

## **APPENDIX A**

### **Privacy, 42CFR**

The Provider List is a list of contracted providers of mental health and substance use disorder services in our community. The County ACCESS program makes referrals for all outpatient non-emergency services. You may contact ACCESS at 1-800-491-9099 for further information regarding the Provider List, including whether a provider has current openings.

### **Confidentiality and Privacy**

The confidentiality and privacy of what you discuss at this service site is an important personal right of yours. This packet contains your copy of the “Notice of Privacy Practices” document, which explains how your records and personal information are kept confidential.

In certain situations involving your safety or the safety of others, providers are required by law to discuss your case with people outside the Behavioral Health Care system.

Those situations include:

1. If you threaten to harm another person(s), that person(s) and/or the police must be informed.
2. When necessary, if you pose a serious threat to your own health and safety.
3. All instances of suspected child abuse must be reported.
4. All instances of suspected abuse of an elder/dependant adult must be reported.
5. If a court orders us to release your records, we must do so.

If you have any questions about these limits of confidentiality, please speak with the person explaining these materials to you. More information about the above and other limits of confidentiality is in the “Notice of Privacy Practices” section of this packet.

Many of the Substance Use Disorder (SUD) services provided through Alameda BHS programs are funded through the federal Medicaid Program and is administered by the state as the California Medical Assistance Program (Medi-Cal).

#### **Advance Directive Information:**

#### **“Your Right to Make Decisions about Medical Treatment”**

**(Only applies if you are age 18 or older)**

Providers: “Your Right to Make Decisions about Medical Treatment,” is available in English at [http://www.acbhcs.org/providers/QA/docs/qa\\_manual/10-7\\_ADVANCE\\_DIRECTIVE\\_BOOKLET.pdf](http://www.acbhcs.org/providers/QA/docs/qa_manual/10-7_ADVANCE_DIRECTIVE_BOOKLET.pdf), in the QA tab. The same information, in the five threshold languages, is also online in booklet format.

If you are age 18 or older, the Mental Health Plan is required by federal & state law to inform you of your right to make health care decisions and how you can plan now for your medical care,

in case you are unable to speak for yourself in the future. Making that plan now can help make sure that your personal wishes and preferences are communicated to the people who need to know. That process is called creating an Advance Directive.

You can access the booklet about Advance Directives called, “Your Right to Make Decisions about Medical Treatment” by going to the link listed above. It describes the importance of creating an Advance Directive, what kinds of things you might consider if you decide to create one, and it describes the relevant state laws. You are not required to create an Advance Directive but we do encourage you to explore and address issues related to creating one. Alameda County BHCS providers and staff are able to support you in this process, but are not able to create an Advance Directive for you. We hope the information will help you understand how to increase your control over your medical treatment.

The care provided to you by any Alameda County BHCS provider will not be based on whether you have created an Advance Directive. If you have any complaints about Advance Directive requirements, please contact the California Department of Health Services Licensing and Certification by calling 1-800-236-9747 or by mail at P.O. Box 997413, Sacramento, CA 95899-7413.

## **Your Right to Vote**

### **Register to Vote Now**

You can apply to register to vote right now by filling in the online application. To register to vote in California you must be A United States Citizen, A resident of California, and 18 years of age or older. If you have any questions, call 510-272-6973 or visit Frequently Asked Questions, on-line at [https://www.acgov.org/alco\\_ssl\\_app/rov/voter\\_info/voter\\_profile.jsp?formLanguage=E](https://www.acgov.org/alco_ssl_app/rov/voter_info/voter_profile.jsp?formLanguage=E)

**THIS NOTICE DESCRIBES HOW MEDICAL & DRUG & ALCOHOL RELATED INFORMATION ABOUT YOU MAY BE USED & DISCLOSED & HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**42 CFR, Part 2:** General information regarding your health care, including payment for health care, is protected by two federal laws: the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), 42 U.S.C. § 1320d et seq., 45 C.F.R. Parts 160 & 164, & the Confidentiality Law, 42 U.S.C. § 290dd-2, 42 C.F.R. Part 2. Under these laws, your Substance Use Disorder (“SUD”) Treatment Provider may not say to a person outside of the program that you attend the program, nor may the Provider disclose any information identifying you as an alcohol or drug treatment patient, or disclose any other protected information except as permitted by federal law.

A Provider must obtain your written consent before it can disclose information about you for payment purposes. For example, the Provider must obtain your written consent before it can disclose information to your health insurer in order to be paid for services. The Provider is also required to obtain your written consent before it can sell information about you or disclose information about you for marketing purposes, and the Provider must obtain your written consent before disclosing any of your psychotherapy records. Generally, you must also sign a written consent before the Provider can share information for treatment purposes or for health care operations. However, federal law permits the Provider to disclose information *without* your written permission:

1. Pursuant to an agreement with a qualified service organization/business associate;
2. For research, audit or evaluations;
3. To report a crime committed on the Provider premises or against Provider personnel;
4. To medical personnel in a medical emergency;
5. To appropriate authorities to report suspected child abuse or neglect;
6. As allowed by a court order.

Before the Provider can use or disclose any information about your health in a manner which is not described above, it must first obtain your specific written consent allowing it to make the disclosure. Any such written consent may be revoked by you orally or in writing.

Your Rights Under HIPAA, you have the right to request restrictions on certain uses & disclosures of your health information. The Provider is only required to agree to your request if you request a restriction on disclosure to your health plan for payment or health care operations purposes, and you pay for the services you receive from the Provider yourself (out-of-pocket), unless the disclosure is otherwise required by law. In any other situation, the Provider is not required to agree to any restrictions you request, but if it does agree then it is bound by the agreement and may not use or disclose any information which you have restricted except as necessary in a medical emergency.

You have the right to request that we communicate with you by alternative means or at an alternative location. The Provider will accommodate such requests that are reasonable & will not request an explanation from you. Under HIPAA you also have the right to inspect & copy your own health information maintained by the Provider including electronic a copy, except to the extent that the information contains psychotherapy notes or information compiled for use in a civil, criminal or administrative proceeding or in other limited circumstances.

Under HIPAA you also have the right, with some exceptions, to amend health care information maintained in the Provider records, and to request and receive an accounting of disclosure of your health related information made by the Provider during the six years prior to your request. You also have the right to receive this notice.

Provider Duties The Provider is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. The Provider is required by law to abide by the terms of this notice and to make new notice provisions effective for all protected health information it maintains. Revision and update notices will be provided to individuals during treatment sessions and will be posted on the Public Notice Board in the

lobby.

Complaints and Reporting Violations You may complain to the Provider and the Secretary of the United States Department of Health and Human Services if you believe that your privacy rights have been violated under HIPAA. (See HIPAA Privacy Notice for complaint procedures). Violation of the Confidentiality Law by a program is a crime. Suspected violations of the Confidentiality law may be reported to the United States Attorney in the District where the violation occurs.

For further information, contact Alameda County BHCS Access Unit at: **1-800-491-9099**

## 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.**

### Your Rights

#### Get a copy of your health and claims records:

- You can ask to see or get a copy of your health and claims records and other health information we have about you.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### Ask us to correct health and claims records:

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days...

#### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not

#### Ask us to limit what we use or share

- You can ask for a list of the times we’ve shared your health information for six years prior to the date you ask, whom we shared it with and why.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

#### Get a copy of the privacy notice.

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive this notice electronically. We will provide you with a copy promptly.

#### 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.

situation described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

- Share information with your family, close friends, or others involved in payment for your care.
- Share information in a disaster relief situation
- Contact you for fundraising efforts

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, marketing purposes or sale of your information, we never share your information unless you give us permission.

#### Our Uses and Disclosures

- **Medical Treatment:** information for payment, your medical care, leave an appointment reminder messages with your permission, to tell you about services or treatment, business associates, labs, pharmacies, and interpreters.
- **Special Situations:** to talk to people who help pay for your care, workers compensation, to schedule an interpreter for you in the event of a disaster, to prevent or control disease, to report births or deaths, healthcare emergency, eminent threat to self or others.
- **Legal Purposes:** for specific court requests such as subpoenas, to report suspected abuse, neglect or domestic violence, for investigations for audits, to jails or prisons, for national security or to protect the President.

#### Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach

- We will make sure the person has this authority and can act for you before we take any action.

**File a complaint if you feel your rights are violated.**

- You can complain if you feel we have violated your rights by contacting us.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Ave. S.W., Washington, D.C., 20201; 1-877-696-6775 or visiting: [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

**Your Choices**

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the

occurs that may have compromised the privacy or security of your information.

- We must follow the duties and privacy practices described in this notice and give you a copy.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

**Changes to the Terms of this Notice:** We can change the terms of this notice, and the changes will apply to all information we have about. The new notice will be available upon request, on our website, and we will mail a copy to you.

**For More Information & A Copy in Other**

**Languages:** DHCS Privacy officer: 866-866-0602 #1; TTY 877-735-2929

Email: [privacyofficer@dhcs.ca.gov](mailto:privacyofficer@dhcs.ca.gov)

Mail to: P.O. Box 997413 MS4721, Sacramento, CA 95899-7413