.

We are not required to agree to your request, except if your request is to restrict disclosing PHI to a health plan for the purpose of carrying out payment or health care operations, the disclosure is not otherwise required by law, and the PHI pertains solely to a health care item or service which has been paid in full by you or another person or entity on your behalf. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

To request restrictions, as for a “Request for Additional Restrictions on Use or disclosure of Protected Health Information,” complete and submit it to your Personal Service Coordinator or Director of your team. In your request, you must tell us (1) what information that 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, to your spouse.

Right to Request Communications

You have the right to request that we communicate with you about your appointments or other matters related to your treatment in a specific location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, ask for a “Request to Receive Confidential Communications by Alternative Means or at Alternative Locations” form, and complete and submit this form to your Personal Service Coordinator or the Director of your team. Your request must specify how or where you wish to be contacted. We will not ask you that reason for your request. We will accommodate all reasonable requests.

Right to Receive Notification of a Breach

We are required to notify you if we discover a breach of your unsecured PHI, according to requirements under federal law.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

You may obtain a copy of this Notice by contacting your Personal Service Coordinator or Director of your team.

CHANGES TO THIS NOTICE

We reserve the right to change the terms of this Notice. We reserve the right to make the revised or changed Notice effective for medical information that we already have about you as well as any information that we receive in the future. We will post a copy of the current Notice in the facility. The Notice will contain on the first page in the top right-hand corner, the effective date. If we change our Notice, you may obtain a copy of the revised Notice by requesting one from your team.

COMPLAINTS

If you believe that your privacy rights have been violated, you may file a complaint with us, Los Angeles County or the federal Government. All complaints must be submitted in writing. You will not be penalized or retaliated against for filing a complaint.

To file a complaint with us, or if you have comments or questions regarding our privacy practices, contact:

Privacy Manager
100 West Broadway, Suite 5010
Long Beach, CA 90802
562.285.1330

To file a complaint with the Federal Government, contact:

Region IX, Office for Civil Rights,
U.S. Department of Health and Human Services
50 United Nations Plaza, Room 322
San Francisco, CA 94102

Voice Phone: 415.437.8310
Fax: 415.437.8329
TDD: 415.437.8311