

## **NOTICE OF HIPAA 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.

This Notice of Health Insurance Portability and Accountability Act (“HIPAA”) Privacy Practices describes other purposes that are permitted or required by law. It also sets out our legal obligations concerning your protected health information. Additionally, this Notice describes your rights to access and control your protected health information.

Protected health information is individually identifiable health information, including demographic information, collected from you or created or received by a health care provider, health plan, your employer, or a health care clearinghouse and that relates to: (i) your past, present, or future physical or mental health or condition; (ii) the provision of health care to you; or (iii) the past, present, or future payment for the provision of health care for you.

**Effective Date:** This Notice becomes effective on April 14, 2003.

**Our Responsibilities:** We are required by law to maintain the privacy of your protected health information. We are obligated to provide you with a copy of this Notice of our legal duties and our privacy practices with respect to protected health information and we must abide by the terms of this Notice. We reserve the right to change the provisions of our Notice and make the new provisions effective for all protected health information that we maintain. If we make a material change to our Notice, we will mail a revised Notice to the address that we have on record for you.

**Primary Uses and Disclosures of Protected Health Information:** The following is a description of how we are most likely to use and/or disclose your protected health information. Where state law provides additional restrictions on how we can use and disclose information, we will follow applicable state laws.

**Payment:** We have the right to use and disclose your protected health information for all activities that are included within the definitions of “payment” and “health care operations” as set out in 45 C.F.R. § 164.501 (this provision is a part of what is known as “the HIPAA Privacy Regulations”). We have not listed in this Notice all or the activities included within these definitions, so please refer to 45 C.F.R. § 164.501 for a complete list.

**Health Care Operations:** We will use or disclose your protected health information to support our business functions. These functions include, but are not limited to: quality assessment and improvement. For example, we may use your information (i) to respond to a customer service inquiry from you; (ii) to review the quality of medical services being provided to you; (iii) to conduct audits or medical reviews of claims activity.

**Business Associates:** We contract with individuals and entities (known as “business associates”) to perform various functions on our behalf or to provide certain types of services. To perform these functions or to provide the services, business associates will receive, create, maintain, use, or disclose protected health information, but only after we require the business associates to agree to contract terms designed to appropriately safeguard your information.

**Other Possible Uses and Disclosures of Protected Health Information:** We may disclose your protected health information in other ways, which law permits us to do. Those ways may include health oversight activities; as required by law; in connection with public health activities; abuse or neglect reports required by governmental authorities; legal proceedings; law enforcement; worker’s compensation; or to others involved in your health care.

**Required Disclosures of Your Protected Health Information:** The following is a description of disclosures we are required by law to make.

**Disclosures to You:** We are required to disclose to you most of your protected health information in a “designated record set” when you request access to this information. Generally, a “designated record set” contains medical and billing records, as well as other records that are used to make decisions about your health care benefits. We also are required to provide, upon request, an accounting of any disclosures of your protected health information that are for reasons other than payment and health care operations.

**Initial Here** \_\_\_\_\_

**Other Uses and Disclosures of Your Protected Health Information:** Other uses and disclosures of your protected health information that are not described above will be made only with your written authorization. If you provide us with such an authorization, you may revoke the authorization in writing, and this revocation will not be effective for information that we already have used or disclosed in reliance on your authorization.

**Your Rights: Right to Request a Restriction:** You have the right to request a restriction on the protected health information we use or disclose about you for payment or health care operations.

We are not required to agree to any restriction that you may request. If we do agree to the restriction, we will comply with the restriction unless the information is needed to provide service to you under the policy.

You may request a restriction by writing. In your request, tell us: (1) the information whose disclosure you want to limit, and (2) how you want to limit our use and/or disclosure of the information.

**Right to Request Confidential Communications:** If you believe that a disclosure of all or part of your protected health information may endanger you, you may request in writing that we communicate with you regarding your information in an alternative manner or at an alternative location.

In your request tell us: (1) the parts of your protected health information that you want us to communicate with you in an alternative manner or at an alternative location, and (2) that the disclosure of all or part of the information in a manner inconsistent with your instructions would put you in danger.

**Right to Inspect and Copy:** You have the right to inspect and copy your protected health information that is contained in the “designated record set”. However, you may not inspect or copy psychotherapy notes or certain other information that may be contained in a designated record set.

To inspect and copy your protected health information that is contained in a designated record set, you must submit your request in writing. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with you request.

We may deny your request to inspect and copy your protected health information in certain circumstances. If you are denied access to your information, and you request that the denial be reviewed, we will review your request.

**Right to Amend:** If you believe that your protected health information is incorrect or uncompleted, you may request in writing that we amend your information. Your request should include the reason the amendment is necessary.

In certain cases, we may deny your request for an amendment. For example, we may deny your request if the information you want to amend is not maintained by us, but by another entity. If we deny your request, you may have the right to file a statement of disagreement with us. Your statement of disagreement will be linked with the disputed information and all future disclosures of the disputed information will include your statement.

**Right of an Accounting:** You have a right to request in writing an accounting of most disclosures of your protected health information that are for reasons other than payment or servicing policy. An accounting will include the date(s) of the disclosure, to whom we made the disclosure, a brief description of the information disclosed, and the purpose for the disclosure.

Your request may be for disclosures made up to six years before the date of your request, but in no event for disclosures made before April 14, 2003. 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 the time before any costs are incurred.

**Complaints:** You may complain to us if you believe that we have violated your privacy rights. You may file a complaint with us by writing to: Pacific Coast Behavioral Health 12121 Wilshire Blvd., Suite 810 Los Angeles, CA 90025. You may also file a complaint with the Secretary of U.S. Department of Health and Human Services. Complaints filed directly with the Secretary must: (1) be in writing; (2) contain the name of the entity against which the complaint is lodged; (3) describe the relevant problems; and (4) be filed within 180 days of the time you become aware of the problem. We will not penalize or in any other way retaliate against you for filing a complaint with the Secretary of Health.

**Sign Here** \_\_\_\_\_