

Alternative Family Services

PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL AND MENTAL HEALTH INFORMATION ABOUT YOU AND/OR YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

WHO WILL FOLLOW THIS NOTICE

This notice describes AFS practices and that of:

- Any health care professional authorized to enter information into your chart.
- All departments and units of Alternative Family Services.
- Any Business Associate contracted with Alternative Family Services
- All employees, staff and other Alternative Family Services personnel.

Alternative Family Services has a community-based mental health programs and foster care programs in the surrounding Bay Area. All of our entities, sites and locations follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment, or health care operations purposes described in this notice.

Alternative Family Services provides mental health and foster care services in a variety of locations and settings. All client care is overseen and supervised by appropriate mental health and medical providers and followed by a team of mental health care professionals. Social Work Interns may participate in assessments or therapy in the care of clients.

Our Pledge Regarding You and/or Your Child's Medical and Mental Health Information

Alternative Family Services is committed to protecting mental health and medical information about you and/or your child. We understand that medical information about you and your health is personal. We create a record of the care and services you receive at the Alternative Family Services. We need this record to provide you with quality care and to comply with certain legal requirements. **This notice applies to all of the records in your designated record created by Alternative Family Services.**

This Notice tells you about the ways in which we may use and disclose mental health and medical information about you and/or your child. It also describes your rights and certain obligations we have regarding the use and disclosure of you and/or your child's mental health and medical information.

We are required by law to:

- Make sure that each client's mental health and medical information is protected;
- Ensure you are informed of the exceptions to the use and disclosure of your protected health information (PHI);
- Give you this Notice describing our legal duties and privacy practices with respect to mental health and medical information about our clients; and
- Follow the terms of the Notice that is currently in effect.

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How We May Use and Disclose Mental Health and Medical Information about Our Clients

The following sections describe different ways that we may use and disclose our client's mental health and medical information. For each category of uses or disclosures we will explain what we mean and give some examples. Not every use or disclosure will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the following categories. Some information such as certain drug and alcohol information, HIV information, and mental health information is entitled to special restrictions related to its use and disclosure. Alternative Family Services abides by all applicable state and federal laws related to the protection of this information.

For Treatment. We may use mental health and medical information about our clients to provide them with mental health and medical treatment or services. We may disclose mental health and medical information about you and/or your child to therapists, social workers, doctors, nurses or other Alternative Family Services personnel who are involved in taking care of you and/or your child at the Alternative Family Services. We may also share medical information about you and/or your child with other Alternative Family Services personnel or non- Alternative Family Services providers, agencies or facilities in order to provide or coordinate the different things you and/or your child needs such as appointments and lab work. For example, a psychiatrist treating you and/or your child may need to know about certain behavior changes so that medications can be adjusted. We may also disclose mental health and medical information about you and/or your child to people outside Alternative Family Services who may be involved in the continuing care after you and/or your child leaves Alternative Family Services such as other health care providers, community agencies and family members.

For Payment. We may use and disclose mental health and medical information about you and/or your child so the treatment and services you and/or your child receives from Alternative Family Services or from other entities such as an ambulance company, may be billed to and payment may be collected. For example, we may need to give your Health Plan information to a hospital if your child requires emergency treatment. We may also tell your health plan or mental health payer about a proposed treatment in order to obtain prior approval or determine whether your payer or health plan will cover the treatment.

For Health Care Operations. We may use and disclose mental health and medical information about you and/or your child for Alternative Family Services operations. These uses and disclosures are necessary to run the agency and make sure that all of our clients receive quality care. 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 and/or your child. You and/or your child's mental health and medical information may also be used or disclosed to comply with law and regulation, for contractual obligations, client's claims, grievances or lawsuits, health care contracting, legal services, business planning and development, business management and administration, underwriting and other insurance activities and to operate the agency. We may also disclose information to therapists, clinicians, nurses, and other agency personnel for quality improvement and educational purposes. We may remove information that identifies you and/or your child from this set of medical or mental health information so others may use it to study mental health care delivery without learning who the clients are.

Appointment Reminders. We may use and disclose medical information to contact you and/or your child as a reminder that you have an appointment for treatment.

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Treatment Alternatives. We may use and disclose medical or mental health information to tell you about or recommend possible treatment options or alternatives which may be of interest to you and your child.

Health-Related Benefits and Services. We may use and disclose medical or mental health information to tell you about our services which may be of interest to you and/or your child.

Fundraising Activities. Alternative Family Services will not contact you about fundraising activities.

Research. Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all clients who received one type of treatment 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 medical information, trying to balance the research needs with clients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process. Authorized consents will be obtained prior to your child or family participating in a program that is part of a research project.

Individuals Involved in Care or Payment for You and/or Your Child's Care. We will not release medical or mental health information about you and/or your child to a friend or family member without your prior consent. Without the authorized representative's consent, we will not release the client's family or friends of the client's condition and that the client is at Alternative Family Services.

We may disclose medical or mental health information about you and/or your child to an entity assisting in a disaster relief effort so that your child's family can be notified of their condition, status and location.

As Required by Law. We will disclose mental health and medical information about you and/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 and medical information about you and/or your child when necessary to prevent or lessen a serious and imminent threat to you and/or your child's health and safety or the health and safety of other clients, the public or another person. Any disclosure would be to someone able to help stop or reduce the threat.

SPECIAL SITUATIONS

Runaways. In the event of a runaway, police may be called and given information about the client to help secure their safe return. This information might include such client information as a physical description, photographs, medication regimen, family names & contact information, and emotional/behavioral history.

Coroners, Medical Examiners and Funeral Directors. In the unlikely event of a client death, information will be disclosed to Coroners & Medical Examiners as required by law. We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

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Military and Veterans. If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

National Security and Intelligence Activities. We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities.

Protective Services for the President and Others. We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Worker's Compensation. We may release medical information about you for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose medical information about you and/or your child for public health purposes. These purposes generally include the following:

- Preventing or controlling disease (such as influenza or hepatitis), injury or disability;
- To report births and deaths
- Reporting child abuse or neglect; abuse or neglect of elders and dependent adults;
- Notifying a person who have been exposed to a disease or may be at risk of contracting or spreading a disease or condition;
- Notifying the appropriate government authority if we believe a client has been the victim of abuse, neglect or domestic violence and make this disclosure as authorized or required by law.
- To report reactions to medications or problems with products
- To notify people of recalls of products they may be using.

Mental Health and Health Oversight Activities. We may disclose mental health and medical information to governmental, licensing auditing and accrediting agencies as authorized or required by law.

Lawsuits and Other Legal Actions. In connection with lawsuits or other legal proceedings, we may disclose mental health and medical information about you and/or your child in response to a court or administrative order, or in response to a subpoena, discovery request, warrant, summons, or other lawful process, or in order to obtain an order protecting the information requested.

Law Enforcement. If asked to do so by law enforcement, and as authorized or required by law, we may release mental health and medical information:

- To identify or locate a suspect, fugitive, material witness or missing person;
- About a suspected victim of a crime if, under certain limited circumstances, we are unable to obtain the client's representative's agreement;
- About criminal conduct at Alternative Family Services;
- In case of a medical emergency, to report a crime and provide details of the crime, suspect, or victims;
- About a death we believe may be the result of criminal conduct;
- In response to a court order, subpoena, warrant, summons or similar process.

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YOUR RIGHTS REGARDING MENTAL HEALTH AND MEDICAL INFORMATION ABOUT YOU AND/OR YOUR CHILD

You have the following rights regarding medical and mental health information we maintain about you and/or your child. **The rights of a minor rest with the minor's authorized representative.**

Right to Inspect and Copy

You have the right to inspect and receive a copy of medical and certain mental health information that may be used to make decisions about the care of you and/or your child. Usually, this includes medical and billing records, but may not include some mental health information. This does not include therapy notes. This may not include information that was not created by Alternative Family Services.

To inspect and copy medical information that may be used to make decisions about the care of you and/or your child, you must submit your request in writing by completing the *Client Information Access Request form*. You can obtain this form at our program sites or by contacting any member of AFS staff. 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 copy in certain limited circumstances, especially around mental health treatment and therapy notes. If you are denied access to medical or mental health information, you may request that the denial be reviewed. Another licensed mental health or medical professional chosen by the agency will review your request and the denial. The person conducting the review will not be the person who denied your first request. We will comply with the outcome of the review.

Right to Request an Amendment or Addendum

If you feel that medical or certain mental health information we have about you and/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 the agency. To request an amendment, your request must be made in writing using the *Request to Amend PHI* form.

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 medical or mental health information kept by or for the agency;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Even if we deny your request for amendment, you have the right to submit a written addendum, not to exceed 250 words, with respect to any item or statement in your record you believe is incomplete or incorrect. If you clearly indicate in writing that you want the addendum to be made part of you and/or your child's medical or 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.

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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 medical or mental health information about you and/or your child other than our own uses for treatment, payment and health care operations, (as those functions are described above) and with other expectations pursuant to the law.

To request this list of accounting of disclosures, you must complete and submit the *AFS Request for Accounting of Disclosures*, and 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. 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.

Right to Request Restrictions

You have the right to request a restriction or limitation on the medical or mental health information we use or disclose about you and/or your child for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in you and/or your child’s care or the payment for you and/or your child’s care like a family member or friend. For example, you could ask that we not use or disclose information about a surgery your child had. You must complete the *Client Information Restriction* form and submit to any AFS staff member.

Request for Alternative Communication Means or Locations

Participants may request to receive communications regarding their PHI by alternative means; such as by email, phone message, or texting or at alternative locations. Such requests may be honored if, in the sole discretion of AFS, the requests are reasonable. The Privacy Officer in collaboration with managers has responsibility for administering requests for confidential communications.

- The Client’s right to choose how AFS sends PHI to the client. The Client has the right to ask that AFS send information to them, in writing, at an alternate address (e.g. a work address) or by alternate means (e.g. email). AFS must agree to the client request so long as AFS can accommodate the request to provide the client in the alternative format the client requested.
- Client’s right to receive the Notice of Privacy Practices by e-mail and/or paper. The client has the right to receive a Client Notice of Privacy Practices by email upon written request. Even if the client has agreed to receive this notice by email, the client also has the right to request a paper copy.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you and/or your child’s emergency treatment.

To request restrictions, you must make your request in writing. 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.

Mental Health treatment information is subject to different laws for disclosure in California and the conditions described above may not apply to Mental Health treatment information about you and/or your child.

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Right to Request Confidential Communications

You have the right to request that we communicate with you about you and/or your child's medical or 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. 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 a 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.

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 medical or mental health information we already have about you and/or your child as well as any information we receive in the future. We will post a copy of the current notice in the agency. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you and/or your child is registered or admitted to the agency for treatment we will offer a copy of the current notice in effect.

OTHER USES OF MENTAL HEALTH AND MEDICAL INFORMATION

Other uses and disclosures of medical 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 medical or mental health information about you and/or your child, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical or mental health information about you or your child for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we will retain our records of the care provided to you as required by law.

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GRIEVANCE AND APPEAL PROCESS

The Grievance process is a formal way for you to express any dissatisfaction about the services you are receiving. You are encouraged to informally resolve your concerns by speaking with an AFS member, their supervisor, or the Program Director directly, however you have the option at any time and without penalty to use the formal grievance process provided by Alternative Family Services. You also have the right to file a grievance if you believe that AFS violated your (or someone else's) health information privacy rights or committed another violation of the Privacy, Security or Breach Notification Rules.

If you feel your concern(s) are still not met after discussions with the Program Director, or you do not want to talk about the complaint with other AFS staff, you may use the formal Grievance process. To file a complaint with the federal government, please contact the AFS Privacy Officer who will provide you with the address for the U.S. Department of Health and Human Services, Office of Civil Rights.

If you need help in completing this process, you may ask any AFS staff member for support. Members of AFS will not discourage you to use this process, and will ensure all documents are submitted immediately to all appropriate parties.

Below are the steps to Alternative Family Services Grievance process:

- You or a representative acting on your behalf may file a grievance in writing using *AFS Client Grievance Form*. Representatives may include, but are not limited to: staff, family members, friend, other clients, trained advocates or legal representative.
- You may submit this form to any member of AFS in person or mail to the following address:

Alternative Family Service
Attn: Privacy Officer
250 Executive Park Blvd. Suite 4900
San Francisco, CA 94110

- Once an AFS representative reviews this form, s/he will meet with you and attempt to resolve the problem. If at that time, the grievance is not resolved the matter will be taken to the Divisional Director.
- If you are not satisfied after review by the Program Director and Divisional Director, you can appeal directly to AFS' Chief Program Officer. If the grievance concerns a program or clinical issue, the decision of the Chief Program Officer is final. If the grievance concerns alleged violations of rights, AFS policy, regulation, law, and the service recipient is unwilling to accept the decision of the Chief Program Officer, the matter may be referred to the Chief Executive Officer. In all cases the decision of the Chief Executive Officer is final.
- If you are receiving mental health services with AFS, in some cases you may have a concurrent right to file a grievance with the county Mental Health system at any time, before, during or after the conclusion of the AFS Grievance process. AFS will assist you with the filing of such a grievance.

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APPEAL

An **action** is defined: If your services have been reduced, denied, or not provided in a timely manner, you can file an appeal.

Appeals can only be made to review an action. If you verbally make an appeal, you must follow up by submitting the appeal in writing within 45 days.

- You will receive a written acknowledgement of the receipt.
- You may examine your file for the appeal before and during the process.
- A written decision will be sent to you within 45 calendar days of receipt of the appeal. The time frame may be extended up to 14 days in certain circumstances.

To file an appeal in person or by phone:

Alternative Family Services
Attn: Privacy Officer
250 Executive Park Blvd. Suite 4900
San Francisco, CA 94110
(415)-656-0116

If your appeal is not resolved to your satisfaction, you have a right to a State Fair Hearing.