



NOTICE OF HEALTH INFORMATION PRACTICES AND PRIVACY POLICIES

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. If you have questions about this notice, please contact:

**Compliance & Quality
Improvement Director/Privacy
Officer**
Encompass Community Services
380 Encinal Street, Suite 200
Santa Cruz, CA 95060
(831) 469-1700 ext. 1012
Email: QIOfficer@encompasscs.org

Introduction

Encompass Community Services is a provider of behavioral health, family and social well-being, early childhood education, housing and other services. At _____, a program of Encompass Community Services, we are committed to your right to privacy and confidentiality in treating you and to responsibly using medical information that we may gather about you during the course of providing services. All staff with access to your protected health information (PHI) have been trained to respect your right to medical privacy and are required to protect and maintain this information in accordance with State and Federal Law. This *Notice of Health Information Practices and Privacy Policies* describes the personal information we collect about you and how and when we use or disclose that information. This program is required by law to maintain the privacy of PHI and to provide you with this notice. This notice applies to all protected health information as defined by federal regulations.

There are special legal provisions for the protection of patient medical privacy and confidentiality related to treatment for mental illness, substance abuse treatment, and HIV/AIDS that are attached as an addendum to this notice. These special legal provisions apply in addition to those described in this Notice of Privacy.

You have the right to request a restriction of your PHI. Please see the section **YOUR RIGHTS** in this *Notice of Health Information Practices and Privacy Policies* for further information on how to make such a request.

Understanding Your Counseling Record/Information

Each time you visit this program, a record is made of your visit. Typically, this record contains information regarding why you visited and what services were rendered. Information regarding assessment, diagnosis, treatment, and a plan for future treatment is often part of the record that is kept. This information, often referred to as your treatment record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you, or a third-party payer, can verify that services billed were actually provided
- Tool we can use to assess and improve the care we provide and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you ensure that it is accurate, better understand how and why others may access your health information, and make more informed decisions when

authorizing disclosures to others.

Your Health Information Rights

Although your treatment record is the physical property of this program, the information in it, which has been generated by program staff, belongs to you.

You have the right to:

- Obtain a paper copy of this *Notice of Health Information Practices and Privacy Policies* on request.
- Inspect and receive a copy of your treatment record as provided for in 45 CFR 164.524 with exception made for psychotherapy notes, which you have the right to have in summary form.
- Amend your treatment record as provided in 45 CFR 164.526.
- Obtain an accounting of disclosures of your treatment record as provided in 45 CFR 164.528.
- Request communications of your treatment record by alternative means or at alternative locations.
- Receive confidential communications of protected health information as provided by § 164.522(b), as applicable.
- Request a restriction on certain uses and disclosures of your protected health information as provided by 45 CFR 164.522. Encompass Community Services is required to agree to a requested restriction except in case of a disclosure restricted under 45 CFR 164.522(a)(1).
- Revoke your authorization to use or disclose your treatment record, except to the extent that action has already been taken.

Our Responsibilities

This program is required to:

- Maintain the privacy of your health information
- Provide you with this notice, which outlines our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

We may change our practices and the terms of our notice at any time. The new notice will be effective for all PHI we maintain at that time. Upon your request, we will provide you with any revised *Notice of Health Information*

Practices and Privacy Policies by:

- Accessing our website at: <http://www.encompasscs.org>
- By calling this program's office and asking for a revised copy to be sent to you in the mail
- By asking for a revised copy at your next appointment

We will not use or disclose your health information without your authorization, except as described in this notice. We will discontinue to use or disclose your health information after we receive a written revocation of this authorization according to the procedures included in the authorization.

Typical Ways We Use or Share Your Protected Health Information (PHI)

Uses and Disclosures of PHI Without Your Written Authorization

You will be asked by your physician or health care provider to sign a treatment consent form before you receive treatment. This allows this program to provide medical treatment to you or your dependent.

The following categories describe examples of the way we use and disclose PHI:

- **For Treatment**

We may use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we may disclose your PHI, as necessary, to a home health agency that provides care to you. We may also disclose PHI to other physicians or persons who may be treating you. For example, your PHI may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

In addition, we may disclose your PHI from time-to-time to another physician or health care provider (e.g. a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician.

- **For Payment**

Your PHI will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

- **For Healthcare Operations**

We may use or disclose, as-needed, PHI in order to support the necessary business activities of this program. These activities may include, but are not limited to, quality assessment activities, employee review activities, training of medical, nursing, or mental health services students, licensing, and conducting or arranging for other necessary business activities.

For example, we may disclose your PHI to mental health students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your treatment provider. We may also call you by name in the waiting room when your provider is ready to see you. We may use or disclose your PHI, as necessary, to remind you of your appointment.

We may share your PHI with third party “business associates” that perform various activities (e.g., billing, transcription services, etc.) for this program. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI. We never market or sell personal information.

We may use or disclose your PHI, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose your PHI for other outreach activities. For example, your name and address may be used to send you a newsletter about our practice and the services we offer. We may also send you information about products or services that we believe may be beneficial to you. You may contact our Privacy Contact to request that these materials not be sent to you.

Uses and Disclosures of PHI Based upon Your Written Authorization

Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law as described below. Examples of situations where we require your written authorization to use or disclose your PHI include for use and disclosure of psychotherapy notes, for use and disclosure of PHI for marketing, and for any disclosure of PHI which is a sale. You may revoke this authorization, at any time, in writing, except to the extent that this program has taken an action in reliance on the use or disclosure indicated in the authorization, or the authorization was obtained as a condition of obtaining insurance coverage. A group health plan, or a health insurance issuer or HMO with respect to a group health plan, may disclose PHI to the plan sponsor.

Other Permitted and Required Uses and Disclosures of PHI That May Be Made With Your Authorization and Opportunity to Object

We may use and disclose your PHI in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your PHI.

- **Others Involved in Your Healthcare**

With your written authorization, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

- **Emergencies**

We may use or disclose your PHI in an emergency treatment situation. If this happens, your counselor or health care provider shall try to obtain your authorization as soon as reasonably practicable after the delivery of treatment. If your counselor or health care provider in the practice is required by law to treat you and the counselor or health care provider has attempted to obtain your authorization but is unable to obtain your authorization, he or she may still use or disclose your PHI as necessary to treat you.

- **Communication Barriers**

We may use and disclose your PHI if your counselor or another counselor in the program attempts to obtain authorization from you but is unable to do so due to substantial communication barriers and the counselor determines, using professional judgement, that you intend to authorize the use or disclosure under the circumstances.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object.

We may use or disclose your PHI in the following situations without your authorization. These situations include:

- **When Required By Law**

We may use or disclose your PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

- **For the Public Health**
 We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information, and for birth and death records. The disclosure will be made for the purpose of controlling or preventing possible disease, injury or disability. We may also disclose your PHI, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.
- **Exposure to Communicable Diseases**
 We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.
- **For Health Oversight**
 We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other regulatory programs and civil rights laws.
- **If Abuse or Neglect is Suspected**
 We may disclose your PHI to a public health authority that is authorized by law to receive reports of child or elder abuse or neglect. In addition, we may disclose your PHI to the governmental entity or agency authorized to receive such information if we believe that you have been a victim of abuse, neglect or domestic violence. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.
- **If Required by the Food and Drug Administration**
 We may disclose your PHI to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing investigation, as required.
- **In Certain Legal Proceedings**
 We may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.
- **For Law Enforcement**
 We may also disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and when otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency (not on the Practice's premises) and it is likely that a crime has occurred.
- **For Coroners, Funeral Directors, and Organ Donation**
 We may disclose PHI to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. PHI may be used and disclosed for organ, eye or tissue donation purposes after death.

- **For Research**

We may disclose your PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

- **If a Threat to Public Health or Safety**

Consistent with applicable federal and state laws, we may disclose your PHI, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

- **As Affects Military Activity and National Security**

When the appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military service. We may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

- **For Workers' Compensation**

Your PHI may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established programs.

- **For Correctional Institutions**

We may disclose your PHI to a law enforcement officer or correctional institution having custody of you for purposes of treating you while in custody or if necessary for the safety of persons in the correctional institution.

- **Required Uses and Disclosures**

Under the law, we must make disclosures to you and to the Secretary of the Department of Health and Human Services when required by that Department to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

Your Rights

The following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights.

You have the right to:

- **Inspect and copy your PHI**

This means you may inspect and obtain a copy of PHI about you that is contained in a designated record set for as long as we maintain the PHI. A "designated record set" contains medical and billing records and any other records that your counselor, the physician and the practice uses for making decisions about you.

Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI. Depending on the circumstances, a decision to deny access may be reviewable by a licensed health care professional if you so request. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Officer if you have questions about access to your medical record.

- **Request a restriction of your PHI**

This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this *Notice of Health Information Practices and Privacy Policies*. Your request must state the specific restriction requested and to whom you want the restriction to apply.

This program is not required to agree to a restriction that you may request. If we believe it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted. If this program does agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your counselor. You may request a restriction by completing a *Restriction of Use and Disclosure Request* form available from your treatment provider and returning it to your provider.

- **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 insure this person has this authority and can act for you before we take action.

- **Request to receive confidential communications from us by alternative means or at an alternative location**

We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Officer.

- **Have your counselor amend your PHI**

This means you may request an amendment of PHI about you created by us in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer if you have questions about amending your medical record.

- **Receive an accounting of certain disclosures we have made, if any, of your PHI**

This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this *Notice of Health Information Practices and Privacy Policies*. It excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred six years prior to date of request. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations. Please contact our Privacy Officer if you wish to receive an accounting of certain disclosures.

- **Ask us to not use your PHI**

If your health care service has been paid in full out of pocket, you have the right to request that your health information not be disclosed to a health plan for the purposes of carrying out payment or healthcare operations. The exception would be if the disclosure is required by law.

- **Obtain a paper copy of this notice from us**
Upon request, even if you have agreed to accept this notice electronically.
- **Be notified promptly if a breach occurs that may have compromised the privacy or security of your information**

Complaints

Please discuss with your health care provider any health privacy or confidentiality questions or concerns you may have. For further information or special privacy/confidentiality protections, please contact our Privacy Officer. You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint.

You can write to US Dept. of Health & Human Services Office for Civil Rights, 200 Independence Ave., SW, Washington, D.C. 20201, or call 1-877-696-6775 or visit: www.hhs.gov/ocr/privacy/hipaa/complaints/.

You may contact our Privacy Officer if you have any questions or need more information:

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ADDENDUM: Special Provisions Related to Patient/Client Privacy

- **Mental Health Services**

A detailed written authorization is normally required by the patient before the use or disclosure of psychotherapy notes. In addition, the Lanterman-Petris-Short Act imposes strict restrictions on the disclosure of information obtained in the course of providing mental health services to: patients in an institutional setting; services pursuant to a mental health treatment program funded under the Bronzan McCorquodale Act; or, in the course of providing intake, assessment or services to persons with developmental disabilities on behalf of a regional or state developmental center. This program follows State law on protections of patient privacy, confidentiality and use or disclosure of health information for persons receiving mental health services when these are more protective of patient rights or supersede the HIPAA requirements.

- **Substance Use Disorder Treatment**

The identity and records related to the diagnosis and referral for treatment or treatment of any patient which are maintained in connection with the performance of any federally assisted drug and alcohol program are confidential and may not be disclosed without the written consent of the patient or client

- **HIV/AIDS**

California law gives heightened protections to HIV/AIDS information. Generally a provider must obtain a patient's written authorization specifically permitting a disclosure of the results of an HIV/AIDS test for each separate disclosure made. Providers may disclose HIV/AIDS test results without patient authorization as required under State reporting laws. Additionally, disclosures to a health care provider may be made without specific patient authorization for the direct purposes of diagnosis, care or treatment of the patient.

- **Rights of Minors**

Generally it is the parent (not the minor) who has right of access to the minor's health information. An exception is made when the information relates to treatment for which a minor is authorized by law to consent. In California, in certain circumstances, a minor has the right to consent to reproductive, mental health services, and substance use disorder services. In these situations, the minor (not the parent) has the right of access to related health information. A minor age 12 and older receiving substance use disorder (SUD) treatment is the legal owner of their medical record, with the exception of records related to replacement narcotic treatment. A minor age 12 and older who is sufficiently mature to participate intelligently in non-SUD mental health treatment or counseling services is the legal owner of their medical record, with the exception of records related to (a) inpatient psychiatric hospitalizations; and (b) the prescribing of psychotropic medication.

- **Family Planning**

This program follows special policies and procedures to protect the privacy and confidentiality of clients or patients receiving family planning/reproductive services. Generally, PHI is not used or disclosed except for treatment, payment and health care operations purposes without the specific written authorization of the client or patient.

**MY SIGNATURE BELOW INDICATES
I HAVE BEEN GIVEN A COPY OF
ENCOMPASS COMMUNITY SERVICES'
NOTICE OF HEALTH INFORMATION PRACTICES AND PRIVACY POLICIES**

CLIENT NAME

SIGNATURE

DATE

PARENT/GUARDIAN

SIGNATURE

DATE