

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

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.

EFFECTIVE NOVEMBER 23, 2013

Your health information is personal and private, and we must protect it. This notice tells you how the law requires or permits us to use and disclose your health information. It also tells you what your rights are and what we must do to use and disclose your health information. All Department of Behavioral Health (DBH) employees, staff, volunteers and others who have access to client health information will follow this notice. This includes other entities that form an Organized Health Care Arrangement (OHCA) and are listed at the end of this notice.

We must by law:

- Maintain the privacy and security of your health information (also known as “protected health information” or “PHI”)
- Provide you this Notice of our legal duties and privacy practices regarding your PHI
- Follow the duties and privacy practices described in this Notice
- Notify you promptly if a breach occurs that may have compromised the privacy or security of your information

Changes to this Notice: We have the right to make changes to this Notice and to apply those changes to your PHI. If we make changes, you have the right to receive a copy of them in writing. To obtain a copy, you may ask your service provider or any DBH staff person.

HOW THE LAW PERMITS US TO USE AND DISCLOSE INFORMATION ABOUT YOU

We may use or give out your health information (PHI) for treatment, payment or health care operations. These are some examples:

- **For Treatment:** Health care professionals, such as doctors and therapists working on your case, may talk privately to determine the best care for you. They may look at health care services you had before or may have later on.
- **For Payment:** We need to use and disclose information about you to get paid for services we have given you. For example, insurance companies ask that our bills have descriptions of the treatment and services we gave you to get payment.
- **For Health Care Operations:** We may use and disclose information about you to make sure that the services you get meet certain state and federal regulations. For example, we may use your protected health information to review services you have received to make sure you are getting the right care.

DEPARTMENT OF BEHAVIORAL HEALTH USES AND DISCLOSURES

- **To Other Government Agencies Providing Benefits or Services:** We may disclose information about you to other government agencies that are providing you benefits or services. The information we release about you must be necessary for you to receive those benefits or services.
- **To Keep You Informed:** We may call or write to let you know about your appointments. We may also send you information about other treatments that may be of interest to you.
- **Research:** We may release your PHI to researchers for a research project that has gone through a special approval process. Researchers must protect the PHI they receive.
- **As Required by Law:** We will disclose your PHI when required to do so by federal or state law.
- **To Prevent a Serious Threat to Health or Safety:** We may use and disclose your PHI to prevent a serious threat to your health and safety or to the health and safety of the public or another person.
- **Workers' Compensation:** We may disclose your PHI for worker's compensation or programs that may give you benefits for work-related injuries or illness.
- **Public Health Activities:** We may release your PHI for public health activities, such as to stop or control disease, stop injury or disability, and report abuse or neglect of children, elders and dependent adults.
- **Health Oversight Activities:** We may release your PHI to a health oversight agency as authorized by law. Oversight is needed to monitor the health care system, government programs and compliance with civil rights laws.
- **Lawsuits and Other Legal Actions:** If you have a lawsuit or legal action, we may release your PHI in response to a court order.
- **Law Enforcement:** We may disclose your PHI when asked to do so by law enforcement officials:
 - In response to a court order, warrant, or similar process;
 - To find a suspect, fugitive, witness, or missing person;
 - If you are a victim of a crime and unable to agree to give information
 - To report criminal conduct at any of our locations; or
 - To give information about a crime or criminal in emergency circumstances.
- **Coroners and Medical Examiners:** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine cause of death.
- **National Security and Intelligence Activities:** We may release your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

- **Protective Services for the President and Others:** We may release your PHI to authorized federal officials so they may protect the President and other heads of state or do special investigations.
- **Protective Services for Elective Constitutional Officers:** We may release your PHI to government law enforcement agencies as needed for the protection of Federal and State elective constitutional officers and their families.
- **Protective Services for Senate or Assembly Committee:** We may release your PHI to the Senate Committee on Rules or the Assembly Committee on Rules for the purpose of legislative investigation authorized by the committee.
- **Inmates:** If you are currently incarcerated, we may release your PHI to the Youth Authority or Adult Correctional Agency as necessary to the administration of justice.
- **Multidisciplinary Personnel Teams:** We may disclose your PHI to members of the multidisciplinary team relevant to the prevention, identification, management or treatment of an abused and/or neglected child and the child's parents, or elder abuse and/or neglect.
- **Military and Veterans:** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- **Disaster Relief:** We may disclose your Health Information to disaster relief organizations that seek your Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever it is practical to do so.

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 have a clear preference for how we share your information let us know. We will never share your information for marketing purposes, sale of your information or sharing of most psychotherapy notes unless you notify your service provider in writing. We may contact you for fundraising efforts, but you may tell us not to contact you again. If you change your mind, we will stop using or disclosing your PHI, but we cannot take back anything already given out. We must keep records of the care that we gave you.

YOUR RIGHTS ABOUT YOUR PROTECTED HEALTH INFORMATION (PHI)

- **Right to See and Copy:** Federal regulations say that you have the right to ask to see and copy your PHI. However, psychiatric and drug and alcohol treatment information is covered by other laws. Because of these laws, your request to see and copy your PHI may be denied. You can get a handout about access to your records by asking your health care provider.

A DBH therapist will approve or deny your request. If approved, we may charge a reasonable cost-based fee of copying and sending out your PHI. We may also ask if a

summary, instead of the complete record, may be given to you. The information will usually be provided within thirty (30) days. If your request is denied, you may appeal and ask that another therapist review your request.

- **Right to Ask for an Amendment:** If you believe that the information we have about you is incorrect or incomplete, you may request changes be made to your PHI as long as we maintain this information. While we will accept requests for changes, we are not required to agree to the changes.

We may deny your request to change PHI if it came from another health care provider, if it is part of the PHI that you were not permitted to see and copy, or if your PHI is found to be accurate and complete.

- **Right to Know to Whom We Released Your PHI:** You have the right to ask us to let you know to whom we may have released your PHI. Under federal guidelines, we must maintain a list of anyone that was given your PHI not used for treatment, payment and health care operations or as required by law mentioned above. To get the list, you must ask your service provider in writing for it. You cannot ask for a list during a time period over six years ago. We will provide one accounting per year for free but will charge you a reasonable cost-based fee if there is a second request within a 12-month period. We will let you know the cost, and you may choose to stop or change your request before it costs you anything.
- **Right to Ask Us to Limit PHI:** You have the right to ask us to limit the PHI that the law lets us use or release about you for treatment, payment or health care operations. *We don't have to agree to your request.* If we do agree, we will comply with your request unless the PHI is needed to provide you emergency treatment. To request limits, you must ask your service provider in writing. You must tell us (1) what PHI you want to limit; (2) whether you want to limit its use, disclosure or both; and (3) to whom you want the limits to apply.
- **Right to Ask for Privacy:** You have the right to ask us to tell you about appointments or other matters related to your treatment in a specific way or at a specific location. For example, you can ask that we contact you at a certain phone number or by mail. To request that certain information be kept private, you must ask your service provider in writing. You must tell us how or where you wish to be contacted.
- **Right to Ask Us Not to Use your PHI:** If your health care item or service has been paid in full out of pocket, you have the right to request that your mental health information not be disclosed to a health plan for the purposes of carrying out payment or health care operations. There is an exception if the disclosure to the health plan is required by law.
- **Right to a Paper Copy of This Notice:** You may ask us for a copy of this Notice at any time. Even if you have agreed to receive this Notice by e-mail, we will give you a paper copy of this Notice. You may ask any DBH staff person for a copy.
- **Right to 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 make sure the person has this authority and can act for you before we take any action.

COMPLAINTS

If you believe your privacy rights have been violated, you may submit a complaint with us or with the Federal Government.

Filing a complaint will not affect your right to further treatment or future treatment.

To file a complaint with the Department of Behavioral Health, contact: Erica Porteous Chief Compliance Officer 303 East Vanderbilt Way San Bernardino, CA 92415 Phone # (909) 388-0882 Fax # (909) 890-0435 E-mail: eporteous@dbh.sbcounty.gov	To file a complaint with the County of San Bernardino, contact: County of San Bernardino Office of Compliance and Ethics 157 W. 5th St. 1st Floor San Bernardino, CA 92415 Phone # (909) 387-4500 Fax # (909) 387-8950 E-mail: HIPAAComplaints@cao.sbcounty.gov
To File a complaint with the State, contact: Privacy Officer Department of Health Care Services P.O. Box 997413, MS0010 Sacramento, CA 95899-7413 (916) 445-4646; (877) 735-2929 TTY/TDD FAX: (916) 440-7680	To file a complaint with the Federal Government, contact: Secretary of the U . S . Department of Health and Human Services, Office of Civil Rights, Attention: Regional Manager, 90 7th Street, Suite 4-100 San Francisco, CA 94103 (800) 368-1019; (800) 537-7697 TTY/TDD FAX: (202) 619-3818

For additional information call (800) 368-1019, (800) 537-7697 (TDD) or (415) 437-8310, (415) 437-8311 (TDD), or fax the U.S. Office of Civil Rights at (202) 619-3818.

LIST OF ENTITIES FORMING THE ORGANIZED HEALTH CARE ARRANGEMENT

Entity

Jatin J. Dalal, M.D., Inc.
Antoinette Azar, M.D., Inc.
Willy Anand M.D., Inc.
Mehar Gill, M.D., Inc.
Sofia Firoz M.D., Inc.
Meerabai Mohapatra, M.D., Inc.
Than Myint, M.D., Inc.
Rajesh Patel, M.D., Inc.
Eugene Young, D.O., M.D., Inc.
Dennis Payne, M.D., Inc.
Inderjit Seehrai, M.D., Inc.
Sushma Wali, D.O., M.D., Inc.
Syeda Baig, M.D., Inc.
Calvin Flowers, M.D., Inc.
Chin Tang, D.O., M.D., Inc.
Krishna Murthy, M.D., Inc.

Services Provided

Incorporated Psychiatric Services
Incorporated Psychiatric Services
Incorporated Psychiatric Services
Incorporated Psychiatric Services
Incorporated Psychiatric Services
Incorporated Psychiatric Services
Incorporated Psychiatric Services
Incorporated Psychiatric Services
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**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

I acknowledge receipt of the Notice of Privacy Practices, which explains my rights and the limits on ways in which the County may use or disclose personal health information to provide service.

Client Name (printed)

Client Signature

Date _____

If signed by other than client, indicate relationship.

Note: *Parents must have legal custody. Legal guardians and conservators must show proof.*

OFFICE USE ONLY

Client did receive the Notice of Privacy Practices but did not sign this Acknowledgement of Receipt because:

- ☐ Client left office before Acknowledgement could be signed.
☐ Client does not wish to sign this form.
☐ Client cannot sign this form because: _____

Client did not receive the Notice of Privacy Practices because:

- ☐ Client required emergency treatment.
☐ Client declined the Notice and signing of this Acknowledgement.
☐ Other: _____

Name: _____
(Print name of provider or provider's representative)

Signed: _____
(Signature of provider or provider's representative)

45 CFR §164.520 Except in an emergency situation, ...make a good faith effort to obtain written acknowledgment of receipt of the Notice.... and if not obtained, document...good faith efforts to obtain such acknowledgment and the reason why...(it)...was not obtained.

ACKNOWLEDGEMENT OF NOPP

County of San Bernardino
DEPARTMENT OF BEHAVIORAL HEALTH

Confidential Patient Information

See W & I Code 5328

NAME:

CHART:

DOB:

PROGRAM:



LANGUAGE TAGLINES

English

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call [1-888-743-1478] (TTY: [711]).

Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al [1-888-743-1478] (TTY: [711]).

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số [1-888-743-1478] (TTY: [711]).

Tagalog (Tagalog– Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa [1-888-743-1478] (TTY: [711]).

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. [1-888-743-1478] (TTY: [711])번으로 전화해 주십시오.

繁體中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 [1-888-743-1478] (TTY: [711])。

Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Չանգահարեք [1-888-743-1478] (TTY (հեռատիպ) [711]):

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните [1-888-743-1478] (телетайп: [711]).

فارسی (Farsi)

زبان‌های تسهیلات کنید، می‌گفتگو فارسی زبان به اگر: توجه
شما برای رایگان به صورت
بگیرید تماس [1-888-743-1478] (TTY: [711]) با شما شد می‌فراهم



LANGUAGE TAGLINES

日本語 (Japanese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。[1-888-743-1478] (TTY: [711]) まで、お電話にてご連絡ください。

Hmoob (Hmong) LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau [1-888-743-1478] (TTY: [711]).

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਧਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬ ਬੋਲਿ ਰੇ, ਤਾੀਂ ਭਾਸ਼ਾ ਧ ਿੱਚ ਸਹਾਇਤਾ ਸੇ ਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਿ ਹੈ। [1-888-743-1478] (TTY: [711]) 'ਤੇ ਕਾਲ ਕਰੋ।

العربية (Arabic)

ب رقم ات ص ل ب المجان لك ت تواف ر ال لغوية المساعدة خدمات ف إن ال لغة، اذكر ت تحدث ك نت إذا ملاحظة [1-888-743-1478] (TTY: [711]) .) وال بكم ال صم هت ف رقم

हिंदी (Hindi) ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। [1-888-743-1478] (TTY: [711]) पर कॉल करें।

ภาษาไทย (Thai)

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร [1-888-743-1478] (TTY: [711]).

ខ្មែរ (Cambodian)

ប្រយ័ត្ន: អើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយមននកភាសា រោយមិនគិតថ្លៃ ក៏អាចមានសំរាប់អ្នក។ ចូ ទូ ស័ព្ទ [1-888-743-1478] (TTY: [711])។

ພາສາລາວ (Lao)

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ແຈ້ງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ [1-888-743-1478] (TTY: [711]).