



NOTICE OF PRIVACY PRACTICES

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.**

1. Behavioral Health Services Privacy Obligations

This notice describes the privacy practices of Behavioral Health Services, Inc. (BHS) and our employees. The notice applies to all of the medical records generated by any BHS facility. BHS uses an electronic health record (EHR) to store and retrieve much of your health information. The use of an EHR makes it easier for BHS staff to exchange and share information among our facilities.

BHS is required by federal (45 Code of Federal Regulations Parts 160 through 164) and state law to maintain the privacy of protected health information and to provide you with this notice of our legal duties and privacy practices. When we use or disclose health information, we are required to abide by the terms of this notice or other notice in effect at the time of the use or disclosure. In the event of a reportable breach of your protected health information, we are required to notify you of the improper use or disclosure of the information.

2. Uses and Disclosures with your Consent

Before we provide services, except in an emergency or other special circumstance, we ask you to read and sign a written consent which authorizes us to use and disclose your protected health information to 1) provide treatment; 2) to obtain payment for services; and 3) to support health care operations such as quality improvement and customer services. Examples of how we use your information include, but are not limited to the following:

- **Treatment:** Exchange of information between the treatment team for purposes of case review, treatment planning and service delivery; exchange of information between BHS facilities to facilitate transfer to other levels of care; contacting you by phone or mail to remind you of appointments, ask about missed appointments, to communicate with you about alumni activities and to follow-up on your progress during and after treatment.
- **Payment:** Providing limited information (i.e., record number, admission date, discharge date and number of sessions attended) to the payer or funding source to obtain payment for services we have provided to you, or to an insurance company or health plan to determine whether services we plan to provide to you are covered.
- **Healthcare Operations:** Review of treatment files and patient outcomes by BHS staff to ensure you are receiving quality care; review by management staff for purposes of staff supervision and training and to evaluate the need for new services; review by external auditors for purpose of audit.

3. Uses and Disclosures without your Consent or Authorization

- **Emergency situations:** BHS may use or disclose your health information without your consent or authorization in an emergency involving serious threat to health and safety. The information will be limited to information necessary for emergency personnel to provide services.
- **Suspected Child or Elder/Dependent Adult Abuse or Neglect:** We are required to disclose information about you without your consent or authorization if we have reason to suspect you are involved in a situation of abuse or neglect of a child or elder/dependent adult. We will only report incidents in which you are the victim of abuse with your consent.
- **Business Associates:** Some of our services, such as laboratory tests (e.g. urine analysis) and transcription services, are provided through contracts with business associates. We may disclose some protected health information to our business associates as part of the treatment process. Other business associates include service consultants who provide building maintenance or services on our computers that house your electronic health information. Our business associates have agreed to protect the confidentiality of protected health information and not to re-disclose this information without your written authorization.
- **Fundraising:** We may add you to our mailing lists or other social media communications for fundraising. You may request to opt out for individual fundraising communications or all fundraising communications by sending a signed request to your counselor or the program director at your facility.
- **Court order:** We may disclose your health information in the course of a judicial or administrative proceeding if we receive a legal order signed by a judge.

4. Uses and Disclosures with your Written Authorization

Other disclosures of your protected health information will only be made with your written authorization. You have the right to refuse authorization. You also have the right to revoke such authorization in the future.

Copy received by _____ Date _____

CLIENT NAME: _____ CLIENT ID: _____

5. Your Individual Rights

Right to Request Restrictions. You have the right to request restrictions or limitations on certain uses and disclosures of your protected health information, including the right to restrict disclosures to an insurer if you paid for your services out of pocket. To request a restriction or limitation on the use or disclosure of your protected health information, send a written request specifying clearly what restrictions you wish placed on your protected health information. Send your request to Behavioral Health Services, Inc. 15519 Crenshaw Boulevard, Gardena, CA 90249. BHS will consider all requests for restrictions on use and disclosure of protected health information. BHS is not required to agree to your request. If we do not agree and you are an active client, your counselor will discuss your request with you. If your requested restrictions would interfere with our provision of treatment services to you, you will be given the choice to withdraw your request for restrictions on the use and disclosure of your protected health information, or to terminate your treatment with BHS and transfer to another health care provider.

Right to Receive Confidential Communications. You have the right to receive communications from BHS in a certain way, such as by phone, U.S. mail or email, or at a certain location. To receive communications at the location of your choice, it is your responsibility to notify your counselor of the location (i.e. mailing address, telephone number, email address, etc.) where you wish to receive communications. We will consider all requests carefully, notify you of any risks, and honor reasonable requests. If you wish to change the location or method by which you receive communications from us at some time after your discharge from treatment, you may send your change in writing to: Behavioral Health Services, Inc. 15519 Crenshaw Blvd, Gardena, CA 90249.

Right to Inspect and Copy your Health Information. You have the right to inspect and/or receive a hard copy or electronic copy of protected health information in your client record. To inspect or request a copy of your record, you must make your request in writing to the location where you are receiving services. There is a fee charged for inspecting or making a copy of your record. You may receive limited information (face sheet and discharge summary) for no cost.

Right to Amend Your Records. If you believe your protected health information is inaccurate and needs amendment, you may request that your record be amended. To make a request to amend your protected health information, you must notify BHS in writing specifying the information to be amended and the reason for the amendment. BHS will review your request for amendment. No later than 60 days after receipt of your request, BHS will either (1) amend your protected health information and notify you that the amendment you requested has been made, or (2) notify you that your request is denied and the reason for the denial. If your request is denied, you may submit a written statement disagreeing with the denial which will be placed in your record.

Right to Receive Accounting of Disclosures. You have a right to receive an accounting of disclosures of your protected health information made by BHS. We maintain a list of disclosures made with your authorization or made to business associates in the provision of your treatment services. The accounting includes: the date information was disclosed, the entity or person who received the information, a brief description of protected health information disclosed, and the purpose of the disclosure. To receive an accounting of disclosures of your protected health information you must send a written request to Behavioral Health Services, Inc. 15519 Crenshaw Boulevard, Gardena, CA 90249. Your request must include the time period you wish an accounting for, your full name and date of birth to assist us in locating your file. The accounting will be provided to you within 60 days of receipt of your written request.

For More Information or to File a Complaint: If you want further information about your privacy rights, or are concerned that we have violated your rights or disagree with a decision we have made about your health information, you may contact the BHS Privacy Officer at (310) 679-9126. You may also file a written complaint with the Secretary of Health and Human Services (HHS). Upon request, the BHS Privacy Officer will provide you with the correct address for the HHS Secretary. You must name the entity that is the subject of the complaint and describe the acts or omission believed to be in violation of the applicable requirements of 45 CFR part 160 or the applicable standards, requirements, and implementation specifications of 45 CFR subpart E of part 164. We will not retaliate against you if you file a complaint with the HHS Secretary or with us.

Right to Receive a Copy of this Notice. You also have a right to receive a copy of this notice.

BHS reserves the right to revise our practices at any time. At the time we change our practices regarding the use of protected health information, we will revise this notice. The revised notice will be posted and available in all BHS treatment locations. Clients may also request a copy of the current privacy notice by asking a staff member at the location where they are receiving services or by sending a written request to: Behavioral Health Services, Inc. 15519 Crenshaw Boulevard, Gardena, CA 90249.

This notice is effective September 1, 2013 and remains in effect until a notice of amendment is published.

CLIENT NAME:

CLIENT ID: