

POLICY AND PROCEDURE

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

WHO WILL FOLLOW THIS NOTICE:

This notice describes the practices of Tapestry Family Services and of all staff, interns and volunteers. All employees at all sites operated by and for Tapestry Family Services follow the terms of this notice. In addition, all sites may share medical information with each other for treatment, payment or health care operation purposes described in this notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION:

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the various sites of Tapestry Family Services. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated while treated by any staff, intern or volunteer of Tapestry Family Services. This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

Law requires us to:

- Make sure that medical information that identifies you is kept private (with certain exceptions);
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:

The following categories describe different ways that we use and disclose medical 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 will fall within one of the categories.

For Treatment:

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students or other personnel who are involved in taking care of you. We may also disclose medical information about you to people outside of Tapestry Family Services who may be involved in your care in coordination with our agency. For example, personnel involved in and responsible for your direct care may review your medical record. Members of a treatment team involved in planning for care may review your medical records. Medical information may also be disclosed to personnel in

facilities such as inpatient hospitals, skilled nursing facilities, etc for coordination of continuing care.

For Payment:

We may use and disclose medical information about you so that the treatment and services you receive from Tapestry Family Services may be billed to and payment may be collected from you, an insurance company or third party. For example, we may need to furnish your insurance company specific information about treatment received on specific days so the insurance company will reimburse us for the service. We may also disclose information to your insurance company about future services in order to obtain a pre-authorization for services.

For Health Care Operations:

We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to run the agency and make sure that all of our consumers receive quality care. For example, we may disclose medical information about you during certain Quality Assurance reviews that evaluate the types of services rendered and offered to insure proper treatment. We may also disclose medical information about you for statistical reporting requirements to State and Federal Agencies.

Appointment Reminders:

We may disclose medical information to contact you as a reminder that you have an appointment for service at one of our locations to the extent of identifying only the provider with whom you have an appointment.

Individuals Involved in Your Care or Payment of Your Care:

We may release medical information about you to a friend, family member, guardian or conservator who is involved in your medical care. This information is limited and only minimum necessary will be released.

Research:

Under certain circumstances, we may use and disclose medical information about you for research purposes. All research projects are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care.

As Required by Law:

We will disclose medical information about you 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 medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosures are made in compliance with current regulations.

Public Health Risks:

We may disclose information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability
- To report the abuse or neglect of children, elders and dependent adults
- 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 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.

Health Oversight Activities:

We may disclose medical information to a health oversight agency for activities authorized by law. These 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.

Lawsuits and Disputes:

We may disclose medical information in response to a court or administrative order and in response to subpoena or discovery request to the extent permissible by law. Requests must be reviewed on a case-by-case occurrence.

Law Enforcement:

We may release medical information if asked to do so by 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; 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.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

Tapestry Family Services maintains medical information about treatment and services relating to your mental health. You have the following rights regarding the medical information we maintain about you:

Right to Inspect and Copy

With certain limitations you have the right to inspect and copy medical information that may be used to make decisions about your care. Usually this includes medical and billing records but limits some mental health information. We may deny your request to inspect and copy in certain circumstances. If you are denied access to medical information you may request that the denial be

reviewed. Your request and the denial will be forwarded to the Clinical Manager of Tapestry Family Services for review. The decision of the Clinical Director will be followed.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Compliance Officer, Heather Fine, Executive Director, Tapestry Family Services, 290 East Gobbi Street, Ukiah, California, 95482. There will be a charge of \$.25 per page for copies information.

Right to Amend

If you feel that medical information about you 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 the Compliance Officer, Tapestry Family Services, 290 East Gobbi Street, Ukiah, California, 95482. Forms are available upon request. 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 information kept by or for the Department.
- 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 your medical record we will attach it to your records and include it whenever we make a 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 information about you other than our own uses for treatment, payment and health care operations, (as those functions described above) and with other expectations pursuant to the law.

To request this list or accounting of disclosures, you must submit your request in writing to Compliance Officer, Tapestry Family Services, 290 East Gobbi Street, Ukiah, California, 95482. Forms are available upon request. Your request must state a time period, which 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, 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 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 medical 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. ***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 Compliance Officer, Heather Fine, Tapestry Family Services, 290 East Gobbi Street, Ukiah, California, 95482. Forms are available upon request. 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.

Right to Request Confidential Communications

You have the right to request that we communicate with you about medical matter 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 Compliance Officer, Tapestry Family Services, 290 East Gobbi Street, Ukiah, California, 95482. Forms are available upon 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 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.

To obtain a paper copy of this notice contact the reception office in Ukiah at 290 East Gobbi Street, Ukiah California 95482.

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 the medical 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 each location of the agency. The notice will contain on the first page, in the top right hand corner, the effective date. In addition, each time you register or have contact with the agency for services we will offer you a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Tapestry Family Services or with the Secretary of the Department of Health and Human Services. To file a complaint with the Department of Health and Human Services, contact Compliance Officer, Mendocino County Mental Health, 860 North Bush Street, Ukiah, California, 95482. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

OTHER USES OF 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 information about you, you may revoke that permission, in writing at any time. If you revoke your permission, this will stop any further use or disclosure of your medical information for the purposes covered by your written authorization, except if we have already acted in reliance on your permission. 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.