



## **Notice of Privacy Practices (for Clients)**

*Your Privacy is Important to Us*

Because we understand that medical information about you and your family members is personal, TLC Child and Family Services is committed to protecting your medical information. 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

This notice will tell you about the ways in which we may use and disclose medical information about you. This notice also describes your rights and certain obligations we have regarding the use and disclosure of your medical information.

*We are required by Law to:*

- Make sure that medical information that identifies you is protected from inappropriate use and disclosure.
- 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.

### **Changes to Our Privacy Practices**

We reserve the right to change our privacy practices. We reserve the right to apply the revised practices to the medical information we already have about you as well as any information we receive after the revisions are made. A copy of the most current notice is posted where you receive care. The effective date of the notice is on first page of the Notice of Privacy Practices in the top right-hand corner.

### **THE FOLLOWING INFORMATION DESCRIBES THE WAYS THAT WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION.**

#### **For Treatment**

We may use and disclose your medical information to provide, coordinate and manage your health care and any related services. We may disclose your medical information to doctors, nurses, counselors, social workers, therapists and health care personnel who are involved in your care. Counseling and clinical staff are permitted to share information about your care to help provide you with timely and appropriate health care services.

For example, health care providers may share your medical information in order to coordinate the different things you need, such as family therapy, health care needs, special educational programs or vocational needs.

## **For Payment**

We may use and disclose medical information about you so that the treatment and services you receive may be billed to and payment may be collected from you, or the health plan responsible for the payment of your health care services. Health Plans include your private insurance company, Medicare or MediCal. For example, we may need to give your health plan information about health care services you received so your health plan can pay your health care claim. We may also tell your health plan about a treatment you are going to receive in order to obtain prior approval or to determine benefit eligibility.

## **For Health Care Operations**

We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to make sure that you receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you or to contact you as a reminder that you have an appointment for treatment or medical care. We may use and disclose medical information to tell you about health-related products or services that may be of interest to you.

## **As Required by Law**

We may use and disclose medical information about you as required by law. For example, we may be required to disclose information for the following purposes:

- ? For judicial and administrative proceedings pursuant to legal authority.
- ? To report information related to victims of abuse, neglect or domestic violence.
- ? To assist law enforcement officials in their law enforcement duties.

## **Public Health Activities**

Your health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, or disability, or for other public health oversight activities.

## **Health Oversight Activities**

Your health information may be disclosed for health oversight activities authorized by law, such as audits, investigations and inspections. Health oversight activities are conducted by state and federal agencies that oversee government benefit programs and civil rights compliance.

## **Decedents**

Health information may be disclosed to funeral directors or coroners to enable them to carry out their lawful duties.

## **Research**

We may use and disclose your health information for research purposes that are subject to special approval processes or when an institutional review board or privacy board has reviewed and approved the research proposal and established protocols to ensure the privacy of your health information.

## **Health and Safety**

Your health information may be disclosed to avert a serious threat to the health or safety of you or any other person pursuant to applicable law.

### **Active Military, Veterans, National Security and Intelligence**

If you are or were a member of the armed forces, or part of the national security or intelligence communities, we will disclose your health information when required by military command or other government authorities.

### **Worker's Compensation**

Your health information may be used or disclosed in order to comply with laws and regulations related to Worker's Compensation.

### **Family and Friends**

We may disclose information about you to family members or friends if we can infer from the circumstances, based on professional judgment, that you would not object.

### **Other Uses and Disclosures of Medical Information**

We use and disclose medical information in a manner that complies with federal and state laws and regulations. When an authorization is required to use or disclose your health information, such as, for the use and disclosure of inpatient mental health records, HIV test results, or substance abuse records, the use or disclosure will be made only with your written authorization. If you authorize the use and disclosure of your medical information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, all uses or disclosures of your medical information for the purposes covered by your written authorization will cease unless we have already acted in reliance on your authorization. We are unable to take back any disclosures we have already made prior to revoking your authorization.

## **YOUR INDIVIDUAL RIGHTS REGARDING YOUR MEDICAL INFORMATION**

**If you have any questions about this Notice or your Individual Rights, you may contact the**

**Compliance/Privacy Officer at:**

707 – 823-7300 x202

**All requests to exercise your individual rights must be submitted in writing to:**

Andy Day

Associate Director

TLC Child and Family Services

1800 N. Gravenstein Highway

Post Office Box 2079

Sebastopol, Ca. 94573-2079

### **Your Right to Inspect and Copy.**

You have the right to inspect and copy medical information maintained by the <name of provider or clinic> that may be used to make decisions about your care. Usually, this includes medical and billing records, but may not include some mental health information.

If you request a copy of the information, you will be charged a fee for the costs of copying, mailing or other supplies associated with your request. We will notify you of the cost involved and you may choose to withdraw or modify your request before any costs are incurred.

We may deny your request to inspect and copy certain medical information in very limited circumstances. A denial to inspect or copy medical information can only be made by licensed health care professionals. If you are denied your right to inspect and copy medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the Compliance/Privacy Officer will review your request and the denial. The licensed health care professional conducting the review will not be the same licensed health care professional who denied your initial request. We will comply with the outcome of the review.

### **Your Right to Amend.**

If you feel that medical 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 <name of provider or clinic>.

You must provide the reason that you are requesting the amendment. We will deny your request for an amendment if it is not in writing or it 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 organization that created the information is no longer available to make the amendment.
- ✗ Is not part of the medical information kept by or for the <name of provider or clinic>.
- ✗ Is not part of the information, which you would be permitted to inspect and copy.
- ✗ The medical information 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.

### **Your Right to an Accounting of Disclosures.**

You have the right to request an accounting of disclosures we made of medical information about you, other than disclosures for treatment, payment, health care operations, or pursuant to a valid authorization.

Your request must include a time period. The time period may not be longer than six years and may not include dates prior to April 14, 2003. Your request should indicate in what form you want the list of disclosures (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 before any costs are incurred.

### **Your 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 to receive communications about your health care by an alternate means or at alternative locations.

**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 with emergency treatment or for the

purposes of public health reporting or as required by law. We will accommodate all reasonable requests.

If you wish to request a restriction or limitation on the use or disclosure of your medical information, your written request must tell us:

- ✍ What information you want to limit.
- ✍ Whether you want to limit our use, disclosure or both.
- ✍ To whom you want the limits to apply, for example, disclosures to your spouse.

If you wish to request that communications regarding your medical information be provided using alternate means or locations, your written request must specify:

- ✍ How or where you wish to be contacted.
- ✍ The method you would like us to use to communicate with you, for example, the alternative address, phone number or email address.

### **Your Right to Receive 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. Just ask for a copy of the current Notice of Privacy Practices. Or you may request that a copy be sent to you by contacting the TLC Child and Family Services. Please state that you wish to receive a Notice of Privacy Practices and provide your name and mailing address. A copy will be sent to you within 5 business days of your request. Or, you may obtain a copy of this notice at our website [www.tlc4kids.org](http://www.tlc4kids.org). Go to Privacy Information.

### **Complaints**

If you believe your privacy rights related to the management of your health information maintained by TLC Child and Family Services you may file a complaint with our Compliance/Privacy Officer or with the Secretary of the Department of Health and Human Services. To file a complaint with TLC Child and Family Services please submit your complaint to:

Compliance /Privacy Officer  
Andy Day, Associate Director  
TLC Child and Family Services  
1800 N. Gravenstein Highway  
Post Office Box 2079  
Sebastopol, Ca. 94573-2079

**You will not be penalized for filing a complaint. Complaints must be submitted in writing**