

## Your Rights

- Inspect your medical and billing records.
- Copy your medical records.
- Correct or amend your medical record.
- Request a list of who we have released information to.
- Restrict the information we share.
- Revoke authorizations at any time.
- Request confidential communications.
- Receive a paper copy of this privacy notice.
- File a complaint if you believe your privacy rights have been violated.

See Page 2  
for more  
information  
on these  
rights and  
how to  
exercise  
them.

## Our Responsibilities

- All Staff will follow this notice.
- We are committed to protecting personal and identifiable health information about you.
- This notice applies to all medical records of your care generated by TPOCC.
- Provide a translation of this notice at your request.
- Use and Disclose your personal health information as required and limited by law.

See Page 3 for  
more  
information on  
these rights and  
how to exercise  
them.

## Uses and Disclosures

- For treatment.
- For payment.
- For health care operations.
- As required by law.
- Public Health Activities and safety.
- Law enforcement.
- Health oversight.
- Medical examiner or funeral director.
- Organ and tissue donation requests.
- Worker's Compensation.
- Research.

See Page 4-9  
for more  
information  
on these  
rights and  
how to  
exercise  
them.

This notice describes how personal and identifiable health information about you may be used and how you can get access to this information. Please read it carefully and ask about anything you do not understand.

# Your Rights

**Rights to Inspect Except under Certain Circumstances** - You have the right to inspect and receive copies of medical and billing records about you. Copies of such records may be provided in an electronic format, as requested, and where information is available in an electronic format. If you ask for copies of this information, we may charge you a fee for clerical services, copying and mailing.

**Right to Amend** - If you feel that personal and identifiable health information we have 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 TPOCC program. Under certain circumstance, we may deny your request.

**Right to an Accounting of Disclosures** - You have the right to request an “accounting of disclosures”. This is a list of the disclosures we have made of personal and identifiable health information about you other than our own uses for treatment, payment and health care operations (as those functions are described above) and with other exceptions pursuant to the law. If you ask for this information from us more than once every twelve months, we may charge you a fee.

**Right to Request Restrictions** - You have the right to ask for restrictions on the ways in which we use and disclose your personal and identifiable health information beyond those imposed by law. We will consider your request, but we are not required in all instances to accept it. However, if you or another individual (other than your health plan) pay for a treatment or procedure wholly out-of-pocket, you may request that we not disclose information about that particular treatment to your health plan; we are required to honor that request.

**Right to Revoke** - You may revoke specific authorizations to release your information, in writing, at any time. To revoke an authorization you previously gave the program, contact your case coordinator to obtain and complete the Revocation of Authorization for Release of Protected Health Information form. If you revoke an authorization, we will no longer release your health information to the authorized recipient(s), except to the extent that the Agency has already used or released that information in reliance of the original authorization.

**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.

**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: You can get a paper copy from our staff or Compliance Officer or visit our website [www.tpocc.org](http://www.tpocc.org).

To exercise any of your rights, please contact us in writing at the following address - please contact: CONFIDENTIAL, Compliance Officer, Turning Point of Central Ca. Inc., PO Box 7447, Visalia, California, 93290

**COMPLAINTS** - If you believe your privacy rights have been violated, you may file a complaint with the TPOCC, Compliance Officer or with the County, or with the United States Secretary of Health and Human Services. All complaints must be submitted in writing. There will be no retaliation for filing a complaint. Please see page nine (9) for more information about filing a complaint.

**WHO WILL FOLLOW THIS NOTICE** - All employees, staff and other TPOCC program professional authorized to enter information into your chart at the program in which you are enrolled. Any member or volunteer TPOCC program worker allowed to help while you are in the TPOCC program. All these entities, sites and locations follow the terms of this notice. In addition, these entities, sites and locations may share personal and identifiable health information with each other for treatment, payment or health care operations purposes described in this notice.

**OUR PLEDGE REGARDING PERSONAL AND IDENTIFIABLE HEALTH**

**INFORMATION** - We understand that personal and identifiable health information about you and your health is personal.

We are committed to protecting personal and identifiable health information about you. We create a record of the care and services you receive at our TPOCC programs. 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 by a TPOCC program made by TPOCC personnel, such as doctors, nurses, therapists, social workers and case managers. This notice will tell you about the ways in which we may use and disclose personal and identifiable health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of personal and identifiable health information.

If you are enrolled in a health plan, such as Medi-Cal, EPSDT, Healthy Families, or Health Services, we will provide you with a copy of our revised notice within sixty (60) days from the date it becomes effective.

You may request an oral translation of this notice into your preferred language. When possible, a written translation will be provided. If the request cannot be accommodated immediately, please contact the Compliance Officer at the address below to arrange for a translation or other materials.

**We are required by law to:**

- Make sure that personal and identifiable health information that identifies you is kept private (with certain exceptions).
- Give you this notice of our legal duties and privacy practices with respect to personal and identifiable health information about you.
- Follow the terms of the notice that is currently in effect.
- Notify you following a breach of your protected health information.

## **HOW WE MAY USE AND DISCLOSE PERSONAL AND IDENTIFIABLE HEALTH**

**INFORMATION ABOUT YOU** - The following categories describe different ways that we use and disclose personal and identifiable health information. For each category of use or disclosure, 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 information will fall within one of the categories.

**FOR CONFIDENTIALITY OF SUBSTANCE ABUSE** - The confidentiality of alcohol and drug abuse consumers maintained by our drug and alcohol programs is protected by Federal laws and regulations. Therefore, drug and alcohol program staff may not say to a person outside the program that a consumer attends the program, or disclose any information identifying a consumer as an alcohol or drug abuser unless the consumer consents in writing. The disclosure is allowed by the court order, or the disclosure is made to medical personnel in a medical emergency, or to qualified personnel for research, audit, or program evaluation.

Violation of Federal laws and regulations by the program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. Federal laws and regulations do not protect any information about a crime committed by a consumer either at the program or against any person who works for the program or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law appropriate to State or local authorities (See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR part 2 for Federal regulations).

**FOR DISCLOSURES AT YOUR REQUEST** - We may disclose information when requested by you. This disclosure at your request may require a written authorization by you.

**FOR TREATMENT** - TPOCC programs may use personal and identifiable health information about you to provide you with medical treatment or services. We may disclose personal and identifiable health information about you to doctors, nurses, therapists, social workers and case managers and may use your health information to determine your plan of care. Individuals and programs within the Agency may share health information about you in order to coordinate the services you may need, such as clinical examinations, therapy, nutritional services, medications, hospitalization or follow-up care. We may also use your health information to determine if your treatment is medically necessary or to ensure that proper treatment is being given.

**FOR PAYMENT** - TPOCC programs may release information about you to your health plan to obtain payment for services. For example, we may need to give your health plan information about a mental health assessment, treatment services, case management services, and prescribed psychotropic medications that you or your child received so your health plan will pay us, reimburse us for treatment, or services the Agency provided. We may also share your information, when appropriate, with other programs including, but not limited to Private Insurance, Medicare, Medi-Cal, EPSDT, or Indian Health Services in order to coordinate your benefits and payments. We may also tell your health plan about a treatment you are going to receive in order to obtain prior approval, or to determine whether your plan will cover the treatment.

**FOR HEALTH CARE OPERATIONS** - TPOCC programs may use and release information about you to ensure that the services and benefits provided to you are appropriate and are of high quality. For example, we may use your information to evaluate our treatment and service programs, or to evaluate the services of other providers that use government funds to provide health care services to you. We may combine health information about many consumers to identify health trends, to determine which services and programs should be offered, or whether new treatments or services are useful. Our Medi-Cal program may share your prescription information with your pharmacist so that he or she can ensure that you are receiving the proper type and dosage and that your medications will not interact with each other. We may share your health information with business associates who perform functions on behalf of the Agency. For example; our business associates may use your information to perform case management, coordination of care, or other assessment activities. The Agency requires that our business partners abide by the same level of confidentiality and security as our Agency when handling your health information.

- **Appointment Reminders** - We may use and disclose personal and identifiable health information to contact you as a reminder that you have an appointment at our TPOCC program.
- **Treatment Alternatives** - We may use and disclose personal and identifiable health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health Related Products and Services** - We may use and disclose personal and identifiable health information to tell you about our health related products or services that may be of interest to you.
- **Fundraising Activities** - We may use personal and identifiable health information about you, or disclose such information to a foundation related to the TPOCC program, to contact you in an effort to raise money for the TPOCC program and its operations. We only would release contact information, such as your name, address and phone number and the dates you received treatment or services at the TPOCC program. If you do not want the TPOCC program to contact you for fundraising efforts, you must notify us in writing.

**AS REQUIRED BY LAW** - We will disclose personal and identifiable health information about you when required to do so by federal, state or local law.

**PUBLIC HEALTH ACTIVITIES** - We may disclose personal and identifiable health information about you for public health activities. These activities generally include the following: to prevent or control disease, injury or disability; to report births and deaths; to report regarding the abuse or neglect of children, elders and dependent adults; to report reactions to medications or problems with products; to notify you of recalls of products you may be using; to inform you about exposure to a disease or may be at risk for contracting or spreading a disease or condition; and to notify the appropriate government authority if we believe you have 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 and to notify emergency response employees regarding possible exposure to HIV/AIDS, to the extent necessary to comply with state and federal laws.

# Our Uses and Disclosures

**LAW ENFORCEMENT** - We may release personal and identifiable health information if asked to do so by a 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; about a death, we believe may be the result of a criminal conduct; about criminal conduct at the TPOCC program; 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.

**HEALTH OVERSIGHT ACTIVITIES** - We may disclose personal and identifiable 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.

**CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS** - We may release personal and identifiable health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release personal and identifiable health information about patients of the TPOCC program to funeral directors as necessary to carry out their duties.

**ORGAN AND TISSUE DONATION** - We may release personal and identifiable health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**WORKERS COMPENSATION** - We may release personal and identifiable health information about you for workers compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY** - We may use and disclose personal and identifiable health 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 disclosure, however, would only be to someone able to help prevent the threat.

**FOR RESEARCH** - Under certain circumstances, we may use and disclose personal and identifiable health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all consumers who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of personal and identifiable health information, trying to balance the research needs with consumer's need for privacy of their personal and identifiable health information. Before we use or disclose personal and identifiable health information for research. The project will have been approved through a research approval process, but we may disclose personal and identifiable health information about you to people preparing to conduct a research project, for example, to help them look for consumers with specific medical needs, as long as the personal and identifiable health information they review does not leave the TPOCC program.

**MILITARY AND VETERANS** - If you are a current or former member of the armed forces, we may release personal and identifiable health information about you as required by military command authorities. We may also release personal and identifiable health information about foreign military personnel to the appropriate foreign military authority.

**LAWSUITS AND DISPUTES** - If you are involved in a lawsuit or a dispute, we may disclose personal and identifiable health information about you in response to a court or administrative order. We may also disclose personal and identifiable health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but 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.

**INMATES** - If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose personal and identifiable health information about you to the correctional institution or law enforcement official. This disclosure would be necessary 1) for the institution to provide you with health care; 2) to protect your health and safety or the health and safety of others; or 3) for the safety and security of the correctional institution.

**NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES** - We may release personal and identifiable health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**PROTECTIVE SERVICES FOR THE PRESIDENT AND OTHERS** - We may disclose personal and identifiable health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, or to conduct special investigations.

**SPECIAL CATEGORIES OF INFORMATION** - In some circumstances, your health information may be subject to restrictions that may limit or preclude some uses or disclosure described in this notice. For example, there are special restrictions on the use or disclosure of certain categories of information, for example, tests for HIV or treatment for mental health conditions or alcohol and drug abuse. Government health benefit programs, such as Medi-Cal, may also limit the disclosure of beneficiary information for purposes unrelated to the program.

**OUR BUSINESS ASSOCIATES** - We sometimes work with outside individuals and business who help us operate our business successfully. We may disclose your personal and identifiable health information to these business associates so that they can perform the task that we hire them to do. Our business associates must guarantee to us that they will respect the confidentiality of personal and identifiable health information.

# Our Uses and Disclosures

**PSYCHOTHERAPY NOTES** - We must obtain an authorization from you for any use or disclosure of your psychotherapy notes unless they are used to carry out treatment, payment, or health care operations in one of these circumstances: 1) use by the writer of the psychotherapy notes for treatment; 2) use by us for our own training programs where students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling, or 3) use by us to defend ourselves in a legal action or other proceeding brought by you.

**MARKETING** - We must obtain an authorization from you for any use or disclosure of your protected health information for marketing unless the communication is 1) a face-to-face communication from us to an individual; or 2) a promotional gift of nominal value provided by us. If the marketing involves us receiving any direct or indirect payment from or on behalf of a third party, the authorization you provide must state this.

**SALE OF PROTECTED HEALTH INFORMATION** - We must obtain an authorization from you for any sale of protected health information. The authorization must state that the disclosure will result in payment to us.

**TO INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE** - We may release personal and identifiable health information about you to a friend or family member who is involved in your medical care, but we will obtain your agreement before doing so. We may also give information to someone who helps pay for your care. Unless there is a specific written request from you to the contrary, we may also tell your family or friends your condition and that you are in the TPOCC program. In addition, we may disclose personal and identifiable health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. If you arrive at the emergency department either unconscious or otherwise unable to communicate, we are required to attempt to contact someone we believe can make health care decisions for you (e.g., a family member or agent under a health care power of attorney).



**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 personal and identifiable 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 the TPOCC program waiting areas. In addition, you may request a copy of the revised Privacy Notice at any time.

**TO INSPECT AND COPY PROTECTED HEALTH INFORMATION (PHI)**

To inspect and copy PHI that may be used to make decisions about you, to request an amendment, to request a list or accounting of disclosures, to request restrictions, or to request confidential communications, you must make your request in writing to the program where services were received.

**FOR MORE INFORMATION OR TO REPORT A PROBLEM OR FILE A COMPLAINT**

If you have questions and would like additional information, you may contact Turning Point of Central California, Inc., Compliance Officer, PO Box 7447, Visalia, California, 93290 or call Toll Free 1-800-541-2221 or (559) 732-8086 ext. 7158.

If you believe your privacy rights have been violated, you can file a complaint. There will be no retaliation for filing a complaint. All complaints must be submitted in writing to one of the following agency:

- Turning Point of Central California, Inc., Compliance Officer  
PO Box 7447  
Visalia, CA 93290  
Toll Free: 1-800-541-2221 or (559) 732-8086 ext. 7158.

OR

- The United States Secretary of Health and Human Services at:  
Centralized Case Management Operations  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F HHH Bldg.  
Washington, D.C. 20201  
<http://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html>