Alum Rock Counseling Center

1245 E Santa Clara Street
San Jose, CA 95116
(408) 294-0500

CLIENT NOTICE OF PRIVACY PRACTICES

Effective August 15, 2022

Your Information. Your Rights. Our Responsibilities.

This notice describes how health 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:

Alum Rock Counseling Center
ATTN: Compliance Officer
1245 E Santa Clara Street
San Jose, CA 95116
(408) 294-0500

WHO WILL FOLLOW THIS NOTICE?

This notice describes Alum Rock Counseling Center's practices and that of:

- Any professional authorized to enter information into your record.
- All departments and units of Alum Rock Counseling Center.
- Any member of a volunteer group we allow to help you while you are receiving services.
- All employees, staff, interns, trainees, and other personnel.

All of these individuals may share health information with one another for purposes described in this notice.

OUR PLEDGE REGARDING HEALTH INFORMATION

We understand that information about you and your health is personal and confidential. We are committed to protecting health information about you. We create a record of the care and services you receive at Alum Rock Counseling Center. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways in which we may access, use, and share your protected health information (PHI). It also describes your rights and certain actions we must take when using or sharing your PHI with other people or organizations.

We are required by law to

- Make sure that PHI that identifies you is kept private and confidential (with certain exceptions as listed below);
- Give you this notice of our legal duties, responsibilities, and privacy practices with respect to your protected health information; and
- Follow the terms of the notice that is currently in effect.

Any use and disclosure other than explained in this notice can only be made with your written authorization. You may revoke your authorization at any time. However, if your PHI has already been used or shared prior to receiving a revoked authorization, we cannot prevent that disclosure.

SPECIAL CATEGORIES OF INFORMATION

In some circumstances, your health information may be subject to restrictions that may limit or preclude some accesses, uses or disclosures described in this notice. There are special restrictions on the access, use or disclosure of certain categories of information. For example, tests for HIV or treatment, for mental health conditions, or alcohol and drug abuse, or emancipated minors constitute special categories of information. Government health benefit programs, such as Medi-Cal, may also limit the disclosure of beneficiary information for purposes unrelated to the program.

What is "Protected Health Information"?

Protected Health Information or "PHI" (also referred to as "individually identifiable health information" or "health information" in this notice)

Any individually identifiable information, in electronic or physical form, regarding a client's medical history, mental or physical condition or treatment that includes or contains any element of personal identifying information sufficient to allow identification of the individual. This may include the client's name, address, e-mail address, telephone number, Social Security number, or other information that, alone or in combination with other publicly available information, reveals the individual's identity.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

How do we typically use or share your health information? The following sections describe different ways that we access, use and share (disclose) your PHI. To respect your privacy, we will limit the amount of information that we access, use or disclose to that which is "minimum necessary" to accomplish the purpose of the access, use or disclosure. The law limits how we can access, use and disclose some PHI related to treatment of drug and alcohol abuse, HIV infection, certain types of care provided to minors, and mental illness. Not every access, use or disclosure in a category will be listed in this notice. However, all of the ways we are permitted to access, use and disclose information will fall within one of the following categories.

We typically use or share your health information in the following ways:

Disclosure at Your Request

If you request your PHI, we may disclose information to you with limited exceptions. Some types of disclosures require a written authorization.

Help Manage Your Health Care and Treatment You Receive

We may access, use, and disclose your PHI to provide you with treatment or services. We can use your health information and share it with professionals who are treating you, such as doctors, nurses, technicians, counselors, teachers, clergy, medical students, or other personnel who are involved in taking care of you. We may share information with other caregivers involved in your healthcare. We may share your information with professional persons who have medical or psychological responsibility for your care. When you attend or transfer to another program within the organization, we will share information with that program to assure continuity of your care. Different departments of the organization may share information about you in order to coordinate the different things that you need, such as prescriptions, services, and therapy. We may also disclose information about you to people outside the organization who may be involved in your care, such as arranging medical care or aftercare services. These people may include social workers, case managers, and referral coordinators.

- Examples:
    - A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.
    - A clinician treating you for depression may need to know what medications you have tried in the past
    - Program staff may need to tell the doctor if your symptoms are not improving, so your medication(s) can be adjusted

For Health Care Operations

We may access, use and share your PHI for health care operations. These uses and disclosures are necessary to run the organization and help to improve the quality of care, training, and educational programs within Alum Rock Counseling Center. We may access, use and share your PHI to comply with laws and regulations, for contractual obligations, payer eligibility, claims submission, business planning, marketing, and to operate Alum Rock Counseling Center.

- Examples:
    - We use health information about you to develop better services for you.
    - We may use information to review our treatment and services and to evaluate the performance of our staff in caring for you.
    - We may summarize information about our clients in deciding what additional services we should offer, and how to make our programs more effective.

- We may provide information to representatives of organizations with responsibility for financial auditing, legal representation, compliance, licensure, quality of care, accreditation, and funding
- We may remove certain identifiers from your health information (such as name and address) and use this "limited data set" to conduct healthcare operations with other organizations, but only if we have received written assurances from the recipient that they will also protect the confidentiality of your health information.

Pay for your Health Services

We may access, use and disclose your health information, so that the treatment and services you receive may be billed and payment may be collected from you, an insurance company or a third party.

- Example:
  - We may need to give the Santa Clara County Behavioral Health Services information about the level of services you received in a particular month so your county will reimburse us for the services provided.
  - We may need to tell a third party payor about a treatment we are recommending to obtain prior approval, or to determine whether that service will be covered.
  - We may also disclose your healthcare information to your other healthcare providers to assist them in receiving payment for healthcare services they have. provided you.

Business Associates

There are some services provided in our organization through contracts with business associates. Business Associates provide services on behalf of Alum Rock Counseling Center that involve the use or disclosure of client information. When services are contracted, we may disclose your health information to our business associates so that they can perform the job we have asked them to do. To protect your health information, business associates are required by federal law to appropriately safeguard your information.

- Examples:
  - A planning consultant we hire to support the growing needs of our organization
  - Our Information Technology vendor who manages our computer systems.

Appointments

We may access, use and share health information to schedule an appointment, or to remind you that you have an appointment for treatment.

Treatment Alternatives

We will access, use and share health information to tell you about possible treatment options or alternatives that may be of interest to you.

Individuals Involved in your Care or Payment for your Care

To the extent permitted by law, we may share health information about you to a family member, friend, legal representative or other identified person who you want to be involved in your care, is involved in your care, or is responsible for payment of your care. For mental health records, we are only permitted to share your health information with your treating physician and individuals that you designate. We cannot share your mental health records with your family, friend, or personal representative without an authorization, with the exception of a parent or guardian (with limited exceptions) or a Conservator.

Disaster Relief

We may share 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 access, use and share your health information for research purposes. All research projects, however, are subject to a special approval process which is aimed at protecting your health information. We will almost always ask for your specific permission if the research will have access to your name, address or other information that reveals who you are. We may also remove certain identifiers (such as name and address) from your health information in order to conduct certain kinds of research. In this situation, we will have special confidentiality protections in place. Before you can be enrolled in a study, you must be given information about the study, be allowed to ask questions, and agree to participate by signing an informed consent form. We may perform other studies using your health information without requiring your consent. These studies will not affect your treatment or welfare and your Protected Health Information (PHI) will continue to be protected.

As Required by Law

We will access, use, and share your health information when required to do so by federal, state, or local law.

To Avert a Serious Threat to Health or Safety

Unless prohibited by law, we may access, use and share your health information when necessary to prevent or lessen a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, will only be shared with a responsible person who is able to help prevent the threat.

Marketing and Sale of PHI

We may not use or disclose your protected health information (PHI) for marketing purposes without your written authorization. We may not sell your PHI without your written authorization.

Psychotherapy Notes

We may not use or disclose psychotherapy notes without your written authorization unless otherwise permitted or required by law.

SPECIAL SITUATIONS:

There may be other situations in which we would be required and permitted to release your information without your authorization or consent.

Public Health Risks:

We may access, use, and share your health information for public health purposes. These activities generally include the following:

- To prevent or control disease (such as cancer or tuberculosis), 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 healthcare products
- To notify people of recalls, repairs, or replacement 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 access, use, and share your health information with a health oversight agency as authorized or required by law. These oversight activities include, for example, audits, investigations, inspections, licensure surveys, accreditation, and communicable disease reporting. 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 information about you in response to a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request, or other lawful process by 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. We may also provide information about you to attorneys who represent us. We will only disclose mental health records in response to a subpoena when we receive a court order or authorization from the client.

Law Enforcement:

We may access, use, and share health information if asked to do so by a law enforcement official:

- In compliance with a court order, subpoena, warrant, summons, grand jury subpoena or similar process
- 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

Mental health records require additional legal protections and cannot be released without a court order or an authorization by the client or the client's personal representative, except in certain limited circumstances as allowed by law.

MANDATORY REPORTING

We will use and share your health information as required by law to make a mandatory report for child abuse or neglect, elder abuse or neglect, or dependent adult abuse or neglect, or any other reporting obligations.

· Child Abuse; includes physical or sexual abuse, emotional abuse, neglect, excessive corporal punishment, child abduction and exposure to domestic violence that is traumatizing to the child. Child abuse reporting only applies to children who are currently under the age of 18. The staff is required to report suspected child abuse in addition to known incidents of abuse.

· Dependent Adult/EIder Abuse: Includes physical abuse, sexual abuse, neglect, abduction, financial abuse, self-neglect, isolating the adult and not providing proper care, including medical and mental health needs. The staff is required to report suspected abuse in addition to known abuse.

CALIFORNIA STATE LAW REQUIREMENTS

We must follow all state laws that provide more protection for your health information.

Mental Health:

Special protections will apply to your mental health information. We will obey these laws when they are stricter than this notice.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

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

Right to Notice of Breach or Unauthorized Access

You have the right to be notified if there is any unauthorized access to your PHI or a breach of unsecured PHI involving your information. We are required to notify you and provide you with information on how to protect your personal information.

Right to Inspect and Copy

You have the right to inspect and receive copies of information that may be used to make decisions about your care.

To inspect or copy information that may be used to make decisions about you, you must submit your signed request in writing to the attention of our Quality Assurance and Compliance Department. 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. Minors 12 years of age and older must also provide their consent to have their parent/caregiver/legal guardian/personal representative receive access to their records and mental health information. All requestors must demonstrate that they have the legal right to request an inspection or copy of records. We will provide you with a notice of approval/denial.

We may deny your request to inspect or copy in limited circumstances. If you are denied access to your health information, you may request another professional, chosen by the

organization, to review the denial. The person conducting the review will not be the person who originally denied your request. We will comply with the outcome of such a review.

Right to Amend

If you feel that the health information we have about you is incorrect or incomplete, you may ask us to amend the information in your record. You have the right to request an amendment for as long as the information is kept by or for us.

To request an amendment, your request must be made in writing and be submitted to the attention of the Quality Assurance and Compliance Department. 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 Alum Rock Counseling Center
- Is not part of the information kept by or for Alum Rock Counseling Center
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete

If we deny your request for amendment, you have the right to submit a written addendum, not to exceed 250 words, with respect to any item or statement in your record you believe is incomplete or incorrect. If you clearly indicate in writing that you want the addendum to be made part of your health record, we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect.

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 information about you other than our own for treatment, payment and health care operations (as those functions are described above), and with other exceptions pursuant to the law.

To request this list or accounting of disclosures, you must submit your request in writing to the attention of the Quality Assurance and Compliance Department. Your request must state a time period, which cannot be longer than six (6) years, and cannot include dates 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 that time before any costs are incurred.

Right to Request Restrictions

You have the right to request a restriction or limitation on the 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 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.

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 attention of our Quality Assurance and Compliance Department. 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
3. To whom you want the limits to apply, for example, disclosures to extended family members or your spouse

Right to Request Confidential Communications

You have the right to request that we communicate with you about matters in a certain way or at a certain location. For example, you can ask that we only contact you at work, home, or to send mail to a different U.S. address.

To request confidential communications, you must make your request in writing to the attention of our Quality Assurance and Compliance Department. We will not ask you the reason for your request, and we will try to 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. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, you may contact our Quality Assurance and Compliance Department. You may obtain an electronic copy of this notice at our website: https://alumrockcc.org/programs/ under the "Client Resources" section on the bottom right-hand side of the page. It is called "Client Notice of Privacy Practices (English)."

OUR RESPONSIBILITIES

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

For more information see: https://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html

CHANGES TO THIS NOTICE

We can change the terms of this notice. We reserve the right to make the revised or changed notice effective for 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 in our facilities. The effective date of the notice will be displayed on the first page near the top. In addition, each time you are admitted to services, we will offer you a copy of the current notice in effect. You can also request a copy of any new notices. The current notice will be available at https://alumrockcc.org/programs/ under the "Client Resources" section of the page.

COMPLAINTS AND QUESTIONS

We welcome the opportunity to respond to your questions and concerns and to resolve any complaints you may have about the access, use or disclosure of your protected health information. If you believe your privacy rights have been violated, you may file a complaint with Alum Rock Counseling Center or with the Secretary of the Department of Health and Human Services (DHHS). To file a complaint with us, you must contact:

Alum Rock Counseling Center
ATTN: Compliance Officer
1245 E Santa Clara Street
San Jose, CA 95116
Phone: (408) 294-0500
Fax: (408) 293-2317

You will not be penalized for filing a complaint.

OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this notice, or the laws that apply to us, will be made only with the permission of you or your legal representative. If you provide us permission to access, use, or share your health information, you may cancel that permission, in writing, at any time. If you cancel your permission, we will stop any further access, use, or disclosure of your information for the purposes covered by your written authorization, except if we have already acted in reliance on your permission. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required by law to keep our records of the services or treatment that we provided to you.

CONTACT INFORMATION FOR RIGHTS INVOLVING PHI

Please contact the Quality Assurance and Compliance Department for:

1. Requests to inspect or copies or your health record
2. Requests to amend your medical record
3. Request for an accounting of disclosures
4. Requests to restrict the release of information
5. Requests for a review of a denial of your request for your PHI
6. Requests for a paper copy of this notice
7. Requests for confidential communications

Alum Rock Counseling Center
ATTN: Quality Assurance and Compliance Department
1245 E. Santa Clara Street
San Jose, CA 95116

SIGNED ACKNOWLEDGEMENT

We will seek to obtain your signed acknowledgement that you have received, read, and understand this notice. If we are unable to obtain your signature, we will make a notation in your health records as to the reason why. It is your responsibility to return, fax or mail your signed acknowledgement to us at the address above.