



Effective Date: December 1, 2013

## 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.**

If you have questions about this notice, please contact:

**Changing Tides Family Services  
ATTN: Privacy Officer  
2259 Myrtle Ave.  
Eureka, CA 95501  
(707) 444-8293**

### WHO WILL FOLLOW THIS NOTICE

This notice describes the practices of the following services of Changing Tides Family Services:

- Mental Health Services

### OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal.

We are committed to protecting medical information about you. We create a record of the care and services that you receive from Changing Tides Family Services. 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 use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

### WE ARE REQUIRED BY LAW TO:

- Make sure that medical information that identifies you is kept private (with certain exceptions);
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that are currently in effect.

If more stringent federal, state, or local laws apply, those laws will be followed.

### HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. "Use" means how we utilize information within Changing Tides Family Services. "Disclose" means how we share information with others. 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.

### DISCLOSURE AT YOUR REQUEST

We may disclose information when requested by you. This disclosure may require a written authorization by you.

### FOR TREATMENT

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, or other agency personnel who are involved in providing you services.

#### FOR PAYMENT

We may use and disclose medical information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about services you received so your health plan will pay us or reimburse you for the services. We may also tell your health plan about a service you are going to receive to obtain prior approval or to determine whether your plan will cover the services.

#### FOR HEALTH CARE OPERATIONS

We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to run the agency and make sure that all of our clients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many clients to decide what additional new services the agency should offer, what services are not needed, and whether certain new services are effective. We may also disclose information to other staff for review and learning purposes. We may also combine the medical information we have with medical information from other agencies to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific clients are.

#### APPOINTMENT REMINDERS

We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care.

#### TREATMENT ALTERNATIVES

We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

#### HEALTH-RELATED PRODUCTS AND SERVICES

We use and disclose health information to tell you about health-related products or services that may interest you.

#### INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE

We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care.

#### NOTIFICATION

We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

#### DISASTER RELIEF

We may disclose health information about you to an entity assisting in disaster relief efforts so that family can be notified about your condition, status, and location.

#### RESEARCH

Under certain circumstances, we may use and disclose health information about you for research purposes. Research projects are subject to a special approval process to evaluate the research needs with patients' need for privacy. Before we use and disclose health information, the project will have been approved through this research process. We will always ask for your 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.

#### BUSINESS ASSOCIATES

There are some services provided in our organization through contracts with business associates. Examples include consultant services, data base development, etc. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we have asked them to do. To protect your health information, we require the business associate to appropriately safeguard your information. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract or as required by law.

#### AS REQUIRED BY LAW

We will disclose medical information about you when required to do so by federal, state, or local law.

#### TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY

We may use and disclose 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 the person threatened and law enforcement.

#### SPECIAL SITUATIONS

##### Workers' Compensation

We may release 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 medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, 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 products;
- To notify people of recalls 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;
- To notify the appropriate government authority if we believe a client has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- To notify emergency response employees regarding exposure to HIV/AIDS, to the extent necessary to comply with state and federal laws.

#### HEALTH OVERSIGHT ACTIVITIES

We may disclose 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.

#### LAWS AND DISPUTES

If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical 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.

#### LAW ENFORCEMENT

We may release 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 on our premises; and
- In emergency circumstances to report a crime, the location of a 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. We may release medical information about clients to funeral directors as necessary to carry out their duties.

#### MILITARY, NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES

If you are a member of the armed forces, we may release health information about you as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority. We may release 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 medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons of 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 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.

#### MULTIDISCIPLINARY PERSONNEL TEAMS

We may disclose health information to a multidisciplinary personnel team relevant to the prevention, identification, management, or treatment of an abused child and the child's parents or elder abuse and neglect.

#### YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:  
When responding to the rights in this notice, you can mail your request to the following address:

**Changing Tides Family Services  
ATTN: Privacy Officer  
2259 Myrtle Ave.  
Eureka, CA 95501**

#### RIGHT TO INSPECT AND COPY

You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but may not include some mental health information such as psychotherapy notes.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the address listed above.

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. If you are denied access to medical information, you may request that the denial be reviewed. Another authorized person at the agency will review your request and denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

#### RIGHT TO AMEND

If you feel that 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 made in writing and submitted to the address listed above. Additionally, you must provide a reason that supports your requests.

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 us, unless the person or entity that created the information is not longer available to make the amendment;
- Is not part of the medical information kept by or for the agency
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Even 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 medical 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 disclosure." This is a list of the disclosures we made of medical information about you other than our own uses for treatment, payment, and health care operations, (as those functions are described above) and with other expectations according to the law.

To request this list or account of disclosures, you must submit your request in writing to the address listed on page one of this notice. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what format you want the list (for example, paper, electronically). 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 RESTRICTIONS

You have the right to request a restriction or limitation on the 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 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. For example, you could ask that we not use or disclose information about a treatment you had.

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 address on page one of this notice. 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).

#### OUT-OF-POCKET PAYMENTS

If you paid out-of-pocket in full for a specific item or service, you have the right to ask that your health information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

#### RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS

You have the right to request that we communicate with you about 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 the address listed on page one of this notice. 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 RECEIVE NOTICE OF A BREACH

You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

#### 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.

You may obtain a copy of this notice at our website: [www.changingtidesfs.org](http://www.changingtidesfs.org)

To obtain a paper copy of this notice, please ask a receptionist at the front desk, or ask any other staff person you have an appointment with for a copy of it.

#### YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES

The following uses and disclosures of your health information will be made only with your written authorization:

- For marketing purposes, including subsidized treatment communications
- Disclosures that constitute a sale of your health information
- Psychotherapy notes contained in your health information
- Health information that contains genetic information that will be used for underwriting purposes.

#### 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 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 in the agency. The notice will contain on the first page, in the top right hand corner, the effective date. In addition, you will be offered a copy of the current notice in effect each time it is revised.

#### COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Changing Tides Family Services or with the U.S. Department of Health and Human Services at the following:

**Changing Tides Family Services**  
**ATTN: Privacy Officer**  
**2259 Myrtle Ave.**  
**Eureka, CA 95501**  
**(707) 444-8293**

**Office for Civil Rights**  
**U.S. Dept. of Health and Human Services**  
**50 United Nations Plaza, Room 22**  
**San Francisco, CA 94102**  
**(415) 437-8310**

**All complaints must be submitted in writing.**

**You will not be penalized for filing a complaint.**

#### OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of 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, this will stop any further use or disclosure of your medical 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 to retain our records of the care that we provided to you. We are not allowed to condition your treatment upon you agreeing to sign an authorization to release your records to someone else.