



HIPAA Notice of Privacy Practices

HIPAA or the Health Insurance Portability and Accountability Act was signed into law in 1996 and went into effect April 14, 2003. HIPAA refers to how and when patient information may be used and disclosed, to patient access and control over **PHI** (Protected Health Information), and to administrative procedures regarding PHI.

This Notice of Privacy describes how we may use and disclose your **Protected Health Information (PHI)** to carry out **Treatment, Payment** or health care **Operations (TPO)**. It also describes your rights to access and control your protected health information.

Uses and Disclosures of PHI and TPO with Consent

Protected Health Information may be used and disclosed by your provider, clinical office staff, and others outside of this office that are involved in your treatment and your care providing health care services, to pay your health care bills, to support the operation of the providers practice, and other use required by law.

These uses and disclosures for **TPO** do not require your authorization. Our consent for treatment form does include consent for these TPO purposes. Sometimes we can only do so when the person or business requesting your PHI gives us a written request that includes certain information regarding protecting the confidentiality of your PHI.

It is Mountain View Behavioral Health's policy to use or disclose the minimum necessary amount of PHI in order to do the function or job required to treatment, payment, and health care operations. It is also our policy that our office staff only has access to your protected health information on a need to know basis. Such as billing staff to access dates of service and diagnosis for your treatment and payment but not clinical treatment information kept by your provider.

Treatment: Mountain View Behavioral Health will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. As an example, your PHI may be provided to a physician, to whom you have been referred, to ensure that the physician has the necessary information to diagnose or treat you.

Payment: Mountain View Behavioral Health will use your PHI, as needed, to obtain payment for your health care services. For example, PHI may be shared when our office staff calls to determine your eligibility or coverage of benefits from your health plan. Also for obtaining approval for a hospital stay, if necessary, may require that your PHI be disclosed to the health plan for the hospital admission.

Healthcare Operations: Mountain View Behavioral Health may use or disclose, as needed, your PHI in order to support the business activities of your provider's practice. These activities include, but are not limited to, quality management activities, utilization management activities, peer review activities, complaint or grievance processing, employee review activities, training of students, licensing, and conducting or arranging for other business activities. For instance we may call you by your first name while in the waiting room when your provider is ready to see you. We may use and disclose your PHI to contact you to remind you of your appointment.

Uses and Disclosures which Require Written Authorization: When you provide an appropriate signed authorization, your PHI may be used or disclosed for purposes outside of TPO. On the Authorization to Release Information form provided to you from this office, you may specify the recipient of the PHI, the specific information you are authorizing to be disclosed and the date on which the authorization expires.

Your authorization is required to release the following information: Psychotherapy notes, notes your provider has made during your session either as an individual, in group, joint or family treatment sessions. HIV/Aids substance abuse treatment information, and sexually transmitted and communicable disease information are given a greater degree of protection than the rest of your PHI. Your written authorization is required to release any of this information.

You may revoke or modify authorizations to release your PHI any time, except in the event your provider or the office has already taken action and sent the PHI information you authorized prior to the date of revocation. The revocation or modification is not effective until the office is in receipt of the revocation.



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PHI that does not need your Consent or Authorization: Mountain View Behavioral health may disclose or use PHI without your consent or authorization under certain circumstances these are:

* **Child Abuse-** When your provider, in their professional capacity, has knowledge of, or reasonably suspects that a child has been the victim of abuse, neglect, that his/her emotional well being is endangered or that mental suffering has been inflicted upon the child must be reported immediately, by your provider, to the appropriate agency such as the Police Department or Sheriffs Department, County Probation Department, or County Welfare Department.

* **Elder or Dependent Adult and Domestic Abuse -**

Should your provider, in their professional capacity, observe or have knowledge of an incident that reasonably appears to be physical abuse, abandonment, abduction, isolation, financial abuse or neglect of an elder or dependant adult, or if the provider is told by an elder or dependant adult that he/she has experienced any of the above or your provider reasonably suspects such, they must report the known or suspected abuse immediately to the appropriate authorities or local law enforcement agency.

The information is not required to be reported if the elder or dependent adult has been diagnosed with a mental illness or dementia, or is the subject of a court ordered conservatorship because of a mental illness or dementia, and your provider is not aware of any independent evidence that corroborates the statement that the abuse has occurred, and the provider reasonably believes that the abuse did not occur.

* **Health Oversight -** Should a complaint be filed against your provider with the appropriate state licensing board, the board has the authority to subpoena the confidential behavioral health information from your provider that is relevant to that complaint.

* **Judicial or Administrative Proceedings -** Should you be involved in a court proceeding where a request is made about the professional services your provider has rendered to you, your provider must not release your PHI without authorization from you or your legal or personal representative, a court order or a subpoena to produce records, signed by a judge, where the party seeking the records provides your provider showing that you or your legal representative (attorney) have been served with a copy of the subpoena, affidavit and/or appropriate notice, and you have notified your provider that you are bringing a motion in court to quash (block) or modify the subpoena.

The privilege does not apply when you are being evaluated for a third party or court ordered evaluation. Your provider will review this information with you.

* **Serious Threat to Safety or Health -**Should you communicate to your provider that there is a treat of physical violence against an identifiable potential victim; your provider must make reasonable efforts to communicate that information to the potential victim and proper law enforcement. Should your provider have reasonable cause to believe that you may be a danger to yourself or others; they may use or disclose relevant information to prevent the threatened danger.

* **Worker's Compensation -** Should you file a Worker's Compensation claim, your provider must file within 5 working days, a report to your employer regarding their evaluation and findings about your injury and treatment. The Worker's Compensation Commission may also require updated information to determine your eligibility to receive worker's compensation.

* **Patient Rights under HIPAA regarding Privacy & Security under PHI -** You have the right to request your provider, not to disclose or use any part of your PHI for the purposes of TPO or use your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. You must be specific regarding the restrictions requested and to whom they apply.

Your provider is not required to agree with your restriction request. If your provider believes it is in your best interest to permit use and disclosure of your PHI then, your PHI will not be restricted. You have the right to use a different health care professional. If you are using a third party payor, TPO consent is required for your provider to comply with the payor requirements.



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The Right to Receive Confidential Communications at Alternative Locations by Alternative Means - You can request and receive communications of PHI at alternative locations. You must notify your provider and give phone numbers and address.

The Right to Inspect and Copy your PHI - You have the right to inspect or obtain a copy of your PHI in your provider records provided the PHI is maintained in the record. Your provider may deny access to PHI under certain circumstances.

Under Federal law, the following records may not be inspected or copied by you; psychotherapy notes, information compiled for use in a civil, criminal or administrative action/proceeding and PHI that is subject to law that prohibits access to PHI.

The Right to Amend your PHI - You may request your provider amend or correct erroneous information in your PHI. If denied you may file a disagreement statement with your provider who also has the right to rebuttal, in writing, and provide you with a copy of the rebuttal.

The Right to an Accounting of Non-Routine uses and Disclosures of PHI - You have the right to an accounting of disclosure and non routine uses of PHI other than those for TPO. This would include uses and disclosures for which you have neither provided consent nor authorization.

Provider Responsibilities - The law requires your provider to maintain the privacy of PHI and provide you with a notice of legal duties and privacy practices in regard to PHI.

Mountain View Behavioral Health and your provider reserve the right to change the terms of this notice but will inform you of these changes if any. Unless otherwise notified, your provider will abide by the terms in effect currently. If there are revisions to the privacy practices a notice will be provided to you either via mail or at your next treatment visit. You do have the right to object or withdraw from treatment as provided in this notice.

Questions & Complaint Contact - Should you have any questions concerning this notice or believe your privacy rights have been violated and wish to file a complaint with our office please send your written complaint to:

Ken Kaiser, LCSW, Privacy Officer
Mountain View Behavioral Health, Inc.
585 N. Mountain Ave. Ste.B
Upland, CA 91786

You may also send a complaint to the Secretary of the US Department of Health and Human Services.



HIPAA Notice of Privacy Practices

Acknowledgement of Receipt of the HIPAA Notice of Privacy Policies

Your signature below acknowledges that you have received this HIPAA Notice of Privacy Practices.

Patient Name, Please Print: _____

Signature Date

If not signed by the patient, please explain the relationship to the patient: _____

Request for Restriction of Uses and Disclosures

Please restrict the use and disclosure of my PHI in the following ways:

Designated Method of Contacting the Patient

Please direct any communication with me to the following:

Mailing Name

Mailing Address City State Zip Code

Telephone number

Signature Date