

## ASPIRANET

### NOTICE OF HIPAA PRIVACY PRACTICES

#### **OUR OBLIGATION TO YOU**

All Aspiranet programs are committed to protecting the privacy of your medical information. We are required by law to maintain the confidentiality of information that identifies you and the care you receive. We are required to give you this Notice of our legal duties, our privacy practices, and your rights, and we must follow the terms of this Notice. This Notice also applies to your personal doctor and others who provide care to you, but only for the care you receive here. When we disclose information to other persons and companies to perform services for us, we require them to protect your privacy too. ***There are other laws that provide additional protections for medical information related to treatment for mental health, alcohol and other substance abuse, and communicable diseases (e.g., HIV/AIDS). We will follow the requirements of these laws and state laws that provide you greater protections.***

#### **WE USE AND DISCLOSE INFORMATION:**

***For TREATMENT:*** For example, we give your health information to doctors, nurses, therapists, social workers, community-based providers, health professional trainees, and others involved in treating and caring for you. We will share information to make sure you get the care you need. We may give information to your health plan, Medi-Cal or other provider to arrange a referral or consultation.

***For PAYMENT:*** For example, we may contact your insurer, a County Department of Mental Health or Medi-Cal to verify what benefits you are eligible for, obtain prior authorization, and tell them about your treatment to make sure they will pay for your care. We will also use or disclose information to obtain payment from third parties that may be responsible for payment, such as family members, or to bill you.

***For HEALTHCARE OPERATIONS:*** For example, we may use health information to review our treatment and services, to evaluate the performance of our staff in caring for you, for improving quality of care and for educating our staff. We may also use health information for business purposes.

***To OTHER PROVIDERS*** for their treatment, payment and operations related to your care by other providers.

***For PLACEMENT ACTIVITIES*** such as making foster parent placement decisions or placing a child in an adoptive family.

***To INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE*** such as friends, family or your foster family, unless you can consent to our health services and ask us not to. We may disclose information to disaster relief organizations such as the Red Cross so they can contact your family or foster family.

***For APPOINTMENTS and SERVICES*** to remind you of an appointment, or tell you about treatment alternatives or health related benefits or services.

***With YOUR WRITTEN AUTHORIZATION:*** We may use or disclose medical information for purposes not described in this Notice only with your written authorization. You may revoke any authorization at any time, in writing, but only as to future uses or disclosures, and only if we have not already acted in reliance.

***As REQUIRED BY LAW*** but only to the extent and under the circumstances provided in such law. For example, we are required to provide the Department of Mental Health and the Department of Social Services with reports regarding our activities.

***To PUBLIC HEALTH AUTHORITIES*** for activities such as keeping birth or death records, preventing or controlling communicable disease, injury or disability, and ensuring the safety of drugs.

***To REPORT ABUSE, DOMESTIC VIOLENCE OR NEGLECT*** if we believe you may be a victim of abuse, domestic violence or neglect. We will tell you in advance unless we think that would place you at risk of serious harm. We will not inform your personal representative or birth, foster or adoptive parents if we believe that would put you at risk of serious harm.

***For HEALTH OVERSIGHT ACTIVITIES:*** To health oversight agencies for activities authorized by law, including audits or investigations of Aspiranet, licensing reviews of Aspiranet and monitoring of Aspiranet's compliance with law.

***In JUDICIAL PROCEEDINGS*** in response to court or administrative orders or subpoenas, discovery requests or other process after reasonable efforts to notify you or obtain an order protecting your health information. For example, we may be required to disclose your health information to the juvenile court and its agents.

***To LAW ENFORCEMENT*** to identify or locate suspects, fugitives or witnesses, or victims of crime (with your consent in some circumstances), to report deaths from crime, to report crimes on Aspiranet premises, or to report a crime in emergencies.

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**To PREVENT A SERIOUS THREAT TO HEALTH OR SAFETY** to the target of the threat, someone in a position to prevent it, or to law enforcement officials if you admit to a violent crime or escape from jail or juvenile detention.

**For NATIONAL SECURITY** to Intelligence officials as authorized by law to perform their duties and conduct investigations and protect the President.

**For WORKER'S COMPENSATION** or similar programs, as required by the applicable laws.

**To CORONERS, MEDICAL EXAMINERS, and FUNERAL DIRECTORS** to identify a deceased person, determine cause of death, or as reasonably necessary to permit them to carry out their duties.

**To ORGAN DONATION ORGANIZATIONS** for organ procurement, eye or tissue transplantation or an organ donation bank as necessary to facilitate organ or tissue donation and transplantation.

**For RESEARCH PURPOSES** if a special board has reviewed the request for the information and approved a waiver of authorization under standards set by law and regulation to protect your privacy rights. In most cases, we will ask for your signed authorization.

**For FUNDRAISING:** We may contact you for fundraising and promotions for Aspiranet. If we do, you will be told how you may request not to be contacted in the future.

**YOU HAVE THE FOLLOWING RIGHTS:**

*To exercise these rights see the contact information at the end of this Notice.*

**To Request a Restriction on Certain Uses and Disclosures:** We are not required to agree with your request. If we do agree with the request, we will comply with your request except to the extent that disclosure has already occurred or if you are in need of emergency treatment and the information is needed to provide the emergency treatment. Your request must be in writing.

**To Inspect and Request a Copy of Your Health Record** except in limited circumstances required by law.

A fee may be charged to copy your record. If you are denied access to your health record for certain reasons, we will tell you why and what your rights are to challenge that denial. Your request must be in writing.

**IMPORTANT: Aspiranet does not have all your health records. You should ask your doctor, dentist, clinic, health plan or Medi-Cal, County Health Services or county of placement for other parts of your record.**

**To Request an Amendment to Your Health Record:** Your request must be in writing and give a reason. We may deny your request if the information was not created by us, is not a part of the information which you would be permitted to inspect and copy or if the information is accurate and complete. Even if we accept your request, we do not delete any information already in your records.

**To Add Your Comments to Your Health Record:** You can submit a 250 word letter or "addendum" to your health record about anything you disagree with and we will add this letter to your health record.

**To Request a List of Disclosures of Your Health Information** for purposes other than treatment, payment or healthcare operations; disclosures to you or authorized by you, disclosures incidental to permitted disclosures, and certain other disclosures excluded by law. This list starts on March 3, 2013. Your request must be in writing.

**To Tell Us How to Contact You** at which address (home or post office) and at which telephone numbers (home, work or cell phone). Your request must be in writing, and we must honor it if it is reasonable.

**CONTACT US:** To exercise any of your rights, or if you have any questions or complaints about your privacy, contact the Site Manager of the Aspiranet program where you are receiving services or call or write us at:

**Privacy Officer  
Aspiranet  
400 Oyster Point Blvd., Suite 501  
South San Francisco, CA 94080  
Phone: (650) 866-4080**

**COMPLAINTS:** If you believe your privacy rights have been violated, you may file a complaint, in writing with ASPIRANET at the address above. There will be no retaliation for filing a complaint.

You also have the right to complain to the government at:

**Office for Civil Rights  
50 United Nations Plaza, Room 322  
San Francisco, CA 94102**

**Phone: (800) 368-1019 or (866) OCR-PRIV**

**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 information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in our facilities and on our web site at [www.aspiranet.org](http://www.aspiranet.org). A copy of the current Notice in effect will be posted at our sites and available from our Site Managers or by writing the Privacy Officer.

**EFFECTIVE DATE** March 3, 2013.