



Monterey County Behavioral Health 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.

If you have any questions about this notice, please contact: Monterey County Behavioral Health Quality Improvement, 1611 Bunker Hill Way, Suite 120, Salinas, CA (831-755-4545).

WHO WILL FOLLOW THIS NOTICE

This notice describes the Monterey County Behavioral Health's practices and that of:

- Any health care professional authorized to enter information into your chart.
- All departments and units of Monterey MCBH.
- Any member of a volunteer group we allow to help you while you are here.
- All employees, contractors, staff and other MCBH personnel.

All these entities, sites, and locations follow the terms of this notice. In addition, these entities, sites, and locations may share medical and mental health information with each other for treatment, payment, or health care operations purposes described in this notice.

OUR PLEDGE REGARDING MENTAL HEALTH INFORMATION

We understand that information about you or your child's mental health treatment and related health care services (mental health information) is personal. We are committed to protecting mental health information about you or your child. We create a record of the care and service you or your child receives at MCBH. We need this record to provide you or your child with quality care and to comply with certain legal requirements. This notice applies to your or your child's mental health information generated by MCBH, whether made by MCBH personnel or your/your child's personal doctor. Your or your child's personal doctor may have different policies or notices regarding the doctor's use and disclosure of your/your child's mental health information created in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose mental health information about you or your child. We also describe your rights and certain obligations we have regarding the use and disclosure of your or your child's mental health information.

We are required by law to:

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

HOW WE MAY USE AND DISCLOSE MENTAL HEALTH INFORMATION ABOUT YOU

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

For substance use disorder treatment services, please see document titled "Substance Use Disorder Treatment Programs Disclosure Summary" at the end of this document.

DISCLOSURE 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

We may use mental health information about you or your child to provide you/your child with medical or mental health treatment or services. We may disclose mental health information about you or your child to doctors, nurses, technicians, health care students, or other MCBH personnel who are involved in taking care of you or your child at MCBH. For example, a doctor treating you or your child for a mental health condition may need to know what medications you or your child are currently taking, because the medications may affect what other medications may be prescribed for you or your child. In addition, the doctor may need to tell the MCBH's food service (when applicable) if you are taking certain medications so that we can arrange for appropriate meals that will not interfere or improperly interact with your or your child's medication. Different programs of MCBH also may share mental health information about you or your child in order to coordinate the different things you or child need, such as prescriptions, lab work, and X-rays.

We also may disclose mental health information about you or your child to people outside MCBH who may be involved in your or your child's medical or mental health treatment, such as skilled nursing facilities, home health agencies, and physicians or other practitioners. For example, we may give your or your child's physician access to your or your child's health information to assist your/your child's physician in treating you. Stricter laws apply to information about treatment you or your child may receive from our substance abuse treatment program and that information cannot be released to staff outside your or your child's treatment program without your permission, except in an emergency.

FOR PAYMENT

We may use and disclose mental health information about you or your child so that the treatment and services you or your child receive at MCBH 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 information about treatment you or your child received at MCBH to your health plan so it will pay us or reimburse you for the treatment. We may also tell your health plan about a treatment you or your child are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We will get your permission before we bill a health plan for services you or your child receive from a substance abuse treatment program.

FOR HEALTH CARE OPERATIONS

We may use and disclose mental health information about you or your child for health care operations. These uses and disclosures are necessary to run MCBH and make sure that all of our people receiving care receive quality services. 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 or your child.

We may also combine mental health information about many MCBH people receiving care to decide what additional services MCBH should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, health care students, and other MCBH personnel for review and learning purposes.

We may also combine the mental health information we have with mental health information from other programs to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you or your child from this set of mental health information so others may use it to study health care and health care delivery without learning who the specific person in care is.

FUNDRAISING ACTIVITIES

We may use information about you or your child in order to contact you in an effort to raise money for MCBH and its operations. You have the right to opt out of receiving fundraising communications. If you receive a fundraising communication, it will tell you how to opt out.

FAMILY MEMBERS OR OTHERS YOU DESIGNATE IF YOU ARE IN THE HOSPITAL

Upon request of a family member and with your consent, we may give the family member notification of your or your child's diagnosis, prognosis, medications prescribed and their side effects and progress if you or your child are in the hospital. If a request for information is made by a spouse, parent, child, or sibling and you are unable to authorize the release of this information, we are required to give the requesting person notification of your/your child's presence in the hospital, except to the extent prohibited by federal law. Upon your or your child's admission, we must make reasonable attempts to notify your or your child's next of kin or any other person designated by you, of your or your child's admission, unless you request that this information not be provided. Unless you request that this information not be provided we must make reasonable attempts to notify your next of kin or any other person designated by you, of your or your child's release, transfer, serious illness, injury, or death only upon request of the family member.

RESEARCH

Under certain circumstances, we may use and disclose mental health information about you or your child for research purposes. For example, a research project may involve comparing the health and recovery of all people in care 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 mental health information, trying to balance the research needs with the person in care's need for privacy of their mental health information. Before we use or disclose mental health information for research, the project will have been approved through this research approval process, but we may, however, disclose mental health information about you or your child to people preparing to conduct a research project, for example, to help them look for people in care with specific mental health needs, as long as the mental health information they review does not leave MCBH.

AS REQUIRED BY LAW

We will disclose mental health information about you 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 information about you or your child when necessary to prevent a serious threat to your or your child's 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.

SPECIAL SITUATIONS

1) ORGAN AND TISSUE DONATION

We may release mental 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.

2) PUBLIC HEALTH ACTIVITIES

We may disclose mental health information about you or your child for public health activities. These activities may include, without limitation, 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 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;
- To notify emergency response employees regarding possible exposure to HIV/AIDS, to the extent necessary to comply with state and federal laws.

3) HEALTH OVERSIGHT ACTIVITIES

We may disclose mental 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.

4) LAWSUITS AND DISPUTES

If you or your child are involved in a lawsuit or a dispute, we may disclose mental health information about you or your child in response to a court or administrative order. We may also disclose mental health information about you or your child 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.

We may disclose mental health information to courts, attorneys and court employees in the course of conservatorship, and certain other judicial or administrative proceedings.

5) LAW ENFORCEMENT

We may release mental 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, certain escapes, and certain missing person;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at MCBH;
- When requested by an officer who lodges a warrant with the inpatient facility, and When requested at the time of a patient's involuntary hospitalization.

6) CORONERS AND MEDICAL EXAMINERS

We may be required by law to report the death of a patient to a coroner or medical examiner.

7) PROTECTION OF ELECTIVE CONSTITUTIONAL OFFICERS

We may disclose mental health information about you or your child to government law enforcement agencies as needed for the protection of federal and state elective constitutional officers and their families.

8) INMATES

If you or your child are an inmate of a correctional institution or under the custody of a law enforcement official, we may release mental health information about you or your child to the correctional institution or law enforcement official. Disclosure may be made when required, as necessary to the administration of justice.

9) ADVOCACY GROUPS

We may release mental health information to the statewide protection and advocacy organization if it has a patient or patient representative's authorization, or for the purposes of certain investigations.

We may release mental health information to the County Patients' Rights Office if it has a patient or patient representative's authorization, or for investigations resulting from reports required by law to be submitted to the Director of Mental Health.

10) DEPARTMENT OF JUSTICE

We may disclose limited information to the California Department of Justice for movement and identification purposes about certain criminal patients, or regarding persons who may not purchase, possess or control a firearm or deadly weapon.

11) MULTIDISCIPLINARY PERSONNEL TEAMS

We may disclose mental health information to a multidisciplinary personnel team relevant to the prevention, identification, management, or treatment of an abused child, the child's parents, or an abused elder or dependent adult.

12) SENATE AND ASSEMBLY RULES COMMITTEES

We may disclose your mental health information to the Senate or Assembly Rules Committee for purpose of legislative investigation.

13) OTHER SPECIAL CATEGORIES OF INFORMATION

Special legal requirements may apply to the use or disclosure of certain categories of information — e.g., tests for the human immunodeficiency virus (HIV) or treatment and services for alcohol and drug abuse. In addition, somewhat different rules may apply to the use and disclosure of medical information related to any general medical (non-mental health) care you or your child receive.

PSYCHOTHERAPY NOTES

Psychotherapy notes means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. Psychotherapy notes excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

We may use or disclose your or your child's psychotherapy notes, as required by law:

- For use by the originator of the notes
- In supervised mental health training programs for students, trainees, or practitioners
- By the covered entity to defend a legal action or other proceeding brought by the individual
- To prevent or lessen a serious and imminent threat to the health or safety of a person or the public
- For the health oversight of the originator of the psychotherapy notes
- For use or disclosure to coroner or medical examiner to report a patient's death,
- For use or disclosure necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public
- For use or disclosure to the Secretary of Department of Health and Human Services (DHHS) in the course of an investigation

YOUR RIGHTS REGARDING MENTAL HEALTH INFORMATION ABOUT YOU OR YOUR CHILD

You have the following rights regarding mental health information we maintain about you or your child:

RIGHT TO INSPECT AND COPY

You have the right to inspect and obtain a copy of mental health information that may be used to make decisions about your or your child's care. Usually, this includes mental health and billing records, but may not include some mental health information.

To inspect and obtain a copy of mental health information that may be used to make decisions about you or your child, you must submit your request in writing to MCBH Quality Improvement, 1611 Bunker Hill Way, Suite 120, Salinas, CA 93906 (831-755-4545). 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 obtain a copy in certain very limited circumstances. If you are denied access to mental health information, you may request that the denial be reviewed. Another licensed health care professional chosen by MCBH will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

RIGHT TO AMEND

If you feel that mental health information we have about you 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 MCBH.

To request an amendment, your request must be made in writing and submitted to MCBH Quality Improvement, 1611 Bunker Hill Way, Suite 120, Salinas, CA 93906 (831-755-4545). 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 mental health information kept by or for MCBH;
- Is not part of the information which you would be permitted to inspect and copy;
- 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 or your child's record you believe is incomplete or incorrect. If you clearly indicate in writing that you want the addendum to be made part of your mental 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 AN ACCOUNTING OF DISCLOSURES

You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of mental health information about you or your child 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.

To request this list or accounting of disclosures, you must submit your request in writing to MCBH Quality Improvement, 1611 Bunker Hill Way, Suite 120, Salinas, CA 93906 (831-755-4545). 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.

In addition, we will notify you as required by law following a breach of your unsecured protected health information.

RIGHT TO REQUEST RESTRICTIONS

You have the right to request a restriction or limitation on the mental health information we use or disclose about you or your child for treatment, payment, or health care operations. You also have the right to request a limit on the mental health information we disclose about you or your child to someone who is involved in your or your child's care or the payment for your care or child's care, like a family member or friend. For example, you could ask that we not use or disclose information about a type of therapy you or your child had.

We are not required to agree to your request, except to the extent that you request us to restrict disclosure to a health plan or insurer for payment or health care operations purposes if you, or someone else on your behalf (other than the health plan or insurer), has paid for the item or service out of pocket in full. Even if you request this special restriction, we can disclose the information to a health plan or insurer for purposes of treating you.

If we agree to another special restriction, 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 MCBH Quality Improvement, 1611 Bunker Hill Way, Suite 120, Salinas, CA 93906 (831-755-4545). 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.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS

You have the right to request that we communicate with you about 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 MCBH Quality Improvement, 1611 Bunker Hill Way, Suite 120, Salinas, CA (831-755-4545). 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 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.

You may obtain a copy of this notice at our website: <http://www.mtyhd.com/QI>. To obtain a paper copy of this notice, you can request a copy from your MCBH provider, any MCBH clinic location, or through MCBH Quality Improvement, 1611 Bunker Hill Way, Suite 120, Salinas, CA 93906 (831-755-4545).

TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for mental health information we already have about you or your child as well as any information we receive in the future. We will post a copy of the current notice in MCBH facilities. The notice will contain the effective date on the first page. In addition, each time you or your child register at or are admitted to the MCBH for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

COMPLAINTS

If you believe your or your child's privacy rights have been violated, you may file a complaint with MCBH or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with the MCBH, contact Sid Smith, Ph.D., or current Deputy Director of Clinic Services, 1441 Constitution Blvd, Bldg. 400, Suite 202, Salinas, CA 93906 (831-796-1700). All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

OTHER USES OF MENTAL HEALTH INFORMATION

Other uses and disclosures of mental health 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 mental health information about you or your child, you may revoke that permission at any time. If you revoke your permission, this will stop any further use or disclosure of your mental health 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.

Substance Use Disorder Treatment Programs Disclosure Summary

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

General Information

Information regarding your substance use disorder treatment, including your presence in a substance use disorder treatment program, and payment for those services, is protected by federal laws: the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), 42 U.S.C. § 1320d *et seq.*, 45 C.F.R. Parts 160 and 164, and the federal substance use disorder confidentiality law and regulations found at 42 U.S.C. §290dd-2 and 42 C.F.R. Part 2. State law also protects health information in California.

Under these laws, your substance use disorder treatment program (“Program”) may not tell a person that you attend or receive services from the Program, nor may Program disclose any information identifying you as a substance use disorder treatment patient, or disclose any other protected information, except as permitted by federal law.

Program must obtain your written consent before it can disclose information about you for payment purposes. For example, Program must obtain your written consent before it can disclose information to your health insurer in order to be paid for services.

Program is also required to obtain your written consent before it can sell information about you or disclose information about you for marketing purposes.

Generally, you must also sign a written consent before Program can share information with other healthcare providers outside of Program. However, federal law permits Program to disclose information *without* your written permission within the Program treatment team itself for treatment purposes, and with the entity that has administrative control over the Program. Program also may disclose information *without* your written permission as follows:

1. Pursuant to an agreement with a qualified service organization/business associate;
2. For research, audit, or evaluations;
3. To report a crime on the premises or against personnel, or a threat to commit such a crime;
4. To medical personnel to the extent necessary to meet a *bona fide* medical emergency, when your prior informed consent cannot be obtained;
5. To appropriate authorities to report suspected child abuse or neglect;
6. As allowed by a court order.

For example, Program can disclose information without your consent to obtain auditing services or laboratory analyses, as long as there is a qualified service organization/business associate agreement in place. And, information related to the commission of a crime on the premises of the Part 2 Program or against personnel of the Part 2 Program is not protected under the regulations.

Reports of suspected child abuse and neglect made under state law to appropriate state or local authorities are not protected.

Before Program can use or disclose any information about your health in a manner which is not described above, it must first obtain your specific written consent allowing it to make the disclosure. Any such written consent may be revoked by you orally or in writing.

Complaints and Reporting Violations

Violation of the federal law and regulations by a Part 2 Program is a crime and suspected violations may be reported Program by calling or contacting Monterey County Behavioral Health, Quality Improvement, 1611 Bunker Hill Way, Suite 120, Salinas, CA 93906 (831) 755-4545. You may also contact the United States Attorney for the judicial district in which the violation occurs. (See contact information listed below.)

The report of any violation of the Part 2 regulations by an **opioid treatment program** may also be directed to the United States Attorney for the judicial district in which the violation occurs, as well as the Substance Abuse and Mental Health Services Administration (SAMHSA) office responsible for opioid treatment program oversight. The contact information for the Office of the United States Attorney for the Northern District of California is:

Location	Address	Contact	Website
San Francisco, CA	Federal Courthouse 450 Golden Gate Ave. San Francisco, CA 94102	Phone: (415) 436-7200 Fax: (415) 436-7234 TTY: (415) 436-7221	https://www.justice.gov/usao-ndca
Oakland, CA	Federal Courthouse 1301 Clay St. Oakland, CA 94612	Phone: (510) 637-3680 Fax: (510) 637-3724 TTY: (510) 637-3678	https://www.justice.gov/usao-ndca
San Jose, CA	U.S. Attorney's Office, Heritage Bank Building 150 Almaden Blvd. Suite 900 San Jose, CA 95113	Phone: (408) 535-5061 Fax: (408) 535-5081 TTY: (408) 535-5071	https://www.justice.gov/usao-ndca

Opioid Treatment Oversight contact information for the SAMHSA office:

Brandon Johnson brandon.johnson@samhsa.hhs.gov <https://www.samhsa.gov/programs-campaigns/medication-assisted-treatment/legislation-regulations-guidelines/oversight>
Public Health Advisor (240) 276-2889
Division of Pharmacologic
Therapies
Center for Substance Abuse
Treatment

Mary Lou Ojeda mary.ojeda@samhsa.hhs.gov <https://www.samhsa.gov/medication-assisted-treatment/opioid-treatment-programs/compliance-officers>
Region IX Compliance Officer (240) 276-2894

Note: You will not be retaliated against for filing a complaint.

Acknowledgement

I hereby acknowledge that I received a copy of this notice.

Name (Print): _____

Signature: _____

Date: _____