

KERN COUNTY MENTAL HEALTH DEPARTMENT

# 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 read it carefully and ask about anything you do not understand.

Updated: September 23, 2013

## **KERN COUNTY MENTAL HEALTH'S COMMITMENT TO YOUR PRIVACY**

We at Kern County Mental Health (KCMH) understand that information we collect about you and your health is personal. Keeping your health information confidential and secure is one of our most important responsibilities. We are committed to protecting your health information and abiding by all state and federal laws regarding the protection of your health information. This notice tells you how we may use or release your health information. It also tells you about your rights and the Department's requirements concerning the use and disclosure of your health information.

### **YOUR HEALTH INFORMATION RIGHTS**

You have the following rights regarding the health information that the Department has about you:

**Right to Inspect and Copy** You have the right to inspect and obtain a copy of your health information. This request may include your medical, billing, or health care payment information. It does not include information that is needed for civil, criminal or administrative actions or proceedings, or psychotherapy notes. We will charge a fee for the costs of copying, mailing or other supplies associated with your request. If you want to request a copy of your records in either hard copy or electronic form, you may ask a member of our staff, our Privacy Officer, or visit our website at: <http://www.co.kern.ca.us/KCMH/> for a Request to Access or Copy Protected Health Information form. The form will include instructions about the processes, fees and timeframes for requesting access or copies. You can ask to direct, in writing, KCMH to transmit an electronic copy of PHI to a third party designated by you.

**Right to Amend** If you feel that the health information the Department has created about you is incorrect or incomplete, you may ask us to amend that information. The Department may deny your request if you ask to amend information that: 1) was not created by the Department; 2) is not part of the health information the Department maintains; 3) is not part of the information which you would be permitted to inspect or copy; or 4) the information is determined to be accurate and complete. If you wish to request an amendment of the information created by this department, you can get a Request for Amendment of Protected Health Information form from our staff, from our Privacy Officer, or from our web site at: <http://www.co.kern.ca.us/KCMH/>. This form will contain instructions for completing the form and an explanation of the process the department will follow to approve or deny your request for amendment.

**Right to Accounting of Health Information Releases** You have the right to request a list of releases that the Department has made of your health information. The list will include an accounting of releases of your health information we have made without your express authorization, if any, and may include disclosures such as:

- Reporting disease or injury to a public health official (other than staff employed for public health functions).
- Responding to mandatory abuse reporting laws (excluding child abuse) to an entity authorized by law to receive the abuse report (other than protective services staff who respond to such reports).
- Information from your record in response to an audit or review of a provider or contractor (whether financial or quality of care or other audit or review).

- Information from your records in relation to licensing or regulation or certification of a provider or licensee or entity involved in your care or services.
- Information about you that is disclosed pursuant to a court order in a court case or other legal proceeding.
- Information about you provided to law enforcement officials pursuant to a court order.
- Information about you provided by an entity's staff to avert a serious threat to health or safety of a person.

The list will not include: 1) health information releases made for purposes of providing treatment to you, obtaining payment for services or releases made for administrative or operational purposes; 2) health information releases made for national security; 3) health information releases made to correctional institutions and other law enforcement custodial situations; 4) health information releases the Department has made based on your written authorization; 5) health information releases to persons who are involved in your care; or 6) health information releases made prior to April 14, 2003; or 7) disclosures made to mandatory child abuse reporting agencies.

You may request an accounting of releases by completing a Request for Accounting of Disclosures form. This form is available from our staff, by contacting our Privacy Officer, or by visiting our web site at: <http://www.co.kern.ca.us/KCMH/>. This form will contain instructions for completing and submitting the form to our department.

**Right to Request Restrictions** You have the right to request that we communicate with you about health care matters in a certain way, or at a certain location. For example, you can request that we only contact you at work, or at home, or by mail. Furthermore, you have the right to request restrictions of releases of your protected health information for our purposes of treatment, payment and healthcare operations. The Department will accommodate all reasonable requests, but we are not required to agree to all requests for restrictions. To request restrictions to communications, you must specify how or where you wish to be contacted. You can get a copy of the Request for Restriction of Use or Disclosure form from our staff, by contacting our Privacy Officer, or from our web site at: <http://www.co.kern.ca.us/KCMH/>. This form will contain instructions for completing the form and an explanation of the process the department will follow to approve or deny your request for restrictions.

**Right to Restrict Certain Disclosures if you pay out of pocket** You have the right to restrict certain disclosures of protected health information to a health plan where you pay out of pocket in full for the health care item or service.

**Right to be Notified Following a Breach** You have a right to and will receive notification if your protected health information/confidentiality was not maintained.

**Right to a Paper Copy of this Notice** You have the right to request a paper copy of this notice from the Department at any time. You can get a paper copy from our staff, from our Privacy Officer, or by visiting our website at: <http://www.co.kern.ca.us/KCMH/>.

**Exercising your Rights** All requests for inspecting, copying, amending, making restrictions, or obtaining an accounting of your health information must be made in writing to:

CONFIDENTIAL  
Privacy Officer  
Kern County Mental Health Department  
P.O. Box 1000  
Bakersfield, California 93302-1000.

Once the Privacy Officer receives your request, he or she must respond within ten (10) business days acknowledging that he or she has received your request, and is acting upon it. The Privacy Officer is not required to have completed all actions on your request by that time.

## **HOW THE DEPARTMENT USES AND RELEASES HEALTH CARE INFORMATION**

The Department may use and release your health information, without your permission, for the purposes of providing treatment, obtaining payment for services, for administrative and operational purposes, and to evaluate the quality of the services that you receive. The Department provides a wide range and variety of health care and social services to the people of Kern County. For this reason, not all types of uses and releases can be described in this document. Other uses and disclosures not described in the Notice of Privacy Practice will be made only with your authorization. We have listed some common examples of permitted uses and releases below.

**For Treatment** Caregivers, such as nurses, doctors, therapists, social workers and case managers, may use your health information to determine your plan of care. Individuals and programs within the Department may share health information about you in order to coordinate the services you may need, such as clinical examinations, therapy, nutritional services, medications, hospitalization or follow-up care. We may also use your health information to determine if your treatment is medically necessary or to ensure that proper treatment is being given.

**For Payment** The Department may release information about you to your health plan or health insurance carrier to obtain payment for services. For example, we may need to give your health plan information about a mental health assessment, treatment services, case management services, prescribed psychotropic medications, and case management services that you or your child received so your health plan will pay us or reimburse us for treatment or services the Department provided. We may also share your information, when appropriate, with other government programs including, but not limited to, Worker's Compensation, Medicaid, Medicare, MediCal, EPSDT, or Indian Health Services in order to coordinate your benefits and payments. We may also tell your health plan about a treatment you are going to receive in order to obtain prior approval, or to determine whether your plan will cover the treatment.

**For Operations** The Department may use and release information about you to ensure that the services and benefits provided to you are appropriate and are of high quality. For example, we may use your information to evaluate our treatment and service programs, or to evaluate the services of other providers that use government funds to provide health care services to you. We may combine health information about many consumers to identify health trends, to determine which services and programs should be offered, or whether new treatments or services are useful. Our MediCal program may share your prescription information with your pharmacist so that he or she can ensure that you are receiving the proper type and dosage and that your medicines will not interact with each other.

We may share your health information with business associates who perform functions on behalf of the Department. For example, our business associates may use your information to perform claims processing or administration, data analysis processing or administration, utilization review, quality assurance, billing, etc. The Department requires that our business partners abide by the same level of confidentiality and security as our Department when handling your health information.

**To Other Government Agencies Providing Benefits or Services** The Department may release your health information to other government agencies that are providing you with benefits or services when the information is necessary for you to receive those benefits and services.

**To Keep You Informed** The Department may contact you about reminders for treatment, medical care or health check-ups. We may also contact you to tell you about health related benefits, programs or services that may be of interest to you, or to give you information about your treatment choices.

**For Public Health** The Department may release your health information to public health agencies, subject to the provisions of applicable state and federal law, for the following kinds of activities:

- To notify social service agencies that are authorized by law to receive reports of child or elder abuse, financial abuse, physical abuse or neglect;
- To report reactions to medications or problems with products to the Food and Drug Administration (FDA).

**For Health Oversight Activities** The Department may share your health information with other divisions within the agency and with other agencies for oversight activities as required by law. Examples of these oversight activities include audits, inspections, investigations and licensure.

**For Law Enforcement** The Department may release health information to a law enforcement official, subject to applicable federal and state laws and regulations, for purposes that are required by law or in response to a court order or subpoena.

**For Research** The Department may release your non-identifiable health information for research projects that have been reviewed and approved by an institutional review board or privacy board to ensure the continued privacy and protection of the health information.

**For Lawsuits and Disputes** The Department may release health information about you in response to a court or administrative order, if you are involved in a lawsuit or a dispute. We may also release health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only in accordance with state law.

**To Coroners, Medical Examiners and Funeral Directors** The Department may release health information under subpoena and under the review of a judge, to a coroner, medical examiner or funeral director, as necessary to carry out duties required by law.

**For Organ Donations** A federal privacy rule allows providers to release protected health information to organizations for organ donation activities. However, state law and department policy do not allow for such release without your permission.

**To Avert a Serious Threat to Health or Safety** The Department may release your health information if it is necessary to prevent a serious threat to your health and safety, or to the health and safety of the public or another person.

**For National Security and Protection of the President** The Department may release your health information to an authorized federal official or other authorized persons for the purposes of national security, for providing protection to the President, or to conduct special investigations, as authorized by law.

**To a Correctional Institution** The Department may release your health information, if you are an inmate of a correctional institution, including juvenile halls, or under the custody of a law enforcement officer, to the correctional institution or law enforcement officer. The information released must be necessary for the institution to provide you with health care, protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

**To the Military** The Department may release your personal health information, if you are a veteran or a current member of the armed forces, as required by military command or veteran administration authorities.

## **THE DEPARTMENT'S REQUIREMENTS**

The Department is required by state and federal law to maintain the privacy of your health information. We are required to give you this notice of our legal duties and privacy practices with respect to the health information that the Department collects and maintains about you. We are required to follow the terms of this notice.

This notice describes and gives some examples of the permitted ways that your health information may be used or released. Release of your information outside of the boundaries of Department-related treatment, payment or operations, or as otherwise permitted by state or federal law, will be made *only* with your specific written authorization. You may revoke specific authorizations to release your information, in writing, at any time. To revoke an authorization you previously gave the Department, contact your case coordinator to obtain and complete the "Revocation of Authorization for Release of Protected Health Information" form. If you revoke an authorization, we will no longer release your health information to the authorized recipient(s), except to the extent that the Department has already used or released that information in reliance of the original authorization.

The Department reserves the right to revise this notice. We reserve the right to make the revised notice effective for the health information we already have about you, as well as any information we create or receive in the future. If you are enrolled in a health plan, such as Medicaid, MediCal, EPSDT, Healthy Families, or Kern Family Health Services, we will provide you with a copy of our revised notice within sixty (60) days from the date it becomes effective. We will post a copy of the current notice at all Department treatment sites, and on our website listed below. In addition, you may ask for a copy of our current notice of privacy practices anytime you visit a Department facility for treatment or other services.

You may request an oral translation of this notice into your preferred language. When possible, a written translation will be provided. If the request cannot be accommodated immediately, please contact the Privacy Officer at the address below to arrange for a translation or other materials.

### **FOR MORE INFORMATION OR TO REPORT A PROBLEM**

To obtain more information about the Department's privacy practices, to receive additional copies of this notice, or to receive request forms related to your health information, please contact: CONFIDENTIAL, Privacy Officer, Kern County Mental Health Department, P.O. Box 1000, Bakersfield, California 93302-1000. You may also visit our web site at <http://www.co.kern.ca.us/KCMH/>.

Kern County Mental Health Department's Patients' Rights Advocates are also available to help you. The Family Advocate is available to assist family members of persons receiving services. You may contact the Family Advocate at 661-868-6109. They will talk with you and help to resolve any issues that concern you about your treatment and the services you receive. You may contact the Patients' Rights Advocates Office at 661-868-6640.

If you believe your privacy rights have been violated, you may file a complaint with any or all of the agencies listed below. There will be no penalty or retaliation against you for filing a complaint. You may obtain a complaint form by calling the number listed below, or by asking our staff for a Privacy Complaint Form.

CONFIDENTIAL  
Privacy Officer  
Kern County Mental Health Department  
P.O. Box 1000  
Bakersfield CA 93302-1000  
888-875-5559

You also have the right to file a written complaint with the United States Department of Health and Human Services, Office of Civil Rights at:

Department of Health and Human Services  
Office of Civil Rights  
Hubert H. Humphrey Bldg.  
200 Independence Avenue, S.W.  
Room 509F HHH Building  
Washington, DC 20201