

## Notice of Privacy Practices

*This Notice describes how medical information about you, i.e. your Protected Health Information or PHI, may be used and disclosed, and how you can access and control this information. Please review this Notice carefully.*

Northern Valley Catholic Social Service, Inc. (NVCSS) recognizes that your PHI is personal and private. It includes individually identifiable information about your past, present and future health or condition, the provision of health care to you, and payments for your health care. NVCSS is required to extend certain protections to your PHI, and to give you this Notice about our privacy practices that explains how, when and why we may use or disclose your PHI. Except in specified circumstances, we must use or disclose only the minimum necessary PHI to accomplish the intended purpose of the use or disclosure.

NVCSS may not require individuals to surrender any of their rights under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as a condition of the provision of treatment, payment, and enrollment in a health plan or eligibility of benefits. NVCSS is required to follow the privacy practices described in this Notice.

We reserve the right to change our privacy practices and the terms of this Notice at any time. Any new Notice will be effective for all PHI we have at that time. At your request, we will furnish you with the current Notice of Privacy Practices. You may find the Notice on our website ([www.nvcss.org](http://www.nvcss.org)); you may call any of our offices and request that one be mailed to you; you may pick one up at your next office visit.

### HOW NVCSS MAY USE OR DISCLOSE YOUR PHI

Your PHI may be used and disclosed by your clinician or case manager, our office staff and others outside of our office who are part of your care and treatment in order to provide services to you. Your PHI may be used and disclosed for payment of your bills and to support the

operation of your program. For uses beyond that we must have your written authorization unless the law permits or requires us to make the use or disclosure without your permission. Following are some typical examples of potential uses or disclosures of your PHI; this is not an exhaustive list.

**Treatment:** NVCSS may use and disclose your PHI for your treatment and to provide you with treatment-related services. For example, we may disclose health information to clinical staff, case managers, health care professionals and/or outside entities who are involved in and need information to provide you with care.

**Payment:** NVCSS may use and disclose your PHI as needed in order to bill and receive payment for your health care services from you, an insurance company or a third party.

**Health Care Operations:** We may use and disclose your PHI in the course of operating our programs. Such uses and disclosures are necessary to make sure that (1) all of our clients receive high quality care, and (2) to operate and manage our programs.

We may share your PHI with third party *business associates* who may perform necessary functions for NVCSS. All NVCSS business associates are obligated to protect the privacy of your PHI and are not allowed to use or disclose any information other than as specified in our contract.

**Appointment Reminders, Treatment Alternatives & Health Related Benefits and Services:** We may use and disclose PHI to contact you to remind you of your next appointment with us. We may also use and disclose PHI to tell you about treatment options or choices that may be of interest to you.

### YOUR RIGHTS

**Paper Copy:** You have the right to obtain a paper copy of this Notice of Privacy Practices from any NVCSS office at any time. You may obtain a copy of this Notice at our web site, [www.nvcss.org](http://www.nvcss.org).

**Inspect and Copy:** You have a right to inspect and obtain a copy of your PHI or the PHI of your child or dependent as long as NVCSS maintains the PHI and the clinician believes sharing is in the best interest of the client. You may obtain your medical and billing records

and any other records your clinician or case manager uses in making decisions regarding your care. NVCSS has up to 30 days to make your PHI available to you. As permitted by federal or state law, we may charge you a reasonable fee for copying your records. NVCSS may not charge a fee for information needed for claim benefits under the Social Security Act or any other state or federal needs-based benefit program. Call your NVCSS office to find out how to request records.

Note that under federal law you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of or use in a civil, criminal or administrative action or proceeding; or laboratory results that are subject to law that prohibits access to PHI. NVCSS may deny your request in certain limited circumstances. If this occurs, you have the right to have the denial reviewed by a licensed healthcare professional who was not involved in the denial of your request, and NVCSS will comply with the outcome of that review.

**Right to an Electronic Copy of Electronic Medical Records:** If your PHI is maintained in an electronic format, you have the right to request that an electronic copy of your record be given or transmitted to you or another entity. NVCSS will make every effort to provide access to your PHI in the format you request if it is readily available in such format. If your PHI is not readily reproducible in such format, your record will be provided in either our standard electronic format or a readable hard copy. We may charge a reasonable, cost-based fee for the labor associated with producing the medical record.

**Right to request Confidential/Alternate Communications:** You have the right to request that NVCSS communicate with you about medical matters in a certain way or at a certain time. E.g., you can ask to be contacted only by mail or only at work. To request alternate communications, make your request in writing to your clinician or case manager. Your request must specify how or where you wish to be contacted. NVCSS will accommodate reasonable requests.

**Right to get Notice of a Breach:** You have the right to be notified upon a breach of any of your unsecured PHI.

**Right to Amend:** If you believe the PHI we have 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 our office. To request an amendment, make a request in writing to the Compliance Director. In certain cases, we may deny a request for an amendment. If we deny your request, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement. You will be given a copy of any rebuttal prepared. Please contact the Compliance Director with any questions regarding amending your PHI.

**Right to an Accounting of Disclosures:** You have the right to request a list of certain disclosures we made of your PHI except for treatment, payment and healthcare operations. This also does not apply to disclosures you have authorized us to make, those made to family and friends involved in your care, or notification for national security or intelligence, to law enforcement (as provided for in HIPAA), or correctional facilities as part of a limited data set disclosure. You have the right to receive specific information regarding covered disclosures for as long as NVCSS maintains the information. The right to receive this information is subject to certain exceptions, restrictions and limitations. To request an accounting of disclosures, make a written request to the Compliance Director.

**Request a Restriction:** You may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. You may request that any part of your PHI not be disclosed to family or friends who may be involved in your care or for notification purposes as described in this Notice. To request a restriction, make your request in writing to your clinician or case manager and state the specific restriction requested and to whom you want the restriction to apply. Your clinician/case manager is not required to agree to a restriction you request unless you are asking us to restrict the use and disclosure of PHI to a health plan for payment or health care operations purposes and the information you wish to restrict pertains solely to a health care item or service for which you have paid NVCSS in full "out-of-pocket". If your clinician or case manager does agree to the requested restriction, NVCSS may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency care. Discuss any restriction you wish to request with your clinician or case manager.

**Out-of-Pocket Payments:** If you pay out-of-pocket in full for a specific service or item, you have the right to ask that your PHI with respect to that service or item not be disclosed to a health plan for purposes of payment or health care operations. NVCSS will honor that request.

**PERMITTED & REQUIRED USES & DISCLOSURES THAT MAY BE MADE WITHOUT YOUR AUTHORIZATION OR OPPORTUNITY TO AGREE OR OBJECT**

**Required by Law:** NVCSS will disclose PHI when and as required to do so by international, federal, state or local law. You will be notified, if required by law, of any such uses or disclosures.

**Data Breach Notification:** NVCSS may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your PHI.

**Public Health and Safety Risks:** NVCSS may disclose PHI for public health and safety concerns. These activities typically include disclosures to prevent or control disease, injury or disability, a person who may have been exposed to a disease or who may be at risk for contracting or spreading a disease or condition, report reactions to medications or problems with products for the purpose of quality, safety, or effectiveness of FDA-regulated products or activities, and to the appropriate government authority if the Agency believes a client has been the victim of abuse, neglect or domestic violence. Reports will be made in a manner consistent with federal and state laws.

**Health Oversight:** NVCSS may disclose your PHI to a health oversight agency for activities authorized by law, such as audits, investigations, inspections and licensure. These activities are considered necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Legal Proceedings:** NVCSS may disclose PHI in the course of a judicial or administrative proceeding in response to a court order or administrative tribunal (to the extent such disclosure is expressly authorized). In certain conditions NVCSS will respond to a subpoena, discovery request, or other lawful purpose only if efforts

are made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement:** NVCSS may disclose PHI for law enforcement purposes if the information is: (1) a response to a court order, subpoena, warrant, summons or similar process, (2) limited information to identify or locate a suspect, fugitive, material witness or missing person, (3) about the victim of a crime even if, under very limited circumstances, we are unable to obtain the person's agreement, (4) about a death we believe may be the result of criminal conduct, (5) about criminal conduct on our premises, (6) in an emergency to report a crime or information about a crime.

**Coroners, Funeral Directors and Organ Donation:** NVCSS may disclose your PHI to a coroner or medical examiner for identification purposes, determining the cause of death or for the coroner or medical examiner to perform other duties as authorized by law. NVCSS is usually not involved in organ donation programs.

**Research:** NVCSS may disclose your PHI to researchers when a project has been approved by an institutional review board that has approved the research proposal and established protocols to ensure PHI privacy.

**Military Activity and National Security:** If you are a member of the armed forces, US or foreign, NVCSS may release PHI as required by military command authorities, such as for the determination of eligibility for benefits.

**National Security:** NVCSS may disclose your PHI to authorized federal officials for intelligence activities, counter-intelligence and other national security activities authorized by law.

**Protective Services for the President and Others:** NVCSS may disclose your PHI to authorized federal officials so they may provide protection to the President, other authorized persons or heads of state or to conduct special investigations.

**Workers' Compensation:** NVCSS may disclose your PHI as authorized to comply with workers' compensation or similar programs that provide benefits for work-related injuries or illness.

**Inmates:** NVCSS may use or disclose your PHI if you are an inmate of a correctional facility and your clinician or

case manager created or received your PHI in the course of providing care to you. PHI may be released if it is necessary for (1) the institution to provide you with health care, (2) the protection of your health and safety or that of others, or (3) the safety and security of the correctional institution.

**USES & DISCLOSURES OF PHI BASED ON YOUR WRITTEN AUTHORIZATION**

The following uses and disclosures of your PHI will be made only with your written authorization: (1) uses and disclosures of PHI for marketing purposes; (2) disclosures that constitute a sale of your PHI.

**REVOKE AUTHORIZATION**

A written authorization is good for a maximum of one year or any time period less than one year indicated on the authorization. You may revoke your authorization in writing at any time by submitting a written revocation to your NVCSS program representative, but disclosure made in reliance on your authorization prior to your revocation will not be affected by the revocation.

**PERMITTED & REQUIRED USES THAT REQUIRE PROVIDING YOU WITH THE OPPORTUNITY TO AGREE OR OBJECT**

NVCSS may use and disclose your PHI in the following instances, however, you have the opportunity to agree or object to the use or disclosure of all or part of your PHI whenever practicable. If you are not present or able to agree or object to the use or disclosure of the PHI, then your clinician or case manager, using his or her professional judgment, may determine whether the disclosure is in your best interest.

**Others involved in your Care:** Unless you object, NVCSS may disclose to a family member, relative, close friend or another person you identify, your PHI that directly relates to that person's involvement in your care and health or payment for it. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

**Disaster Relief:** We may disclose your PHI to disaster relief organizations that seek your PHI to coordinate your care, or notify family and friends of your location or condition in a disaster.

**NONDISCRIMINATION NOTICE**

NVCSS, Inc. adheres to an equal opportunity policy for all persons seeking admission and treatment as clients. The Agency does not discriminate due to race, color, religion, gender, age, marital status, sexual preference, political affiliation, physical or mental disability, ancestry or national origin.

**HOW TO COMPLAIN ABOUT PRIVACY PRACTICES**

If you believe your privacy rights have been violated, you may complain to NVCSS or to the Secretary of Health and Human Services. NVCSS will not retaliate against you for filing a complaint. You may file a complaint or grievance with NVCSS by notifying the Compliance Director of your concern:

Compliance Director  
2400 Washington Avenue  
Redding, CA 96001  
Phone 530-241-0552 Fax 530-247-3347

You may file a written complaint with the Secretary of the U.S. Dept. of Health and Human Services, Office for Civil Rights, 50 United Nations Plaza, Room 322, San Francisco, CA 94102, or call 1-800-368-1019.

**Client Acknowledgement**

I have received a copy of this Notice of Privacy Practices and understand its contents.

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

Staff documentation that the client received the Notice and reason(s) why, if the client did not sign:

\_\_\_\_\_

\_\_\_\_\_  
Staff Signature Date

This Notice is effective July 22, 2013  
Revision Dates: 2/5/2009, 4/14/2003, 3/28/2003, 4/8/2013