

## Health Insurance Portability & Accountability Act

### Lincoln Child Center (LCC)

## Notice of Information/Privacy Practices

Revised Date: March 16, 2006

**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.**

Alameda County Behavioral Health Care Services Program (ACBHCS) consists of a comprehensive range of services provided at various sites throughout Alameda County. Lincoln Child Center is an approved provider site of the Alameda County Behavioral Health Care Services Program .

If you have any questions about this notice, please contact the Director of Quality Improvement and Privacy Officer, Kelli Clarke at (510) 485-7136.

**OUR PLEDGE REGARDING PRIVATE HEALTH INFORMATION:**

We at Lincoln Child Center understand that the information we maintain about you or your child is personal. We are committed to protecting this information. We create a record of the care and services you or your child receive at LCC. We need this record to provide you or your child with quality care and to comply with certain legal requirements. This notice applies to all of the records of you or your child's care generated by or available to LCC's workforce (which may include care providers, volunteers, Finance staff, Information Services staff, etc.). Doctors who provide treatment at Lincoln Child Center may have different policies and/or notices regarding the use/disclosure of you or your child's protected health information (PHI).

This notice will tell you about the ways in which we may use and disclose health information about you or your child. 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 protected health information that identifies you or your child is kept private and released only with your authorization, or under the auspices of contractual agreement with outside agencies (you or your child's participation in LCC's programs is contingent upon these contractual agreements);
- Give you this notice of our legal duties and privacy practices with respect to protected health information about you or your child; 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 protected health 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.

- Ø **For Treatment.** We may use protected health information to provide you or your child with treatment or services. We may disclose protected health information about you or your child to LCC employed or contracted doctors, nurses, clinicians, interns, or other LCC personnel who are involved in treating you or your child. For example, a clinician treating you or your child for an anger disorder may need to know if you or your child has physically acted out in the past. With this knowledge the treatment team may create a safety plan to protect you or your child and the people around 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. The physician may explore prescribing medication or recommend testing. Different LCC programs and departments may share information about you or your child in order to coordinate the different things you or your child need, such as food, additional treatment, and medical attention. (We also may disclose information about you or your child

to people outside of LCC who may be involved in treatment, or who may be part of coordinating follow up care and securing future treatment if you sign a Release of Information for us to do so.) These people may include family members, social workers, school employees, neighbors, clergy, county employees, or others involved in providing services that are part of you or your child's care.

- Ø **For Payment.** We may use and disclose protected health information about you or your child so that the treatment and services received at LCC may be billed to and payment may be collected from our contractual partners. We may also tell our contractual partners about treatment we are recommending for you or your child in order to obtain authorization for initial and continuing treatment.
- Ø **For Health Care Operations.** We may use and disclose protected health information about you or your child for LCC operations. These uses and disclosures are necessary to run LCC and make sure that all of our children & families receive quality care. For example, we may use protected health information to review our treatment and services, and to evaluate the performance of our staff in caring for you or your child. We may also combine protected health information about many LCC clients to decide what additional services LCC should offer, what services are not needed, and whether certain programs are effective. We may also disclose information to LCC employed or contracted doctors, nurses, interns, clinicians, and other LCC 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.
- Ø **Reminders.** We may use and disclose PHI information to contact you as a reminder that you or your child have/had an appointment to receive services at LCC.
- Ø **Treatment Alternatives.** We may use and disclose PHI information to tell you about or recommend possible treatment options or alternatives that may be of interest to you or your child.
- Ø **Health-Related Benefits and Clinical Services.** We may use and disclose PHI to tell you about health-related benefits or services that may be of interest to you or your child.
- Ø **Fundraising/Marketing Activities.** We may use PHI about you, your child, or a child in your care in LCC's fundraising efforts only if you sign a Release of Information or Consent to Photograph form.
- Ø **Individuals Involved in Your Care or Payment for Your Care.** We may release PHI about you or your child to a friend or family member who is involved in you or your child's clinical/medical care with your consent and authorization. In addition, we may disclose PHI about you or your child to an entity assisting in a disaster relief effort, so that your family can be notified about you or your child's condition, status and location.
- Ø **Community Outreach Activities.** PHI may be shared in the process of securing you or your child's safety and/or when conducting supervision in situations deemed "critical" or an "emergency."
- Ø **Research.** Under certain circumstances, we may use and disclose PHI about you or your child for research purposes. We will ask your specific permission if the researcher will have access to your name, address or other identifying information, or will be involved in you or your child's care at LCC.
- Ø **Business Associates.** There are certain individuals and/or companies that LCC hires to perform tasks in lieu of permanent staff. LCC has a contract with each individual or company that includes language to ensure that the privacy/confidentiality of each child/family member that LCC treats is maintained. As an example, LCC 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 LCC WOULD BE REQUIRED AND PERMITTED TO RELEASE YOUR INFORMATION WITHOUT YOUR AUTHORIZATION OR CONSENT**

- Ø **As Required By Law.** We will disclose PHI about you or your child when required to do so by federal, state or local law (for suspected Child Abuse, Elder Abuse, etc.)

- Ø **To Avert a Serious Threat to Health or Safety.** We may use and disclose PHI about you or your child 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.
- Ø **Military and Veterans.** If you or your child are now, or in the future become, a member of the armed forces, we may release PHI about you or your child as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.
- Ø **Workers' Compensation.** We may release PHI about you or your child for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- Ø **Public Health Risks.** We may disclose PHI about you or your child 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 child abuse or neglect;
  - 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/patient 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.
- Ø **Health Oversight Activities.** We may disclose PHI 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.
- Ø **Lawsuits and Other Legal Actions.** If you are involved in a lawsuit or a legal action, we may disclose PHI about you in response to either a court or administrative order, or your signed authorization indicating it is appropriate for us to do so.
- Ø **Law Enforcement.** We may release PHI 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 LCC; 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.
- Ø **Coroners, Medical Examiners and Funeral Directors.** We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.
- Ø **National Security and Intelligence Activities.** We may release PHI about you or your child to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Ø **Protective Services for the President and Others.** We may disclose PHI about you or your child to authorized federal officials, so they may provide protection to the President, other authorized persons or foreign heads of state, or conduct special investigations.

Ø **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI 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 PROTECTED HEALTH INFORMATION ABOUT YOU AND YOUR CHILD.**

You have the following rights regarding PHI we maintain about you and your child:

Ø **Right to Inspect and Copy.** You may have the right to inspect and receive copies of PHI that may be used to make decisions about you or your child's care. This includes medical and billing records. Prior to any review, the LCC treatment team must decide whether review of such information would have serious detrimental effects on you or your child and/or the outcome of treatment.

To inspect and request a copy of the Clinical & Medical information that may be used to make decisions about you or your child, you must submit your request in writing to the Director of Quality Improvement at Lincoln Child Center, 4368 Lincoln Ave, Oakland, CA 94602. 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 provide a summary of your or your child's treatment in lieu of the complete record. If you are denied access to your or your child's information, you may request that the denial be reviewed. Another licensed health care professional chosen by LCC 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.

Ø **Right to Amend.** If you feel that PHI we have about you or your child 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 LCC.

To request an amendment, your request must be made in writing and submitted to the *Director of Quality Improvement, Kelli Clarke at Lincoln Child Center, 4368 Lincoln Ave, Oakland, CA 94602.* 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 PHI kept by or for LCC;
- Is not part of the information, which you would be permitted to inspect and copy

Ø **Right to an Accounting of Disclosures.** You have the right to request an "accounting of certain disclosures" (other than those for TPO, as described in this Notice of Information Practices). This is an accounting of the disclosures we made of PHI about you. This accounting of disclosures of health information about you will not include:

- Disclosures needed for treatment, payment or health care operations
- Disclosures that we made to you
- Disclosures that were merely incidental to otherwise permitted or required disclosures
- Disclosures that were made with your written authorization

- Certain other disclosures that we made as allowed or required by law

To request this list or accounting of certain disclosures, you must submit your request in writing to the Director of Quality Improvement, Kelli Clarke at Lincoln Child Center, 4368 Lincoln Ave, Oakland, CA 94602. 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 accounting you request within a 12-month period will be free. For additional accounting, 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.

- Ø **Right to Request Restrictions.** You have the right to request a restriction or limitation on the PHI we use or disclose about you or your child for treatment, payment or health care operations. You also have the right to request a limit on the PHI we disclose about you or your child to someone who is involved in you or your child's care or the payment for that 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 our Privacy Office, Kelli Clarke the Director of Quality Improvement at Lincoln Child Center, 4368 Lincoln Ave, Oakland, CA 94602. 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, disclosure to your spouse.

- Ø **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 our Privacy Officer, Kelli Clarke at Lincoln Child Center, 4368 Lincoln Ave, Oakland, CA 94602. 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.

- Ø **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: <http://www.Lincolncc.org>

You can also obtain a paper copy of this notice by calling the Director of Quality Improvement and Privacy Officer Kelli Clarke at (510) 485-7136.

### **CHANGES TO THIS NOTICE**

- Ø We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for PHI we already have about you or your child, as well as any information we receive in the future. We will post a copy of the current notice in all LCC treatment sites. The notice will contain the effective date on the first page, and in the top right-hand corner of subsequent pages. In addition, we will offer you another notice each time you or your child register at or are admitted to LCC for treatment or health care services.

### **COMPLAINTS**

If you believe you or your child's privacy rights have been violated, you may file a complaint with either Lincoln Child Center or with the Secretary of the Department of Health and Human Services, Alameda County Behavioral Health Care Services, Consumer Assistance Office at (800) 779-0787. To file a complaint with LCC, contact the Director of Quality Improvement, Kelli Clarke at (510) 485-7136 or send to: Lincoln Child Center, **Attn: "Director of Quality Improvement"**, 4368 Lincoln Ave, Oakland, CA 94602. All complaints must be submitted in writing.

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

### **OTHER USES OF PROTECTED HEALTH INFORMATION.**

Other uses and disclosures of PHI 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 PHI about you or your child, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose

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PHI about you or your child 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 or your child.

Lincoln Child Center  
4368 Lincoln Ave  
Oakland CA 94602  
(510) 531-3111  
www.Lincolncc.org

Client ID#: \_\_\_\_\_  
Name: \_\_\_\_\_  
DOB: \_\_\_\_\_ Admit Date: \_\_\_\_\_  
Program: \_\_\_\_\_

**Client Acknowledgement of Information/Privacy Practices**

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing this form. As provided in our notice, the terms of our notice may change. Our current Notice of Information/Privacy Practices will always be available on our Internet site at <http://www.Lincolncc.org>.  
By signing this form, you are acknowledging that you received a copy of Lincoln Child Center's (HIPAA) Notice of Information/Privacy Practices.

\_\_\_\_\_  
Signature of Client  
Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian Relationship to Client  
Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of LCC Representative  
Date: \_\_\_\_\_

**Written Acknowledgement Not Obtained:**

\_\_\_\_\_  
Initials date **Notice of Privacy Practices Given – Client/Client's Representative Unable to Sign**

\_\_\_\_\_  
Initials date **Notice of Privacy Practices Given – Client/Client's Representative Declined to Sign**

\_\_\_\_\_  
Initials date **Notice of Privacy Practices Mailed to Client /Client's Representative – Waiting for signature**