



SACRAMENTO CHILDREN'S HOME

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL AND MENTAL HEALTH INFORMATION ABOUT YOU AND/OR YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Sacramento Children's Home

The Sacramento Children's Home provides residential and mental health and medical services in a variety of locations and settings including campus-based residential, group homes, Curtis Park School and in the community. Community settings include Crisis Nurseries and other community based programs and collaboratives.

All client care is overseen and supervised by licensed mental health and medical providers and followed by a team of mental health care professionals. Social Work Interns and graduate students of other mental health and social work schools may participate in assessments or therapy in the care of clients.

This Notice applies to information and records regarding you and/or your child's mental health and medical care maintained by the Sacramento Children's Home.

Our Pledge Regarding You and/or Your Child's Medical and Mental Health Information

SCH is committed to protecting mental health and medical information about you and/or your child. We create a record of the care and services you and/or your child receives at SCH for use in the care and treatment of our clients.

This Notice tells you about the ways in which we may use and disclose mental health and medical information about you and/or your child. It also describes your rights and certain obligations we have regarding the use and disclosure of you and/or your child's mental health and medical information.

We are required by law to:

- Make sure that you and/or your child's mental health and medical information is protected (with certain exceptions);

- Give you this Notice describing our legal duties and privacy practices with respect to mental health and medical information about you and/or your child; and
- Follow the terms of the Notice that is currently in effect.

How We May Use and Disclose Mental Health and Medical Information About You and/or Your Child

The following sections describe different ways that we may use and disclose you and/or your child's mental health and medical information. For each category of uses or disclosures we will explain what we mean and give some examples. Not every use or disclosure will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the following categories. Some information such as certain drug and alcohol information, HIV information, and mental health information is entitled to special restrictions related to its use and disclosure. SCH abides by all applicable state and federal laws related to the protection of this information.

For Treatment. We may use mental health and medical information about you and/or your child to provide you and/or your child with mental health and medical treatment or services. We may disclose mental health and medical information about you and/or your child to therapists, social workers, doctors, nurses or other SCH personnel who are involved in taking care of you and/or your child at the SCH. We may also share medical information about you and/or your child with other SCH personnel or non-SCH providers, agencies or facilities in order to provide or coordinate the different things you and/or your child needs such as appointments and lab work. For example, a psychiatrist treating you and/or your child may need to know about certain behavior changes so that medications can be adjusted. In addition, the nurse may need to tell the kitchen about a child's diabetes so that appropriate meals can be prepared. We may also disclose mental health and medical information about you and/or your child to people outside SCH who may be involved in the continuing care after you and/or your child leaves SCH such as other health care providers, community agencies and family members.

For Payment. We may use and disclose mental health and medical information about you and/or your child so the treatment and services you and/or your child receives from SCH or from other entities such as an ambulance company, 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 to a hospital if your child requires emergency treatment. We may also tell your health plan or mental health payer about a proposed treatment in order to obtain prior approval or determine whether your payer or health plan will cover the treatment.

For Health Care Operations. We may use and disclose mental health and medical information about you and/or your child for SCH 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 mental health information to review our treatment and services and to evaluate the performance of our staff in caring for you and/or your child. You and/or your child's mental health and medical information may also be used or disclosed to comply with law and regulation, for contractual obligations, client's claims, grievances

or lawsuits, health care contracting, legal services, business planning and development, business management and administration, underwriting and other insurance activities and to operate the agency. We may also disclose information to therapists, clinicians, nurses, and other agency personnel for quality improvement and educational purposes. We may remove information that identifies you and/or your child from this set of medical or mental health information so others may use it to study mental health care delivery without learning who the clients are.

Appointment Reminders:

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

Treatment Alternatives:

We may use and disclose medical or mental health information to tell you about or recommend possible treatment options or alternative that may be of interest to you and your child.

Health-Related Benefits and Services:

We may use and disclose medical or mental health information to tell you about our services which may be of interest to you and/or your child.

Individuals Involved in Care or Payment for You and/or Your Child's Care:

We may release medical or mental health information about you and/or your child to a friend or family member who is involved in your child's medical or mental health care. We may also give information to someone who helps pay for you and/or your child's care. In addition, we may disclose medical or mental health information about you and/or your child to an entity assisting in a disaster relief effort so that your child's family can be notified of their condition, status and location.

As Required by Law:

We will disclose mental health and medical information about you and/or your child 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 mental health and medical information about you and/or your child when necessary to prevent or lessen a serious and imminent threat to you and/or your child's health and safety or the health and safety of other clients, the public or another person. Any disclosure would be to someone able to help stop or reduce the threat.

SPECIAL SITUATIONS

Public Health Risks. We may disclose medical information about you and/or your child for public health purposes. These purposes generally include the following:

- Preventing or controlling disease (such as influenza or hepatitis), injury or disability;
- Reporting child abuse or neglect;
- Notifying a person who have been exposed to a disease or may be at risk of contracting or spreading a disease or condition;
- Notifying the appropriate government authority if we believe a client has been the victim of abuse, neglect or domestic violence and make this disclosure as authorized or required by law.

Mental Health and Health Oversight Activities. We may disclose mental health and medical information to governmental, licensing auditing and accrediting agencies as authorized or required by law.

Lawsuits and Other Legal Actions. In connection with lawsuits or other legal proceedings, we may disclose mental health and medical information about you and/or your child in response to a court or administrative order, or in response to a subpoena, discovery request, warrant, summons, or other lawful process.

Law Enforcement. If asked to do so by law enforcement, and as authorized or required by law, we may release mental health and medical information:

- To identify or locate a suspect, fugitive, material witness or missing person;
- About a suspected victim of a crime if, under certain limited circumstances, we are unable to obtain the client's representative's agreement;
- About criminal conduct at SCH;
- In case of a medical emergency, to report a crime and provide details of the crime or victims;
- About a death we believe may be the result of criminal conduct.

National Security and Intelligence Activities: We may release medical or mental health information about you and/or your child to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

YOUR RIGHTS REGARDING MENTAL HEALTH AND MEDICAL INFORMATION ABOUT YOU AND/OR YOUR CHILD

You have the following rights regarding medical and mental health information we maintain about you and/or your child.

Right to Inspect and Copy

You have the right to inspect and copy medical and certain mental health information that may be used to make decisions about the care of you and/or your child. Usually, this

includes medical and billing records, but may not include some mental health information.

To inspect and copy medical information that may be used to make decisions about the care of you and/or your child, you must submit your request in writing to: Manager QI/Training Department or Director of Clinical Services-Residential Programs or Director or Assistant Director Community Services-Clinical Services. 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 limited circumstances. If you are denied access to medical or mental health information, you may request that the denial be reviewed. Another licensed mental health or medical professional chosen by the agency will review your request and the denial. The person conducting the review will not be the person who denied your first request. We will comply with the outcome of the review.

Right to Request an Amendment or Addendum

If you feel that medical or certain mental health information we have about you and/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 the agency. To request an amendment, your request must be made in writing and submitted to Manager, QI/Training Department or Director of Clinical Services-Residential Programs, Director or Assistant Director of Community Services-Clinical Services. 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:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical or mental health 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 you and/or your child's medical or mental health record we will attach it to your records and include it whenever we make 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 disclosures.” This is a list of the disclosures we made of medical or mental health information about you and/or your child other than our own uses for treatment, payment and health care operations, (as those functions are described above) and with other expectations pursuant to the law.

To request this list of accounting of disclosures, you must submit a written request to: Manager QI/Training Department. 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 medical or mental health information we use or disclose about you and/or your child 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 you and/or your child’s care or the payment for you and/or your child’s care like a family member or friend. For example, you could ask that we not use or disclose information about a surgery your child 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 and/or your child’s emergency treatment.

To request restrictions, you must make your request in writing to Manager QI/Training Dept or Director Clinical Services-Residential Programs or Director or Assistant Director Community Services-Clinical Services. 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.

Mental Health treatment information is subject to different laws for disclosure in California and that the conditions described above may not apply to Mental Health treatment information about you and/or your child.

Right to Request Confidential Communications

You have the right to request that we communicate with you about you and/or your child’s medical or mental health 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 Manager QI/Training Dept. or Director of Clinical Services-Residential Programs or Director or Assistant Director Community Services-Clinical Services. 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 a Paper Copy of this Notice

You have a 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 notice at our website: www.kidopolis.net

To obtain a paper copy of this notice you may write to us at: Sacramento Children's Home, 2750 Sutterville Road, Sacramento, CA 95820.

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 or mental health information we already have about you and/or your child 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, each time you and/or your child is registered or admitted to the agency for treatment we will offer a copy of the current notice in effect.

Complaints

If you believe you or your child's privacy rights have been violated, you may file a complaint with the agency or with the Secretary of the Department of Health and Human Services. To file a complaint with the agency, contact: Manager QI/Training Department, at 453-3981 ext. 242. All complaints must be submitted in writing to Manager, QI/Training Department, Sacramento Children's Home, 2750 Sutterville Road, Sacramento CA 95820.

You will not be penalized for filing a complaint.

OTHER USES OF MENTAL HEALTH AND 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 or mental health information about you and/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 medical or mental health information 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 will retain our records of the care provided to you as required by law.