



Notice of Privacy Practices and Policies of South Bay Community Services

This Notice describes how health information about you may be used and disclosed and how you may access this information. Please review this Notice carefully.

Introduction

Welcome to South Bay Community Services (SBCS), a community development nonprofit organization that provides children, youth, and families in the South Bay area with services, which reinforce the family's role in our community and assist individuals to aspire realistically to lives of self-fulfillment. While participating in our services, we expect families and/or individuals may come to us with concerns such as: difficulties getting along with others, trouble following rules, problems with authorities, sadness, anxiety, violence and/or may come from environments where substances are abused or dependency on substances have occurred. SBCS will ensure services are provided to serve all your needs.

At SBCS we are committed to treating and using protected health information (PHI) about you responsibly. This Notice of Privacy Practices and Policies describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. ***This Notice is effective April 14, 2003***, and applies to all protected health information as defined by federal regulations.

Understanding Your Client File/Health Information

Each time you visit SBCS a record of your visit is made. Typically this record contains your situation, treatment provided, a plan for future care or treatment and diagnoses, when necessary or appropriate. This information, often referred to as your client or case file, serves as a:

- Basis for planning your care and treatment,
- Means of communication among the many health professionals who contribute to your care,
- Legal document describing the care you received,
- Means by which you or a third-party payer can verify that services billed were actually provided,
- A tool in educating health professionals,
- A source of data for research, auditing and contract evaluation purposes,
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others

SBCS's responsibilities for protecting health information

SBCS is required to:

- Maintain the privacy of your health information,
- Provide you with this notice, upon your request, as to our legal duties and privacy practices and policies with respect to information we collect and maintain about you,
- Abide by the terms of the notice currently in effect,
- Notify you if we are unable to agree to a requested restriction, and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

SBCS reserves the right to change our Notice of Privacy Practices and to make those changes effective for all protected health information we maintain. If we change our Notice, you may obtain a copy of the revised Notice by visiting our website at www.southbaycommunityservices.org or request a copy from your Associate.

Uses and Disclosures of Protected Health Information

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue the use or disclosure of your health information if we receive a written revocation of the authorization according to the procedures included in the authorization.

Confidentiality

Initial Communication between you and your Associate will be kept strictly confidential by this agency with the exception of the following situations:

Examples:

- Where the reporting or release of such information is required by law, such as: Danger to self or others; suicide ideation; suspicion of any type of abuse, neglect or domestic violence; for law enforcement purposes; pursuant to an order from a court or administrative tribunal; or pursuant to public health authority mandates, including but not limited to the reporting of disease, injury, vital events such as birth or death.
- Where SBCS must disclose relevant information to defend itself in the course of any judicial or administrative proceeding brought by you.
- Where emergency requires certain disclosures, as made in the professional judgment of SBCS personnel, such as: disclosure to appropriate SBCS personnel of your condition and location within our facilities; or disclosure of pertinent information to a family member, other relative, or any other person identified by you as directly involved in your care or payment related to health care.
- Except as otherwise limited by law, where disclosure must be made to carry out treatment, payment, or health care operations at SBCS.
- Your information may also be released to a third party payer to facilitate payment for the services being provided to you.
- SBCS's funding sources, ServicePoint, MIS/IT, ARJIS and/or their designee may review all client files.

All other confidential information, other than that referenced above, will be released only with your specific authorization in writing. You may revoke your authorization at any time, provided that the revocation is submitted in writing.

Authorization for intra-program disclosure of confidential information

Initial SBCS provides a wide range of services operated by various programs within the agency. In order to fully serve the needs of you and/or your child, it may be necessary for SBCS staff members to share confidential information obtained from you or from outside sources. For example:

- Confidential communications
- Health records,

with other SBCS staff members. All such confidential information will be kept strictly confidential within SBCS, with the exception of situations where the reporting or release of such information is required by law. Except as required by law, such confidential information will be released to outside parties only with your expressed telephonic or written authorization. Your signature below authorizes SBCS staff members to disclose or share confidential information concerning you and/or your child with other SBCS staff members without notice or further authorization from you. Upon request you are entitled to receive a copy of this document.

- I, _____ (name of client/parent/guardian) hereby authorize SBCS staff members and Associates to release, disclose, and obtain confidential information regarding me and/or _____ (name of child, if applicable), including confidential communications and health records, to other SBCS staff members and Associates, without notice or further authorization. Unless otherwise noted on this form, this authorization extends to any information or records obtained by SBCS in the course of providing services to me and/or my child, including without limitation, information or records concerning evaluations, medical histories or treatments, school matters, behavioral reports, legal and criminal issues, and case consultations. Confidential information concerning me and/or my child, including health records, may be used in connection with any program or service provided by SBCS to me and/or my child and for no other purpose. **I acknowledge that I have been advised of my right to receive a copy of this authorization.**

This authorization is effective immediately and shall remain valid for a period of one year from the date specified after my signature below, or until the time of my or my child's completion or termination from all programs or services provided by SBCS. I understand that I may revoke this authorization at any time by providing a written request of termination to SBCS, except that I may not revoke this authorization to the extent that SBCS has taken action in reliance on the authorization.

Signature: _____ Date: _____
(client/parent/conservator/guardian)

If this Authorization is signed by a personal representative of the individual (parent/conservator/guardian), describe the representative's authority to act for the individual: _____

Child Abuse Statute

Initial Section 11166 of the Penal Code requires any professional who has responsibility for children and observes or has knowledge or reasonable suspicion of child abuse or neglect is legally mandated to report the known or suspected abuse. The child abuse hotline must be notified by phone as soon as possible and a written report of the incident must be sent in within thirty-six (36) hours. The California Penal Section also states that a person who fails to report child abuse is guilty of a criminal misdemeanor punishable by confinement in the County jail for a term not to exceed six (6) months or by fine not more than one thousand dollars (\$1,000) or both.

Elderly or Dependent Adult Abuse Statute

Initial Section 15630-15632 of the Welfare and Institutions Code requires any person who has assumed full or intermittent responsibility for care or custody of an elder or dependent adult, whether or not that person receives compensation, including administrators, supervisors, and any licensed staff of a public or private facility that provides care or services for elder or dependent adults, or any elder or dependent adult care custodian, health practitioner, clergy member, or employee of a county adult protective services agency or a local law enforcement agency shall report the known or suspected instances of abuse. Reports of abuse will be made by phone to the Adult Protective Services (APS) Reporting Hotline as soon as practically possible or within twenty-four (24) hours to the APS Reporting Hotline, 1800-510-2020 and a written report of the incident must be sent in within two (2) business days. The California Penal Code 368 states that a person who fails to report Elderly or Dependent Adult Abuse is punishable by not more than six (6) months in the county jail, or by a fine of not more than \$1,000, or by both imprisonment and fine. Any mandated reporter who willfully fails to report abuse of an elder or a dependent adult, where the abuse results in death or great

bodily injury, may be punished by up to one (1) year in the County jail, or by a fine of up to \$5,000, or by both imprisonment and fine.

Smoking Policy

Initial Smoking is prohibited in all of South Bay Community Services sites.

Your Privacy Rights

Although your client file is the physical property of SBCS, the information in your file belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information,
 - SBCS will accommodate such requests within reason, but is not required to agree to a requested restriction,
- Receive confidential communications of your health information by alternative means or at alternative locations,
- Inspect and copy your protected health information (PHI), *
- Request an amendment to your protected health information,
- Receive an accounting of non-routine disclosures of your protected health information,
- Receive a paper and/or electronic copy of this *Notice of Privacy Practices and Policies* upon request,
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Under federal law, however, we reserve the right to restrict your access so that you may not inspect or copy the following records: information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; information received from persons under a promise of confidentiality; information for which a licensed health care professional

* has determined that disclosure would be reasonably likely to endanger the life or physical safety of you or another person, or cause substantial harm to you or another person; and other protected health information subject to laws prohibiting access to protected health information. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Officer if you have questions about access to your health records.

Grievance and/or Complaint Information

Grievance/Complaint

Initial If you have a complaint, you may contact the Department Director, at (619) 420-3620. Please be sure that you complete the Client/Customer Complaint form and submit it to the Department Director. Once the Department Director has received the complaint, he/she will review and investigate the complaint and make a decision within two weeks. If you are not satisfied with the result, you may appeal the decision to the Executive Director, Kathryn Lembo, at (619) 420-3620. The Executive Director will then review the appeal, come to a decision and follow-up with you within 30 days. This decision is final.

For More Information or to Report a Problem

If have questions and would like additional information, or if you believe your privacy rights have been violated, you may contact the agency's HIPAA Project Manager, Dina Chavez at (619) 420-3620, or you may file a complaint with the Office for Civil Rights, U.S. Department of Health and Human Services.

There will be no retaliation for filing a complaint with either the HIPAA Project Manager or the Office for Civil Rights (OCR). The address for the OCR is listed below:

Office for Civil Rights
U.S. Department of Health and Human Services 1
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201

Agreement for Participation

Initial I, _____, have voluntarily chosen and/or I give _____ (name of youth/child(ren)) permission to participate in the services offered through SBCS, and understand the information present above. I understand that at any time I have the right to terminate participation in services and/or request a change of services/provider.

We hope your experience at South Bay Community Services will be a valuable and rewarding one.