

SUMMARY OF OUR PRIVACY PRACTICES

Esta forma está disponible en Español

What you should know about our Agency's Notice of Information and Privacy Practices:

The attached notice explains your rights regarding your personal health information and how your health information is protected and maintained. It describes how your information may be used and disclosed and how you can get access to it. The law says that we must explain this notice and give you a copy. We must also request your signature acknowledging that we have done so.

How your information may be shared:

- We share it with people that work at our Agency to treat you, to pay your bill, and to perform and improve our services.
- All individuals that work at our Agency are committed to your privacy.
- We may share information with persons outside of the Agency who are involved in your treatment.
- Occasionally companies and/or individuals that we contract with to run our business may have access to your information.
- All companies/individuals that we hire or contract with are committed in writing to protect your privacy also.
- Sometimes we share information because the law requires us to do so.
- We share information to secure payment for services.

What your rights are

- You have the right to request a change or correction to your information.
- You have the right to request that we contact you in a specific way.
- You have the right to request access to your information.
- You have the right to request us to exclude someone from having access to your information.
- You have the right to request a list of certain disclosures of information that we have made.
- You have the right to submit a complaint if you are unhappy with the way we handle your information.
- You have the right to be informed if there is ever a breach of your protected health information.

(Our Agency has the right to review requests that you make. Sometimes we are unable to comply with your request, BUT we will provide you with an explanation if this happens).

This is a summary of our Privacy Practices. Please see Uplift Family Services' entire Notice of Information and Privacy Practices for further details.

Please discuss any questions or concerns you may have with an Agency workforce member or contact the Agency's Privacy Officer at (408) 364-4024.

Notice of Information and Privacy Practices

Effective Date: 04/14/03

Esta forma está disponible en Español

Uplift Family Services' Headquarters: 251 Llewellyn Avenue, Campbell, CA 95008 Phone (408)379-3790 Fax (408)364-4013

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION 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 Privacy Officer at (408) 364-4024.

OUR PLEDGE REGARDING PRIVATE HEALTH INFORMATION:

We understand that the information we maintain about you and your health is personal. We are committed to protecting this information. We create a record of the care and services you receive at Uplift Family 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 or available to our Agency's workforce (which may include any health care professional who enters information into your health care record, volunteers, finance staff, information services staff, etc.).

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

We are required by law to:

- make sure that clinical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to clinical information about you; and follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE INFORMATION ABOUT YOU.

The following categories describe different ways that we use and disclose medical and/or clinical 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 clinical/medical information about you to provide you with treatment or services. We may disclose clinical/medical information about you to doctors, nurses, clinicians, interns, MATs, or other Uplift Family Services personnel who are involved in treating you. For example, a clinician treating you for an anger disorder may need to know if you have physically acted out in the past. With this knowledge the treatment team may create a safety plan to protect you and the people around you when/if you or your child begins to act out. In addition, the clinician may need to tell a physician if your symptoms are not improving. Different Agency departments and programs may share information about you in order to coordinate the different things you need, such as food, additional treatment, and medical attention. We also may disclose information about you to people outside the Agency who may be involved in your treatment, or as a part of coordinating follow up care. These people may include family members, social workers, school employees, neighbors, clergy, county employees, or others involved in providing services that are part of your care.

- **For Payment.** We may use and disclose medical/clinical information about you so that the treatment and services you receive at Uplift Family Services may be billed to and payment may be collected from you, the county, an insurance company, or a third party. For example, we may need to give your health plan information about treatment you received at this Agency so your health plan will pay us or reimburse you for the treatment. We may also tell your health plan about treatment we are recommending, to obtain prior approval or to determine whether your plan will cover the treatment.
- **For Health Care Operations.** We may use and disclose clinical/medical information about you for Agency operations. These uses and disclosures are necessary to run the Agency and make sure that all of our children & families receive quality care. For example, we may use clinical/medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine clinical/medical information about many Agency clients to decide what additional services we should offer, what services are not needed, and whether certain programs are effective. We may also disclose information to doctors, nurses, interns, clinicians, and other Agency personnel for review and learning purposes. We may provide information to representatives of organizations with responsibility for compliance, licensure, quality of care, and funding purposes.
- **Reminders.** We may use and disclose clinical/medical information to contact you as a reminder that you have/had an appointment to receive services at Uplift Family Services.
- **Treatment Alternatives.** We may use and disclose clinical/medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Clinical Services.** We may use and disclose medical/clinical information to tell you about health-related benefits or services that may be of interest to you.
- **Fundraising Activities.** We may use clinical/medical information about you to contact you in an effort to raise money for Uplift Family Services' and its operations. We only would release contact information, such as your name, address and phone number and the dates you received treatment or services at our Agency. If you do not want our Agency to contact you for fundraising efforts, you must notify the Director of Fund Development in writing. Any disclosure of information for marketing or the involving the sale of PHI requires your authorization.
- **Individuals Involved in Your Care or Payment for Your Care.** We may release clinical/medical information about you to a friend or family member who is involved in your clinical/medical care. We may also give information to someone who helps pay for your care. In addition, we may disclose clinical/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 clinical/medical information about you for research purposes. We will 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 at Uplift Family Services.
- **Business Associates.** There are certain individuals and/or companies that our Agency hires to perform tasks in lieu of permanent staff. Our Agency has a contract with each individual or company that includes language to insure that the privacy/confidentiality of each child/family member that the Agency treats is maintained. As an example, our Agency may hire temporary staff to perform clerical functions if a permanent staff member is out on medical leave.

THERE MAY BE OTHER SITUATIONS IN WHICH UPLIFT FAMILY SERVICES WOULD BE REQUIRED AND PERMITTED TO RELEASE YOUR INFORMATION WITHOUT YOUR AUTHORIZATION OR CONSENT

- **As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law (for suspected Child Abuse, Elder Abuse, etc.)
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose clinical/medical 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.
- **Military and Veterans.** If you or your child are now, or in the future a member of the armed forces, we may release clinical/medical information about you as required by military command authorities. We may also release clinical/medical information about foreign military personnel to the appropriate foreign military authority.
- **Workers' Compensation.** We may release clinical/medical 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 clinical/medical information about you for public health activities. These activities generally include the following:
 - to prevent or control disease, injury, condition or disability;
 - to report births and deaths;
 - to report abuse, neglect, or a victim of violence;
 - to report reactions to medications or problems with products;
 - to notify people of recalls of products they may be using;
- **Health Oversight Activities.** We may disclose clinical/medical 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 Other Legal Actions.** If you are involved in a lawsuit or a legal action, we may disclose clinical/medical information about you in response to a court or administrative order or your signed authorization indicating it is appropriate for us to do so.
- **Law Enforcement.** We may release clinical/medical 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 our Agency; 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 medical 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 clinical/medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others.** We may disclose clinical/medical 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 clinical/medical 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) for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING CLINICAL INFORMATION ABOUT YOU.

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

- **Right to Inspect and Copy.** You may have the right to inspect and receive copies of clinical/medical information that may be used to make decisions about your care. This includes medical and billing records.

To inspect and request a copy of the clinical & medical information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer (408) 364-4024. 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. We may also ask you if a summary of your treatment could be provided to you in lieu of the complete record. If you are denied access to your information, you may request that the denial be reviewed. Another licensed health care professional chosen by our Agency will review your request and the denial. The person conducting the review will be a Clinical Director not involved with the original denial. We will comply with the outcome of the review.

Records must be maintained for a period of time consistent with federal and state legislated retention periods. More detailed information regarding retention is included in our Agency's Policy & Procedure #1414: "PHI-Information, Retention, & Storage".

- **Right to Request an Amendment.** If you feel that clinical/medical 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 the Agency.

To request an amendment, your request must be in writing and submitted directly to the Privacy Officer. Contact the Privacy Officer at (408) 364-4024. 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:

- Is accurate and complete.
- Was not created by us; unless the person or entity that created the information is no longer available to act on the request to make an amendment;
- Is not part of the clinical/medical information kept by or for our Agency; and it is not part of the information which you would be permitted to inspect and copy.

- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of certain disclosures". This is a list of the disclosures we made of clinical/medical information about you. We are not required to include disclosures that were made: for treatment, payment, or healthcare operations, to the individual/legal guardian regarding their own information, pursuant to an authorization, to person's involved in the client's care, etc.

To request this list or accounting of certain disclosures, you must submit your request in writing to Uplift Family Services, Attn: Privacy Officer, 251 Llewellyn Ave., Campbell, CA 95008. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, you will be charged 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 clinical/medical 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 clinical/medical 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.
- You have the right to restrict certain types of PHI from disclosure to your health plan in instances where you pay for services in full, out-of-pocket and request the restriction.
 - We will also provide you with written notification if there is ever a breach of your PHI, in a timely manner consistent with both state and federal notification requirements.

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 Uplift Family Services, Attn: Privacy Officer, 251 Llewellyn Ave., Campbell, CA 95008. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) 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 clinical/medical 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 Uplift Family Services, Attn: Privacy Officer, 251 Llewellyn Ave., Campbell, CA 95008. 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.
- To obtain a paper copy of this notice, please call the Privacy Officer at (408) 364-4024 or mail your request to Uplift Family Services, Attn: Privacy Officer, 251 Llewellyn Ave., Campbell, CA 95008 and a copy of this notice will be sent to you

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 clinical/medical 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 Agency treatment sites. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at or are admitted to the Agency for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice. You may also access an electronic copy of this notice at any time by visiting our web site at www.upliftfs.org.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Uplift Family Services or with the Secretary of the Department of Health and Human Services. To file a complaint with our Agency, contact the Privacy Officer at (408) 364-4024 or send your complaint to: Uplift Family Services, Attn: Privacy Officer, 251 Llewellyn Ave., Campbell, CA 95008. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

OTHER USES OF CLINICAL/MEDICAL INFORMATION

Other uses and disclosures of clinical/medical 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 use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable 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.