



San Mateo County Health System, Behavioral Health and Recovery Services

## **NOTICE OF PRIVACY PRACTICES SUMMARY**

Behavioral Health and Recovery Services values your privacy and will protect behavioral health information about you or your child. The complete **Notice of Privacy Practices** tells you in detail about how we safeguard your behavioral health information to make sure only the minimum amount of information is used or disclosed to individuals with a legal right to access or read your behavioral health information. **PLEASE REVIEW IT CAREFULLY.**

“Use” means the sharing and using of information by behavioral health staff.

“Disclosure” is the release of information by us to others outside of Behavioral Health Services.

“Authorization” is you giving us written permission to release your information to you or to other persons.

By law, you have the legal right to:

- Be given this written notice explaining how Behavioral Health and Recovery Services will use and disclose your information
- See your records and get a copy of them, with a few exceptions
- Ask to correct or add to your behavioral health records
- Find out, in writing, where we disclosed your health information
- Authorize the release of your own health information; behavioral health may release information needed for treatment, payment or our own business operations without your authorization

The Notice will tell you:

- How to ask Behavioral Health and Recovery Services about seeing your chart, getting a copy, making changes or releasing your information.
- How we will respond to any of your requests.
- How to make a complaint about the use or disclosure of your Protected Health Information. It will tell you how you may complain to Behavioral Health and that you may also complain to the Secretary of Health and Human Services.

San Mateo Behavioral Health and Recovery Services pledges that we will follow this Notice. It will be posted at all Behavioral Health sites, and if any part of it changes, new notices will be available.

If you have any questions about your privacy rights, please contact:

**Office of Consumer and Family Affairs at 1-800-388-5189**



San Mateo County Health System Behavioral Health and Recovery Services

## NOTICE OF PRIVACY PRACTICES

*Effective Date: April 14, 2003*

**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 any questions about this notice, please contact the Office of Consumer and Family Affairs at 1-800-388-5189.

### **WHO WILL FOLLOW THIS NOTICE**

This notice describes the practices of San Mateo County Behavioral Health and Recovery Services and that of:

- Any health care professional authorized to provide treatment and to enter information into your behavioral health record.
- All teams and services of County Behavioral Health and Recovery Services.
- Any volunteer or student who provides services to you.
- All employees, contract staff and other behavioral health personnel.

All Behavioral Health and Recovery Services' providers, teams and clinics follow the terms of this notice. In addition, these providers, teams and clinics may share behavioral health information with each other for treatment, payment or medical operations purposes described in this notice.

### **OUR PLEDGE REGARDING MEDICAL INFORMATION**

We understand that behavioral health information about you is personal. We are committed to protecting behavioral health information about you. We create a record of the care and services you receive from San Mateo County Behavioral Health and Recovery Services. 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 County Behavioral Health and Recovery Services, whether made by your personal therapist, doctor, treatment team or other personnel. In addition, for services provided at County Medical Clinics or at San Mateo County Health Center, there may be other policies or notices regarding the use and disclosure of your medical information created in those locations.

This notice will tell you about the ways in which we may use and disclose behavioral health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of behavioral health information.

We are required by law to:

- Make sure that behavioral health information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to behavioral health information about you; and
- Follow the terms of the notice that is currently in effect.

### **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

The following categories describe different ways that we use and disclose behavioral 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.

- **For Treatment.** We may use medical information about you to provide you with behavioral health treatment or services. We may disclose behavioral health information about you to your doctors, nurses,

other therapists, case managers, students, or other behavioral health personnel who are involved in taking care of you. We may also disclose information about your treatment to other medical professionals caring for you. For example, a doctor treating you for diabetes may need to know what medications your psychiatrist has prescribed to be sure they work together. In addition, your case manager may need to know if you have diabetes so that we can help you with an appropriate diet. Different behavioral health teams also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work, referrals and case management. We also may disclose behavioral health information about you to people outside the County system who may be involved in your behavioral health or medical care, such as your other case managers or, with your consent, family members, clergy or others who may be providing services that are part of your care.

- **For Payment.** We may use and disclose behavioral health information about you so that the treatment and services you receive from San Mateo County Behavioral Health and Recovery Services may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about therapy you received at a behavioral health clinic so your health plan will pay us or reimburse you for these services. We may also tell your health plan about a treatment 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 behavioral health information about you for Behavioral Health and Recovery Service's operations. These uses and disclosures are necessary to run our system and 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 caring for you. We may also combine medical information about many behavioral health clients to decide what additional services Behavioral Health and Recovery Services should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, therapists, students, and other behavioral health personnel for review and learning purposes. We may also combine the behavioral health information we have with behavioral health information from other counties to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific clients are.
- **Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment for assessment or treatment at Behavioral Health and Recovery Services.
- **Health-Related Benefits and Services.** We may use and disclose behavioral health information to tell you about health-related benefits or services that may be of interest to you.
- **Individuals Involved in Your Care or Payment for Your Care.** We may release behavioral health information about you, with your consent, to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. If you are admitted into a hospital, we may release medical information to a family member or others involved in your care so that they can know where you are. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- **Research.** Under certain circumstances, we may use and disclose behavioral health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all clients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with clients' need for privacy of their behavioral health information. Before we use or disclose behavioral health information for research, the project will have been approved through this research approval process. We may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for clients with specific behavioral health needs, so long as the information they review does not leave Behavioral Health and Recovery Services. We will almost always 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.
- **As Required By Law.** We will disclose behavioral health information about you when required to do so by federal, state, or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose behavioral health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of

the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

## **SPECIAL SITUATIONS**

- **Military and Veterans.** If you are a member of the armed forces, we may release behavioral health information about you as required by military command authorities.
- **Workers' Compensation.** We may release behavioral health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks.** We may disclose behavioral health information about you for public health activities. These activities generally include the following:
  - To prevent or control disease, injury or disability;
  - To report births and deaths;
  - To report the abuse or neglect of children, elders and dependent adults;
  - To report reactions to medications or problems with products;
  - To notify people of recalls of products they may be using;
  - 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;
- **Health Oversight Activities.** We may disclose behavioral health information to a health oversight agency for activities authorized by law. These oversight activities 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.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose behavioral health information about you in response to a court or administrative order. We may also disclose behavioral health information about you in response to a subpoena, discovery request, or other lawful process to 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.
- **Law Enforcement.** We may release behavioral health information if asked to do so by a law enforcement official:
  - In response to a court order, subpoena, warrant, summons or similar process;
  - To identify or locate a suspect, fugitive, material witness, or missing person;
  - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
  - About a death we believe may be the result of criminal conduct;
  - About criminal conduct at behavioral health locations; and
  - 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.
- **Coroners, Medical Examiners and Funeral Directors.** We may release behavioral health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.
- **National Security and Intelligence Activities.** We may release behavioral 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.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release behavioral health information about you to the correctional institution or law enforcement official. This release would be 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.

## **YOUR RIGHTS REGARDING YOUR BEHAVIORAL HEALTH INFORMATION**

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

- **Right to Inspect and Copy.** You have the right to inspect and copy behavioral health information that may be used to make decisions about your care. Usually, this includes behavioral health therapy/services information and billing records, but certain behavioral health information may not be included. To inspect and copy behavioral health information that may be used to make decisions about you, you must submit your request in writing to the clinic where you are receiving treatment, OR to San Mateo County Behavioral Health and Recovery Services, 225 37<sup>th</sup> Avenue, San Mateo, CA 94403. If you request a copy

of the information, 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 very limited circumstances. If you are denied access to behavioral health information, you may request that the denial be reviewed. Another licensed health care professional chosen by us will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- **Right to Amend.** If you feel that behavioral 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 or for Behavioral Health and Recovery Services.

To request an amendment, your request must be made in writing and submitted to the clinic where you are treated OR San Mateo County Behavioral Health and Recovery Services, 225 37<sup>th</sup> Avenue, San Mateo, CA 94403. 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 information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
  - Is not part of the behavioral health information kept by or for Behavioral Health and Recovery Services;
  - Is not part of the information which you would be permitted to inspect and copy; or
  - Is accurate and complete.
- **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of behavioral health information about you other than those you authorized or those made for our own uses for treatment, payment and health care operations. These functions are described above.

To request this list or accounting of disclosures, you must submit your request in writing to the clinic where you are receiving treatment, OR to San Mateo County Behavioral Health and Recovery Services, 225 37<sup>th</sup> Avenue, San Mateo, CA 94403. Your request must state a time period that may not be longer than six years ago and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs 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 a restriction or limitation on the behavioral health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the behavioral health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

***We are not required to agree to your request.*** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the clinic where you are receiving treatment, OR to San Mateo County Behavioral Health and Recovery Services, 225 37<sup>th</sup> Avenue, San Mateo, CA 94403. In your request, you must tell us (1) what information you want to limit; and (2) to whom you want the limits to apply, for example, disclosures to your spouse.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about behavioral 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.

To request confidential communications, you must make your request in writing to the clinic where you are receiving treatment, OR to San Mateo County Behavioral Health and Recovery Services, 225 37<sup>th</sup> Avenue,

San Mateo, CA 94403. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **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 at our website, [www.co.sanmateo.ca.us](http://www.co.sanmateo.ca.us).

To obtain a paper copy of this notice, you may ask for one at the clinic where you are receiving treatment, OR you may write to San Mateo County Behavioral Health and Recovery Services, 225 37<sup>th</sup> Avenue, San Mateo, CA 94403.

### **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 behavioral 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 at all behavioral health clinics. The notice will contain, on the first page in the top right-hand corner, the effective date. If the notice has changed, you will be notified and offered a revised copy at your next behavioral health visit.

### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with Behavioral Health and Recovery Services or with the Secretary of the Department of Health and Human Services. To file a complaint with San Mateo County Behavioral Health and Recovery Services, contact the Office of Consumer and Family Affairs at 1-800-388-5189. Complaints may be submitted verbally or in writing. Complaints regarding violations of privacy will be reported by Behavioral Health and Recovery Services to the County Privacy Officer.

**You will not be penalized for filing a complaint.**

### **OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of behavioral health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to disclose behavioral health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer disclose medical information about you for the reasons covered by your written authorization. You understand that we are not able to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.