



## NOTICE OF PRIVACY PRACTICES

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Notice of Privacy Practices

### POLICY

1. The program/agency will prepare and make available a current Notice of Privacy Practices (refer to Privacy Notice) that informs individuals of their rights relating to the use and disclosure of protected health information. It is the policy of this facility to abide by the terms of the Notice currently in effect.
2. The program/agency will maintain the privacy of individual health information and protect the use and disclosure of protected health information within the requirements of the Privacy Rule and other state and federal regulations.

### GUIDELINES

1. The Notice:
  - a. Includes the use and disclosure of an individual's health care information for treatment, payment and health care operations with or without authorization, as well as the individual's rights regarding access to their health information;
  - b. Incorporates the consumer's right to access, manual and electronic PHI, request to amend restrict health information and the authorized release of health information;
  - c. Is provided and update made available to all individuals currently receiving treatment, their legal representative/conservator, surrogate decision-maker, family member (as applicable, based on the individual's decision making capacity).
2. The Notice of Privacy Practice will be:
  - a. Made available upon request to prospective individuals and their representatives as well as to the general public on request;
  - b. Posted in a prominent location where it is reasonable to expect individuals and their family or representatives will see it in areas where services are delivered;
  - c. Maintained in writing\* or electronically for six years from the date of its creation or the date when it was last in effect;
  - d. Retained in the individual's medical record or business file.

\*Note: If the facility admits Medicare or Medi-Cal individuals, it is subject to Title VI of the Civil Rights Act and must provide the Privacy Notice in the most common languages of facility individuals as well as in English. If county, state or jurisdiction Privacy Notice is used; Telecare will abide by stated practices.

3. The facility will make a good faith effort to obtain a written Acknowledgment from the individual, or if applicable, the conservator/legal representative/parent of the individual that the facility's Notice of Privacy Practices was provided. Update will be made available. Individuals and/or their representatives shall have the opportunity to review the Notice, ask

Last Revision

08/15/17



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questions and receive explanations prior to signing the Acknowledgment. The Acknowledgment will be filed in the health record or business file.

**Note: Acknowledgement signature may not be made a condition of admission.**

4. In compliance with HIPAA Standards, the Privacy Notice will be written in plain language and contain the following elements:
  - a. A description of the uses and disclosures for treatment, payment, health care operations;
  - b. A description of all other purposes permitted or required for use and disclosure without authorization;
  - c. The right to request restrictions on the use and disclosures of protected health information when services or supplies paid in full by the individual; individual may request restriction to notify the health plan;
  - d. The right to request a reasonable accommodation to receive confidential communications by alternative means or at alternative locations;
  - e. The right to access and copy manual and electronic protected health information;
  - f. The right to amend protected health information, however amendment does not have to be agreed on;
  - g. The right to receive an accounting of disclosures;
  - h. A statement of the facility's duties as outlined in the standards;
  - i. A statement that an individual may complain to the facility and to the Secretary of Health and Human Services, Office of Civil Rights if he/she believes that his/her privacy rights have been violated;
  - j. Uses and disclosures of psychotherapy notes will (where appropriate) be released only with an authorization;
  - k. Where fundraising might apply, you will have the right to opt out;
  - l. The name and/or title and telephone number of a person or office to contact for further information.
5. **Revision Notice:** Whenever revisions are made to the Notice of Privacy Practices, a copy of the revised Notice will be made available to all current individuals and their representatives notification documented.
6. The Notice of Privacy Practice policy and procedures are available upon request, are included in the Notice.
7. The notices and their revisions will be retained for at least six (6) years.

### PROCEDURE

1. Provide the **Notice of Privacy Practices** and make a good faith effort to obtain Acknowledgment of receipt of the Notice from the individual, legal representative(s), for all individuals being admitted to the facility.



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- a. Current individuals will be notified of current/revised notice;  
 Posting notice in treatment areas for ease of identification by individual, family, responsible party;  
 Including a mailing the Notice to the individual; or  
 Providing the Notice at the next planning conference encounter;  
 Other \_\_\_\_\_.
2. Make a reasonable effort to obtain a signed Acknowledgment of the receipt of the Notice of Privacy Practices from the conservator/representative/parent of each individual receiving treatment in the facility. A reasonable effort to obtain a signed Acknowledgment would consist of three attempts using various models (i.e., letters, telephone calls).
  - a. Document attempts to obtain Acknowledgment in the health record;
  - b. Continue attempts to obtain a signature.
3. Obtain assistance from the Privacy Officer, Health Information Management Consultant or other identified staff as needed.
4. Document all attempts to provide notice in the health record **or** Business file.
5. Maintain copies of all versions of the Notice of Privacy Practices, written or electronic, for six years from the date of creation or the date when the Notice was last in effect. Specify method and location of Notice of Privacy Practices version control: Maintained by Telecare Privacy Officer
6. Refer to attached Notice of Privacy Practices

# TELECARE NOTICE OF PRIVACY PRACTICES

Effective Date: 4/1/03

Revised Date: 8/15/2017

**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.**

If you have any questions about this notice, please go to your program's Privacy Contact Person (Administrator) or contact the Privacy Officer at Telecare at (510) 337-7950.

## WHO WILL FOLLOW THIS NOTICE

We understand that your health information is personal, and we are committed to protecting this information. We create a record of the care and services you receive while at Telecare. We need this record to provide you with quality care and to comply with certain legal requirements.

This notice describes Telecare's privacy practices and applies to all records of your care generated at Telecare, whether they are made by Telecare staff, or physicians and/or consultants. This notice will be followed by any individual authorized to enter information into your clinical record and anyone who may use or disclose Protected Health Information.

This notice explains the ways in which Telecare may use and disclose health information. It also describes your rights and Telecare's obligations regarding the use and disclosure of health information. Our obligations include the following:

- We will make sure that health information which identifies you is kept private (with certain allowed exceptions);
- We will give you this notice of our privacy practices;
- We will follow the terms of the notice that is currently in effect.

## HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

Telecare follows all applicable confidentiality laws. No health information about you will be released without your written authorization, unless it is permitted by law in the following ways:

### For Treatment

We may use health information to provide you with treatment or services. We may disclose information to other health care providers and staff who are involved in your care and treatment. This information is used to plan your treatment services. It is also used to document progress, events, plans of care, observations, and evaluation of care and treatment. Health information can be provided to consultants, diagnostic services, or to other providers if you transfer to another program.

**For Payment**

We may use and disclose health information about you so that the treatment and services you receive may be billed to a third party such as Medicare, Medicaid (MediCal), Health Maintenance Organizations (HMOs), County/Authority/Public Agencies, Insurance Companies, or to you or others who may be responsible for payment of your care.

At least some health information may be provided to the payee that identifies your demographic information, the diagnosis, and any additional health information needed to support the billing.

**For Health Care Operations**

We may use and disclose health information for health care operations. These uses and disclosures are necessary to make sure that all clients receive quality care. For example, we may use health information for specific quality assurance processes, committee meetings, on-site reviews, incident reporting, and trending information for both program and corporate use. The information used for these purposes may include your health information, or it may be “de-identified” so that the key statistical information is included, but it cannot be linked to you.

**Research**

Under certain circumstances, we may use and disclose health information about you for research purposes. Research is information about a group of people collected for the purpose of improving the treatment of conditions. For example, a research project may involve comparing the health and recovery of all clients 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 health information, trying to balance the research needs with clients’ need for privacy of their health information. Before we use or disclose health information for research, the project will have been approved through this research approval process. However, we may, disclose health information about you to people preparing to conduct a research project, for example, to help them look for clients with specific medical need so long as the medical information they review does not leave the program. 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 at the program.

**Workers' Compensation**

We may release your health information for workers’ compensation or similar programs. These programs provide benefits for work-related injuries or illness.

### **Public Health and Safety Risks**

We may disclose health information for public health and safety, such as: to prevent or control disease, injury or disability; report births and deaths; report the abuse or neglect of children, elders and dependent adults; report reactions to medications or problems with products; notify people of recalls of products; notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; notify the appropriate government authority if we believe a client 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.

### **As Required By Law, Emergency/Disaster, and Law Enforcement**

We may release health information in the following situations:

- to health oversight agencies for activities authorized by law, including surveys by the state, federal and other review agencies, as well as audits, investigations, inspections, and licensure;
- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- in emergency circumstances regarding crimes;
- to assist in an emergency or disaster;
- to an entity assisting in a disaster so that your family can be notified about your condition, status and location;
- to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law;
- to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations;
- when required to do so by federal, state or local law.

### **Funeral Directors and Coroner's Offices**

In the event it is necessary, we may disclose health information to funeral directors and coroner's offices consistent with applicable laws as required for them to carry out their duties.

### **Correctional Jurisdiction**

If you are under correctional jurisdiction, we may disclose health information to the extent allowed by the law. This information 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.

## **YOUR RIGHTS REGARDING HEALTH INFORMATION**

You have the following rights regarding health information we maintain about you:

### **Right to Access Inspect and Copy**

You have the right to access inspect and request a manual/electronic copy of the health information used to make decisions about your treatment.

To inspect and copy (manual/electronic) your health information, you must submit your request in writing to the Privacy Contact Person at your program (Administrator) or the Privacy Officer at Telecare Corporation. The facility reserves the right to determine final copy manual/electronic as provided for by the law.

In certain circumstances, we may deny your request to inspect and copy. If you are denied access to health information, you may request that the denial be reviewed. The outcome of that review will be provided to you.

### **Right to Amend**

You have the right to request an amendment if you feel that your health information is incorrect or incomplete.

Your request for amendment must be made in writing and submitted to the Privacy Contact Person at your program (Administrator) or the Privacy Officer at Telecare Corporation. In addition, you must provide a reason that supports your request.

Your request may be denied if it is incomplete or not in writing. It may also be denied if the information you want to amend was a) not created by Telecare (unless the person or organization that created the information is no longer available to make the amendment), b) is not part of health information that Telecare maintains, c) is not part of the information which you are permitted to inspect and copy; or d) the information in the record is already 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 health 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 Accounting of Disclosures**

You have the right to request an “accounting of disclosures.” This is a list of the disclosures Telecare has made of your health information other than for treatment, payment and health

care operations. To request an accounting of disclosures, you must submit your request in writing to the privacy contact person at your program (Administrator) or the Privacy Officer at Telecare Corporation. 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 or electronically). The first list you request within a 12-month period will be free. There may be a charge for additional lists.

### **Right to Request Restriction**

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 to someone who is involved in your care or the payment for your care, such as a family member or friend.

*We are not required to agree to your request.* If we do agree, we will comply unless the information must be used to provide you with emergency treatment.

To request restrictions, you must submit your request in writing to the privacy contact person at your program (Administrator) or the Privacy Officer at Telecare Corporation. 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.

If you pay for service in full and out of pocket, you may request restriction of protected health information being provided to your health plan.

### **Right to Request Confidential Communications**

You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you may ask that we only contact you at work or by mail. We will not ask the reason for your request. We will accommodate all reasonable requests. You must make your request in writing to the privacy contact person at your program (Administrator) or the Privacy Officer at Telecare Corporation. In your request, you must specify how or where you wish to be contacted.

### **Right to be Notified of a Breach of Unsecured Protected Health Information**

You have the right to be informed by your program of protected health information that was not rendered, unusable, unreadable or undecipherable to unauthorized person through use of technology or in cases where your protected health information was misdirect and there is a likelihood you could be identified and information used.

### **Right to a Copy of This Notice**



You have the right to a paper copy of this notice and may request it at any time. Even if you have requested to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our website: [www.telecarecorp.com](http://www.telecarecorp.com)

To obtain a paper copy of this notice: contact the privacy person at your program (Administrator) or the Privacy Officer at Telecare Corporation.

## **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 current and future health information. We will post a copy of the current notice and will include the effective date in the top right hand corner. We will offer you a copy of the current notice each time you register or are admitted to a Telecare Program.

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with Telecare or the Secretary of the Department of Health and Human Services (see contact below). To file a complaint with Telecare, contact the privacy contact person at your program (Administrator) or the Privacy Officer at Telecare Corporation at 510-337-7950. All complaints must be submitted in writing.

**You will not be penalized for filing a complaint.**

Office of Civil Rights – Region IX

Address: 90 7th Street, Suite 4-100, San Francisco, CA 94103

Phone Number: (800) 368-1019

Fax Number: (415) 437-8329

## **OTHER USES OF HEALTH INFORMATION**

If Telecare must use or disclose health information in a way that is not covered by this Notice, we will request and comply with your written permission. 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 health information covered by that 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 provide to you.

# Notice of Privacy Practices Acknowledgement of Receipt



By signing this form, you acknowledge that you received a copy of the Telecare Notice of Privacy Practices. This document explains how Telecare may use or 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 at the Telecare website ([www.telecarecorp.com](http://www.telecarecorp.com)) or by calling the Privacy Officer at Telecare Corporation, (510) 337-7950. If you have questions about the Notice of Privacy Practices, you may contact the Privacy Officer at Telecare or the Privacy Contact Person at your program (Administrator).

I, \_\_\_\_\_, have received a copy of the Telecare Notice of Privacy Practices.

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

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

*(Conservator, guardian or parent if client is under 18)*

**Inability to Obtain Acknowledgement** (To be completed 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 acknowledgement was not obtained.

Signature of provider representative: \_\_\_\_\_

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