



Monterey County Behavioral Health Policy and Procedure

Policy Number	319
Policy Title	Onset of Services
References	None
Form(s)	<ul style="list-style-type: none">• Monterey County Behavioral Health Informed Consent• Monterey County Behavioral Health Clients' Rights• Monterey County Behavioral Health Notice of Privacy Practices• Authorization for Use, Exchange, and/or Disclosure of Confidential Behavioral Health Information within Monterey County Behavioral Health.
Effective	September 26, 2013

Policy

It is the policy of Monterey County Behavioral Health (MCBH) to provide the following documents to clients and/or their representative(s) at the onset of services:

1. MCBH Informed Consent
2. MCBH Minor Consent (if applicable)
3. MCBH Consumer Rights
4. MCBH Notice of Privacy Practices
5. Authorization for Use, Exchange, and/or Disclosure of Confidential Behavioral Health Information ***within*** Monterey County Behavioral Health (***must*** be collected at the onset of services)
6. Authorization to Use, Exchange, and/or Disclosure of Confidential Behavioral Health Information (if applicable)
7. Authorization to Use, Exchange, and/or Disclosure of Confidential Behavioral Health Information for Multi-Disciplinary Teams (if applicable)
8. MCBH Unlicensed Clinician (if applicable)
9. Authorization to Bill Private Insurance or MediCare (if applicable)
10. Guide to MediCal Mental Health Services (if applicable)
11. MCBH Problem Resolution

MCBH staff and contact providers will educate clients regarding the content of these documents in sufficient detail for the client to gain an understanding. Client signatures will be obtained for these documents, when applicable, once clients are educated about and understand the content of these documents. If the client refuses to sign documents, this will be documented in MCBH's electronic health records system.

29 Client signatures will be obtained in electronic format in MCBH's electronic health
30 records system. Clients will then be provided a printed version of the document
31 containing a copy of their electronic signature.

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33 If it is not possible to obtain the client signature in electronic format, clients will
34 sign a print version of the documents. Clients will be provided copies of the print
35 documents with the client's signature. The print documents will then be scanned
36 into MCBH's electronic health records system.

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Monterey County Behavioral Health Informed Consent

CLIENT: _____

DOB: _____

PERSON GIVING CONSENT: _____

RELATIONSHIP TO CLIENT: _____

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PURPOSE

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46 I would like services for myself or my child from Monterey County Behavioral Health
47 (MCBH). I was informed this document contains information about MCBH services that
48 may be helpful for me in deciding if MCBH services are right for me or my child. An
49 MCBH provider talked to me about the information in this document and answered my
50 questions in order to understand this information.

51

52 If I am a minor, I was informed of services for minors and how they may be different
53 than services for adults. I was also given the MCBH Minor Consent form.

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MY RIGHTS

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56 I was informed of my or my child's rights as an MCBH client. I was provided with the
57 MCBH Consumer Rights document which contains my or my child's rights as an MCBH
58 client.

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PRIVACY PRACTICES

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61 I was informed about how MCBH will protect my or my child's privacy and keep my or
62 my child's health information private. I have been offered a copy of the MCBH Notice of
63 Privacy Practices, which has information about how my or my child's private health
64 information may be used and disclosed under the law. I understand that in certain
65 situations information must be disclosed. For example, MCBH staff members are
66 mandated to report if there is a reasonable suspicion of child abuse or elder abuse; if
67 there is a threat to my or my child's physical safety; or if there is a threat to the safety of
68 others.

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SERVICES

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71 I was informed MCBH services focus on mental health and substance abuse issues. I am
72 aware my or my child's information and records may be shared between mental health
73 and substance abuse programs and providers for the purpose of providing treatment. I
74 was provided with the Authorization for Use, Exchange, and/or Disclosure of
75 Confidential Behavioral Health Information within Monterey County Behavioral Health.

76

77 I was also informed of the various types of services provided by MCBH. I am aware my

78 or my child’s needs may not require all of these types of services. An interactive
79 assessment process involving myself, my child (if applicable), and an MCBH provider
80 determine the amount and types of services offered and provided.

81
82 **RISKS AND BENEFITS OF SERVICES**

83 I was informed behavioral health services may have risks and benefits. I am aware that
84 behavioral health services may involve discussing difficult aspects of my or my child’s life
85 and making changes to psychiatric medication I or my child may take. I or my child may
86 experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and
87 helplessness. I or my child may also experience an increase in the symptoms as I or my
88 child work through issues or as my or my child’s medications are being changed.

89
90 I am also aware behavioral health services have been shown to have benefits. For
91 example, psychotherapy may lead to better relationships, solutions to specific problems,
92 and significant reductions in feelings of distress. Psychiatric medication may alleviate
93 symptoms of mental health issues.

94
95 I was informed there are no certainties about what I or my child will experience as I or
96 my child receive services and how successful services will be. I understand that there is
97 no “magic formula” for behavioral health services. It requires an investment of time and
98 effort from all involved and openness to what change and success may look like.

99
100 **SERVICES ARE VOLUNTARY**

101 I was informed participation in MCBH services is voluntary, except for certain situations
102 where MCBH is legally required to provide services even if it is involuntary, such as 5150
103 psychiatric holds or conservatorships.

104
105 I was also informed that even if I am or my child is Court-ordered as part of a juvenile
106 justice, criminal, or dependency (CPS) case, I can still choose not to participate in MCBH
107 services. I am aware that consequences that may arise due to my decision not to
108 participate in Court ordered services are my responsibility. It was recommended that I
109 speak with my or my child’s attorney, probation officer, and/or CPS worker to make the
110 best possible decision regarding participating in Court-ordered services.

111
112 **ELIGIBILITY FOR SERVICES**

113 Eligibility for MCBH services is determined by a combination of laws, regulations, and
114 MCBH policies. I was informed if an assessment determines that I am or my child is no
115 longer eligible for MCBH services, the reasons I am or my child is ineligible will be
116 discussed with me. I will also be provided an MCBH Notice of Action that explains these
117 reasons and information on the appeals process. I will then be given referrals to other
118 service providers that may meet my or my child’s needs.

119
120 **MCBH SERVICE PROVIDERS**

121 I was informed MCBH providers come from different educational and professional

122 backgrounds and have a variety of experience levels and licensure. MCBH providers
123 only provide services that are allowed by law for their specific education, experience,
124 profession, and licensure.

125

126 I was informed MCBH utilizes some unlicensed professionals that are in the process of
127 completing their requirements for clinical licensure. These providers/clinicians are
128 authorized by law to provide mental health services under the supervision of a licensed
129 mental health professional.

130 I or my child may receive services from some of these individuals. They will clearly
131 identify themselves, as well as their supervising provider/clinician. I will be provided
132 with the MCBH Unlicensed Clinician form before they provide services to me or my
133 child. I may call the supervising licensed clinician if I have any questions about this
134 arrangement.

135 **AVAILABILITY OF MCBH PROVIDERS AND CRISES/EMERGENCIES**

136 I was informed MCBH providers are generally available during regular County business
137 hours, which are 8am to 5pm, Monday to Friday except during County holidays. I was
138 also informed of the alternative hours if the program providing my or my child's services
139 has different hours of availability.

140

141 If the MCBH provider working with me or my child is not available during business
142 hours, I or my child can leave messages in the provider's confidential voicemail if they
143 have one available. I or my child can also contact the provider's supervisor or a
144 designated on-call provider if I or my child needed to speak with someone during
145 business hours.

146

147 For non-urgent matters after-hours, I or my child can leave messages in the provider's
148 confidential voicemail (if they have one available) or with MCBH's after-hours telephone
149 service. For urgent or crisis situations, I or my child can contact either of the following:
150 the Natividad Medical Center Crisis Team at 831-755-4111 or the Community Hospital of
151 Monterey Peninsula (CHOMP) Crisis Team at 831-625-4623.

152

153 For emergencies, I was informed my family or I should call 911.

154

155 **CHANGE OF CLINICIAN/PROVIDER**

156 I was informed I can request a change of MCBH provider at any time by completing an
157 MCBH Change of Clinician form, which is available at all MCBH clinics. I was also
158 informed requesting a change of provider does not guarantee a change. There may be
159 significant administrative or clinical issues that may not make the change possible. An
160 MCBH supervisor or manager will provide me the reason(s) the change is not possible.

161

162 **FEES AND BILLING MEDI-CAL, MEDICARE, AND/OR INSURANCE**

163 I was informed MCBH will ask me to provide my financial information on annual basis.
164 This information will be used to calculate service fees that I may be responsible for

165 paying.

166

167 I was also informed any private insurance will be billed by MCBH before billing Medicare
168 and/or Medi-Cal. I will consult with my private insurance, Medicare social worker,
169 and/or Medi-Cal eligibility worker if I have any questions about my or my child's
170 coverage, deductibles, and co-pays.

171

172 If I or my child has private insurance or Medicare, I was provided with the MCBH
173 Authorization to Bill Private Insurance or Medicare form.

174

175 **ADDITIONAL DOCUMENTS FOR MEDI-CAL CLIENTS**

176 If I or my child has Medi-Cal, I was offered the Guide to Medi-Cal Mental Health Services
177 handbook, which contains details about my or my child's behavioral health benefits as a
178 Medi-Cal beneficiary.

179

180 **COMPLAINTS AND GRIEVANCES**

181 I was informed I may file a complaint or grievance if I am dissatisfied with the services I
182 or my child receives from MCBH. I or my child will not be subjected to any penalty for
183 filing a complaint, grievance, or an appeal. I was offered a copy of the MCBH Problem
184 Resolution document, which explains how I can file a complaint, grievance, or appeal.

185

186 **INFORMED CONSENT**

187 By signing below, I acknowledge that I understand the information contained in this
188 document.

189

Client Signature: _____

Date: _____

Authorized Representative Signature:

Date: _____

Staff Signature: _____

Date: _____

190

191



Monterey County Behavioral Health Consumer Rights

- 196 **Monterey County Behavioral Health consumers (clients) are entitled to:**
- 197 • Be treated with respect and dignity.
 - 198 • Freedom from of any exploitation, neglect, abuse, or harassment.
 - 199 • Consent to or refuse treatment, including the use of medications, with a full
 - 200 understanding of the potential risks and benefits.
 - 201 • Confidentiality regarding services, communications, and records. Confidential
 - 202 information shall only be shared with the consent of the client/client's authorized
 - 203 representative or as required/permitted by law.
 - 204 • An accounting of disclosures of your or your child's confidential information and
 - 205 records.
 - 206 • Receive treatment in a safe, non-intimidating environment.
 - 207 • Be provided quality, medically necessary treatment tailored for your or your child's
 - 208 particular needs.
 - 209 • Receive the least restrictive setting(s) and alternative(s) for care. Restraints will only
 - 210 be used as medically necessary to prevent harm to self or others and will not be
 - 211 used as a form of coercion, intimidation, discipline, convenience or retaliation.
 - 212 • Reasonable access to care regardless of sex; gender; sexual orientation; age;
 - 213 physical, mental or sensory disability; creed (religion); socioeconomic status;
 - 214 language; race; national origin; cultural background; or marital status.
 - 215 • Be provided services which are sensitive to differences of sex; gender; sexual
 - 216 orientation; age; physical, mental or sensory disability; creed (religion);
 - 217 socioeconomic status; language; race; national origin; cultural background; or
 - 218 marital status.
 - 219 • Communication in your or your child's preferred language or method.
 - 220 • Actively participate in developing or modifying your or your child's plan of care and
 - 221 services.
 - 222 • Services provided by competent, qualified staff; know which staff are participating in
 - 223 your or your child's care process and their specific role in the process.
 - 224 • A second professional opinion regarding care and treatment and/or a change of
 - 225 provider(s).
 - 226 • Involve family in the treatment process, as appropriate.
 - 227 • Authorize a person to act on your or your child's behalf, as appropriate.
 - 228 • Be informed regarding fees to be charged and methods of payment, including

- 229 benefits and limitations on service imposed by a payer, if known.
- 230 • Access as permitted by your law to your or your child’s treatment information and
- 231 record with the opportunity to make amendments or corrections.
- 232 • Authorize disclosure as permitted by law of your own treatment information to an
- 233 individual or organization of your choosing.
- 234 • Seek resolution to a complaint or grievance regarding care or access to care issues,
- 235 including access to a Patient’s Rights Advocate during the grievance, appeal, or State
- 236 Hearing process, as appropriate.
- 237 • Be free of retaliation for exercising your rights. For example, there shall be no
- 238 denial, reduction, or termination of services during the complaint, grievance, or
- 239 appeals process.
- 240 • Reasonable notice regarding the end or closure of services.
- 241



Monterey County Behavioral Health Notice of Privacy Practices

246

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

250

251 If you have any questions about this notice, please contact: Monterey County Behavioral
252 Health Quality Improvement, 1611 Bunker Hill Way, Suite 120, Salinas, CA (831-755-
253 4545).

254

255 **WHO WILL FOLLOW THIS NOTICE**

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

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- Any health care professional authorized to enter information into your chart.

258

- All departments and units of Monterey MCBH.

259

- Any member of a volunteer group we allow to help you while you are here.

260

- All employees, contractors, staff and other MCBH personnel.

261

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

265

266 **OUR PLEDGE REGARDING MENTAL HEALTH INFORMATION**

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

277

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

282

283 We are required by law to:

284

- Make sure that mental health information that identifies you or your child is kept
285 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.

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

332 health plan so it will pay us or reimburse you for the treatment. We may also tell your
333 health plan about a treatment you or your child are going to receive to obtain prior
334 approval or to determine whether your plan will cover the treatment. We will get your
335 permission before we bill a health plan for services you or your child receive from a
336 substance abuse treatment program.

337

338 FOR HEALTH CARE OPERATIONS

339 We may use and disclose mental health information about you or your child for health
340 care operations. These uses and disclosures are necessary to run MCBH and make sure
341 that all of our clients receive quality care. For example, we may use mental health
342 information to review our treatment and services and to evaluate the performance of our
343 staff in caring for you or your child.

344

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

350

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

357

358 FUNDRAISING ACTIVITIES

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

363

364 FAMILY MEMBERS OR OTHERS YOU DESIGNATE IF YOU ARE IN THE 365 HOSPITAL

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

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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 patients 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 clients' 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 clients 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;

- 423 • To notify emergency response employees regarding possible exposure to
424 HIV/AIDS, to the extent necessary to comply with state and federal laws.

425
426 3)HEALTH OVERSIGHT ACTIVITIES

427 We may disclose mental health information to a health oversight agency for
428 activities authorized by law. These oversight activities include, for example, audits,
429 investigations, inspections, and licensure. These activities are necessary for the
430 government to monitor the health care system, government programs and
431 compliance with civil rights laws.

432
433 4)LAWSUITS AND DISPUTES

434 If you or your child are involved in a lawsuit or a dispute, we may disclose mental
435 health information about you or your child in response to a court or administrative
436 order. We may also disclose mental health information about you or your child in
437 response to a subpoena, discovery request, or other lawful process by someone else
438 involved in the dispute, but only if efforts have been made to tell you about the
439 request (which may include written notice to you) or to obtain an order protecting
440 the information requested.

441
442 We may disclose mental health information to courts, attorneys and court
443 employees in the course of conservatorship, and certain other judicial or
444 administrative proceedings.

445
446 5)LAW ENFORCEMENT

447 We may release mental health information if asked to do so by a law enforcement
448 official:

- 449 • In response to a court order, subpoena, warrant, summons or similar
450 process;
- 451 • To identify or locate a suspect, fugitive, material witness, certain escapes,
452 and certain missing person;
- 453 • About a death we believe may be the result of criminal conduct;
- 454 • About criminal conduct at MCBH;
- 455 • When requested by an officer who lodges a warrant with the inpatient
456 facility, and
- 457 • When requested at the time of a patient’s involuntary hospitalization.

458
459 6)CORONERS AND MEDICAL EXAMINERS

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

462
463 7)PROTECTION OF ELECTIVE CONSTITUTIONAL OFFICERS

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

468 **8)INMATES**

469 If you or your child are an inmate of a correctional institution or under the custody
470 of a law enforcement official, we may release mental health information about you
471 or your child to the correctional institution or law enforcement official. Disclosure
472 may be made when required, as necessary to the administration of justice.
473

474 **9)ADVOCACY GROUPS**

475 We may release mental health information to the statewide protection and advocacy
476 organization if it has a patient or patient representative's authorization, or for the
477 purposes of certain investigations.
478

479 We may release mental health information to the County Patients' Rights Office if
480 it has a patient or patient representative's authorization, or for investigations
481 resulting from reports required by law to be submitted to the Director of Mental
482 Health.
483

484 **10) DEPARTMENT OF JUSTICE**

485 We may disclose limited information to the California Department of Justice for
486 movement and identification purposes about certain criminal patients, or
487 regarding persons who may not purchase, possess or control a firearm or deadly
488 weapon.
489

490 **11) MULTIDISCIPLINARY PERSONNEL TEAMS**

491 We may disclose mental health information to a multidisciplinary personnel team
492 relevant to the prevention, identification, management, or treatment of an abused
493 child, the child's parents, or an abused elder or dependent adult.
494

495 **12) SENATE AND ASSEMBLY RULES COMMITTEES**

496 We may disclose your mental health information to the Senate or Assembly Rules
497 Committee for purpose of legislative investigation.
498

499 **13) OTHER SPECIAL CATEGORIES OF INFORMATION**

500 Special legal requirements may apply to the use or disclosure of certain categories
501 of information — e.g., tests for the human immunodeficiency virus (HIV) or
502 treatment and services for alcohol and drug abuse. In addition, somewhat different
503 rules may apply to the use and disclosure of medical information related to any
504 general medical (non-mental health) care you or your child receive.
505

506 **PSYCHOTHERAPY NOTES**

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

514 treatment plan, symptoms, prognosis, and progress to date.

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

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- For use by the originator of the notes

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- In supervised mental health training programs for students, trainees, or practitioners

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- By the covered entity to defend a legal action or other proceeding brought by the individual

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- To prevent or lessen a serious and imminent threat to the health or safety of a person or the public

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- For the health oversight of the originator of the psychotherapy notes

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- For use or disclosure to coroner or medical examiner to report a patient’s death,

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- 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

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- For use or disclosure to the Secretary of Department of Health and Human Services (DHHS) in the course of an investigation

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YOUR RIGHTS REGARDING MENTAL HEALTH INFORMATION ABOUT YOU OR YOUR CHILD

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

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RIGHT TO INSPECT AND COPY

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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.

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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.

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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.

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RIGHT TO AMEND

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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.

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To request an amendment, your request must be made in writing and submitted to MCBH

559 Quality Improvement, 1611 Bunker Hill Way, Suite 120, Salinas, CA 93906 (831-755-
560 4545). In addition, you must provide a reason that supports your request.

561
562 We may deny your request for an amendment if it is not in writing or does not include a
563 reason to support the request. In addition, we may deny your request if you ask us to
564 amend information that:

- 565 • Was not created by us, unless the person or entity that created the information is
566 no longer available to make the amendment;
- 567 • Is not part of the mental health information kept by or for MCBH;
- 568 • Is not part of the information which you would be permitted to inspect and copy;
- 569 • Is accurate and complete.

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571 Even if we deny your request for amendment, you have the right to submit a written
572 addendum, not to exceed 250 words, with respect to any item or statement in your or your
573 child's record you believe is incomplete or incorrect. If you clearly indicate in writing
574 that you want the addendum to be made part of your mental health record we will attach
575 it to your records and include it whenever we make a disclosure of the item or statement
576 you believe to be incomplete or incorrect.

577 578 RIGHT TO AN ACCOUNTING OF DISCLOSURES

579 You have the right to request an "accounting of disclosures." This is a list of the
580 disclosures we made of mental health information about you or your child other than our
581 own uses for treatment, payment and health care operations (as those functions are
582 described above), and with other exceptions pursuant to the law.

583
584 To request this list or accounting of disclosures, you must submit your request in writing
585 to MCBH Quality Improvement, 1611 Bunker Hill Way, Suite 120, Salinas, CA 93906
586 (831-755-4545). Your request must state a time period which may not be longer than six
587 years and may not include dates before April 14, 2003. Your request should indicate in
588 what form you want the list (for example, on paper, electronically). The first list you
589 request within a 12 month period will be free. For additional lists, we may charge you for
590 the costs of providing the list. We will notify you of the cost involved and you may
591 choose to withdraw or modify your request at that time before any costs are incurred.

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

595 596 RIGHT TO REQUEST RESTRICTIONS

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

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

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612 If we agree to another special restriction, we will comply with your request unless the
613 information is needed to provide you emergency treatment.

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615 To request restrictions, you must make your request in writing to MCBH Quality
616 Improvement, 1611 Bunker Hill Way, Suite 120, Salinas, CA 93906 (831-755-4545). In
617 your request, you must tell us 1) what information you want to limit; 2) whether you want
618 to limit our use, disclosure, or both; and 3) to whom you want the limits to apply, for
619 example, disclosures to your spouse.

620 621 RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS

622 You have the right to request that we communicate with you about mental health matters
623 in a certain way or at a certain location. For example, you can ask that we only contact
624 you at work or by mail.

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626 To request confidential communications, you must make your request in writing to
627 MCBH Quality Improvement, 1611 Bunker Hill Way, Suite 120, Salinas, CA (831-755-
628 4545). We will not ask you the reason for your request. We will accommodate all
629 reasonable requests. Your request must specify how or where you wish to be contacted.

630 631 RIGHT TO A PAPER COPY OF THIS NOTICE

632 You have the right to a paper copy of this notice. You may ask us to give you a copy of
633 this notice at any time. Even if you have agreed to receive this notice electronically, you
634 are still entitled to a paper copy of this notice.

635
636 You may obtain a copy of this notice at our website: <http://www.mtyhd.org/QI/> To obtain
637 a paper copy of this notice, you can request a copy from your MCBH provider, any
638 MCBH clinic location, or through MCBH Quality Improvement, 1611 Bunker Hill Way,
639 Suite 120, Salinas, CA 93906 (831-755-4545).

640 641 TO THIS NOTICE

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

649 650 COMPLAINTS

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

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

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659 OTHER USES OF MENTAL HEALTH INFORMATION

660 Other uses and disclosures of mental health information not covered by this notice or the
661 laws that apply to us will be made only with your written permission. If you provide us
662 permission to use or disclose mental health information about you or your child, you may
663 revoke that permission at any time. If you revoke your permission, this will stop any
664 further use or disclosure of your mental health information for the purposes covered by
665 your written authorization, except if we have already acted in reliance on your
666 permission. You understand that we are unable to take back any disclosures we have
667 already made with your permission, and that we are required to retain our records of the
668 care that we provided to you.

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