

# FAMILY SUPPORT SERVICES OF THE BAY AREA

## NOTICE OF PRIVACY PRACTICES SUMMARY

*This notice describes how medical information about you may be used and shared by Family Support Services of the Bay Area (FSSBA) and how you can obtain access to this data.*

**IMPORTANT NOTE:** *This two-page document is a summary only and does not include all of the details about our privacy policy. For more details, please read the attached notice.*

### **Purpose Of Notice**

This notice will tell you about the ways Family Support Services of the Bay Area (FSSBA) may use and share health information about you. We also describe your rights, and certain duties we have regarding the use and disclosure of your personal health information.

### **What Is “Protected Health Information?”**

Your protected health information (PHI) is health information that contains identifiers, such as your name, social security number, or other information that reveals who you are. Your family record is PHI because it includes your name and other identifiers.

### **Our Commitment To Privacy**

The privacy of your health information is important to us. We understand that your health information is personal and we are committed to protecting it. FSSBA currently follows state and federal confidentiality laws and takes measures to protect the privacy of all of our clients.

### **Your Rights Related To Your Health Information. You have rights including:**

1. To inspect your record and to receive a copy upon request. Restrictions apply.
2. To request an amendment / change to the information in your record.
3. To receive an accounting of disclosures of your health information, under certain circumstances.
4. To limit disclosures of your health information.
5. To receive a paper copy of the complete Notice of Privacy Practices.

### **How We May Use and Share Health Data About You**

- **Treatment** - We may use or share your health data to give you medical treatment or other types of health services.
- **Payment** - In some cases FSSBA will bill third parties for reimbursement, we may use or share your health data to obtain this reimbursement.
- **Health Care Operations** - We may use and share health data about you for our own operations such as quality control, compliance monitoring, outcome evaluation, audit, etc.

### **Consent to Share Information**

We are authorized by law to share your health information and that of your child with health care providers that are our contract partners for the purposes of providing you with services. Your written consent to do this is not required, but you will be given the opportunity to indicate which partners you wish to have this information shared with. A Consent to Share Information Form or Release of Information Form is used for this purpose. No other disclosures will be made without your authorization unless the law allows disclosure, such as:

- **Persons involved in your care or payment for your care** – We may share your health data with a family member, a close friend or other person that you have named as being involved with your health care.

- **As required by federal, state, or local law**
- **If child abuse or neglect is suspected**
- **Public health risks** – for public health activities to prevent and control of disease.
- **Health oversight activities**
- **Lawsuits and disputes** – in response to a court or administrative order.
- **Law enforcement** – to help law enforcement officials respond to criminal activities.
- **Coroners, medical examiners and funeral director**
- **Research**
- **To avert a threat to individual or public health or safety**
- **For special government functions**
- **Other uses of health data** – Other uses not covered by this notice or the laws that apply to us will be made only with your written consent.

# NOTICE OF PRIVACY PRACTICES

*This notice describes how medical information about you may be used and disclosed, and how you can access this information. Please review it carefully. If you have any questions or requests please contact us in writing:*

Family Support Services of the Bay Area

Attention: Pat Chambers

205 13th Street, Suite 3150

San Francisco, CA 94103

## What is “Protected Health Information”?

Your personal health information is considered “protected health information (PHI)” and includes information such as your name, Social Security number, or other information that reveals who you are. For example, your FSSBA family record is PHI because it includes your name and other identifiers.

## Purpose of This Notice

FSSBA is required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with regard to PHI. We are required to abide by the terms of the Notice currently in effect. This notice describes the privacy practices of Family Support Services of the Bay Area (FSSBA), its departments, programs and the individuals who are involved in providing you with services, and with organizations that are involved in providing you with health care services in conjunction with FSSBA. These individuals are healthcare professionals and other individuals authorized by FSSBA to have access to your protected health information as a part of providing your services or in compliance with state and federal laws. Healthcare professionals and other individuals include:

- Physical health care professionals
- Behavioral health care professionals
- Other individuals who are involved in taking care of you at this agency or who work with this agency to provide care for its clients, including FSSBA employees, staff, volunteers, and other personnel who perform services or functions that make your health care possible.

The above professionals may share health information about you with each other and with other health care providers for purposes of treatment, payment, or health care operations, and with other persons for other reasons as described in this notice.

## About Our Responsibility to Protect Your Protected Health Information

FSSBA understands that health information about you and your health is confidential and is protected by certain laws. It is our responsibility to:

- Protect the privacy of your protected health information
- Tell you about your rights and our legal duties with respect to your protected health information, and
- Tell you about our privacy practices and follow our notice currently in effect.

This notice will:

- Identify the types of uses and disclosures of your information that can occur without your advance written approval.
- Identify the situations where you will be given an opportunity to agree or disagree with the use or disclosure of your information.
- Advise you that other disclosures of your information will occur only if you have provided us with a written authorization.
- Advise you of your rights regarding your protected health information.

## Your Rights Regarding Your Protected Health Information

This section tells you about your rights regarding your Protected Health Information (PHI). It also describes how you can exercise these rights.

- **Right to Inspect and Copy your PHI:** In general, you have the right to see and receive copies of your protected health information. Usually this includes medical and billing records, but may not include certain mental health information. If you would like to see or receive a copy of such a record, please write to our **Pat Chambers at FSSBA, 205 13th St., Suite 3150, SF, CA 94103**. We can provide you with a form for this and instructions about how to submit it. After we receive your written request, we will let you

know when and how you can see or obtain a copy of your record. If you agree, we will give you a summary or explanation of your PHI instead of providing copies. If you request a photocopy, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. In limited situations, we may deny some or all of your request to see or receive copies of your records, but if we do, we will tell you why in writing and explain your right, if any, to have our denial reviewed.

- **Right to Send Information to Other Individuals:** You have the right to ask FSSBA to send copies of your health information to whomever you wish - other individuals, health care professionals or hospitals and clinics. In the case of mental health treatment, your provider may have to okay sending the information. To ask FSSBA to share your health information with people outside of FSSBA, you must ask for this in writing and sign an authorization. You may request this with your worker. You may ask FSSBA to stop the sharing of your health information at any time.
- **Right to Correct or Update your PHI:** If you believe that health information about you is incorrect or incomplete, you may ask FSSBA to change or amend the information. FSSBA is not required to make the change if we determine that the existing information is accurate and complete. FSSBA is not required to remove information from your records. If there is an error, it will be corrected by adding, clarifying or supplementing information. You have the right to request an amendment for as long as the information is kept by or for the facility. Certain restrictions apply:
  - You must submit your request for the change in writing. We can provide you a form for this and instructions about how to submit it.
  - 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:
    - Was not created by us, unless the creator of the information is no longer available to make the amendment;
    - Is not part of the health information kept by or for our facility;
    - Is not part of the information that you would be permitted to inspect or copy;
    - Or is accurate or complete.
- **Right to an Accounting of Disclosures:** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of health information about you in the six (6) years prior to the date you request the accounting. The accounting will not include:
  - Disclosures needed for treatment, payment or health care operations.
  - Disclosures that we made to you.
  - Disclosures that were merely incidental to an otherwise permitted or required disclosure.
  - Disclosures that were made with your written authorization.
  - Certain other disclosures that we made as allowed or required by law.
  - Disclosures that were made prior to April 14, 2003.To request this accounting, you must submit your request in writing. We can provide you a form for this and instructions about how to submit it. 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 form you want the list (for example, on paper or 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 Request Restrictions:** You have the right to request a restriction or limitation on the health 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 health 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 do not use or disclose any information to a friend or family member about your diagnosis or treatment. We are not required to agree to your requested restriction on our use or disclosure of your PHI. If we agree to your request to limit how we use your information for treatment, payment, or health care operations we will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, you must make your request in writing to your provider. In your request, you must tell us what information you want to limit, whether you want to limit our use, disclosure or both, and to whom you want the limits to apply.

- **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 your provider. In your request you must tell us how you would like us to contact you and where you wish to be contacted. We will not ask you for the reason for your request. We will accommodate all reasonable requests. We are not required by law to agree to a requested restriction.
- **Right to a Paper Copy of the 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 from Family Support Services of the Bay Area's offices. FSSBA's offices are generally open from Monday-Friday from 9:00 am to 5:00 pm (except holidays).

### **How We May Use And Disclose Protected Health Information About You**

FSSBA will use your information for treatment, payment and health care operations purposes as described below. Other uses and disclosures are also described, some of which do not require your written authorization. While not every type of use and disclosure is listed, any uses and disclosures will fall within one of the categories.

- **Treatment:** We may use or share your protected health information to provide you with quality services. The services that FSSBA provides may be characterized by HIPAA as "medical treatment." The term "medical treatment" includes physical health care treatment and also "behavioral health care services." If you obtain health care from another provider, we may also disclose your information to your new provider for treatment purposes. For example, we disclose mental health information about you to people outside the agency who may also be involved in your medical or mental health treatment.
- **Payment:** In some cases FSSBA will bill third parties for reimbursement, in which case we may use or share your health data to obtain the reimbursement. For example, we may need to give your health plan or other payers information about services you received so that they will pay us for the services. We may also tell them about treatment or services we plan to provide in order to obtain prior approval or to determine whether your plan will cover the treatment.
- **Health Care Operations:** We may use and disclose health information about you for our agency operations. These uses and disclosures are necessary to the successful operation of FSSBA and to make sure that all of our clients receive quality care. For example, we may use your health information:
  - To review treatment and services and to evaluate the performance of the staff in caring for you
  - To help decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective
  - For the review or learning activities of interns and other agency staff
  - To help us with our fiscal management and compliance with laws
- **Research:** We may use or disclose your protected health information for research purposes under certain limited circumstances. For example, information may be shared with our research partners. Before we use or disclose mental health information for research, the project will have been approved through a strict research approval process - but we may, however, disclose mental health information about you to people preparing to conduct a research project, for example, to help them look for people with similar characteristics or situations as yours, as long as the mental health information they review does not leave the agency. We may remove information that might identify you so that others may use it to study health care and health care delivery without learning your identity.
- **To Avert a Serious Threat to Health or Safety:** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety, or to the health and safety of the public or another person. Any disclosure however, would only be to someone who we believe would be able to prevent the threat or harm from happening or who we believe might be a potential target of violence.
- **As Required by Law:** We will disclose health information about you when required to do so by federal, state or local law. For example, information may need to be disclosed to the Department of Health and Human Services.
- **Persons involved in your care or payment for you care:** We may disclose to a family member or another person that you have named as being involved with your health care (or the payment for your health care).

- **Disclosures in communication with you:** We may have contacts with you during which we share your health information. For example, we may use and disclose health information:
  - To contact you for an appointment
  - To tell you about treatment options that might be of interest to you
  - To give you program updates
  - To inform you about group activities
  - To tell you about agency events

### **Other Uses and Disclosures**

In addition to the above situations, the law permits us to share your health information in certain situations without first obtaining your permission. These situations are described next:

- **Suspicion of Abuse or Neglect:** We will disclose your health information to appropriate agencies if relevant to a suspicion of child abuse or neglect, or dependent adult /elder abuse or neglect. In addition, we will also disclose your health information in the case of abuse or neglect if you are not a minor and you are the victim of abuse, neglect or domestic violence and either you agree to the disclosure or we are authorized or required by law to disclose this.
- **Public Health Risks:** We may disclose health information about you for public health activities to the extent required by law. These activities generally include the following:
  - To prevent or control disease, injury or disability;
  - To report births and deaths;
  - To notify a person who may be or may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition to the extent necessary to comply with state or federal law.
- **Health Oversight Activities:** We may disclose health 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.
- **Lawsuits and Disputes:** If you are involved in a lawsuit or dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only as authorized by law and 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. We may disclose mental health information to courts, attorneys, and court employees in the course of conservatorship or other judicial or administrative procedures. If your health information is mental health information then the information will not be disclosed in the dispute except that it may be disclosed to the court for the administration of justice, under California law.
- **Law Enforcement:** We may release health information to law enforcement officials as required by law:
  - To report criminal activity or threats concerning our facilities or staff.
  - When requested at the time of a patient's involuntary hospitalization.
  - 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;
  - 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.
- **Coroners, Medical Examiners and Funeral Directors:** We may release health information to a coroner or medical examiner where required by law. This may be necessary, for example, to identify a deceased person or to determine the cause of death. We may also release health information about patients at our facilities in order to assist funeral directors as necessary to carry out their duties.
- **Advocacy Groups:** We may release mental health information to Protection and Advocacy, Inc. or to the County Patient Right's Office with a patient or patient representative's authorization or for the purposes of certain investigations.

- **Multidisciplinary Personnel Teams:** We may disclose mental health information to a multidisciplinary personnel team relevant to the prevention, identification, management, or treatment of an abused child, the child's parents or an abused elder or dependent adult.
- **Other:** We may use or disclose your health information to assist the government in its performance of functions that relate to you. For example, if you are a member of the armed forces we may share your information with appropriate military authorities to assist in military command. Your information may be disclosed to worker's compensation as permitted by law. If you are incarcerated, we may disclose your information to the correctional facility or the law enforcement official you are in the custody of. We may disclose your health information for national security or Presidential protective functions. Special legal requirements may apply to the use or disclosure of certain categories of information, for example, tests for the human immunodeficiency virus (HIV) or treatment and services for alcohol and drug abuse.
- **Psychotherapy Notes:** Psychotherapy notes means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. Psychotherapy notes excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.  
We may use or disclose your psychotherapy notes, as required by law, or:
  - For use by the originator of the notes
  - In supervised mental health training programs
  - By the covered entity to defend a legal action or other proceeding brought by the client
  - For use in a Department of Health and Human Services (DHHS) investigation
  - In other situations as described elsewhere in this notice.
- **Other Uses of Health Information:** Other uses and disclosures of health 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 health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you 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.

**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 health 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 our facilities. The notice contains on the first page, in the bottom left hand corner, the effective date. Each time you receive service you will receive a new copy of the notice if it has changed.

**Complaints**

FSSBA is committed to protecting the privacy of your protected health information. If you believe your privacy rights have been violated, you may file a complaint with FSSBA. We will investigate our claim in a timely manner and take corrective action if necessary. To file a complaint with FSSBA, request the FSSBA *Health and Medical Information Privacy Violation Complaint Form* from your provider. You may also obtain a copy of the form and instructions for filing a complaint by contacting us at:

**Family Support Services of the Bay Area**  
**Attention: Pat Chambers**  
**205 13th Street, Suite 3150**  
**San Francisco, CA 94103**  
**(415) 861-4060**

All complaints must be submitted in writing. You will not be penalized for filing a complaint.

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. Since the department will ask FSSBA to investigate the complaint, resolving your complaint may take longer than if you contact FSSBA at the address above.

# NOTICE OF PRIVACY PRACTICES:

## *Acknowledgement of Receipt*

### ACKNOWLEDGEMENT OF RECEIPT

By signing this form, you acknowledge receipt of the *Notice of Privacy Practices* of Family Support Services of the Bay Area. Our *Notice of Privacy Practices* provides information about how we may use and disclose your protected health information. We encourage you to read it in full.

Our *Notice of Privacy Practices* is subject to change. If we change our notice, you may obtain a copy of the revised notice by *accessing our web site (<http://www.fssba-oak.org>) or contacting our organization at (510) 834-2443.*

If you have any questions about our *Notice of Privacy Practices*, please contact:

Family Support Services of the Bay Area  
Attention: Pat Chambers  
205 13th Street, Suite 3150  
San Francisco, CA 94103

I acknowledge receipt of the *Notice of Privacy Practices* of Family Support Services of the Bay Area.

Client's name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(client/parent/guardian)*

### INABILITY TO OBTAIN ACKNOWLEDGEMENT

Complete only if no signature is obtained. If it is not possible to obtain the individual's acknowledgement, describe the good faith efforts made to obtain the individual's acknowledgement, and the reasons why the acknowledgement was not obtained.

Client's Name: \_\_\_\_\_

Reasons why the acknowledgment was not obtained:

- Client refused to sign this acknowledgement even though the client was asked to do so and the client was given the *Notice of Privacy Practices*.
- Other: \_\_\_\_\_

Signature of FSSBA representative: \_\_\_\_\_ Date: \_\_\_\_\_