



Notice of Privacy Practices
Effective June 2024

This describes how medical information about you may be used and disclosed and how you can get access to this information.
Please review it carefully.

Your Information.

Your Rights.

Our Responsibilities.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you, including results of lab tests performed by us. We will provide a copy or a summary of your health information, usually within 15 days of your request. We may charge a reasonable, cost-based fee.
- You may submit your request in writing at any clinic or by writing to:
Transitions Mental Health Association
784 High Street
San Luis Obispo, CA 93401
- If you have questions about the process you may call (805) 540-6500.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll

provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

You can complain if you feel we have violated your rights by contacting us in the following ways:

- You can call the toll-free confidential hotline at: **(855) 326-9623**
- Or you can contact us by e-mail at: HA.Compliance@co.slo.ca.us
- Or send a letter to:
Privacy Officer
San Luis Obispo County Health Agency
2180 Johnson Avenue
San Luis Obispo, CA 93401
- Contact Department of Health & Human Services at: Office of Civil Rights
90 7th Street, Suite 4-100
San Francisco, CA 94103
- Or you can file a complaint online at: <https://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html>
- Or call toll free at: (800) 368-1019 - TDD (800) 537-7697

You will not be punished or penalized for asking questions or for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

Note: This section lists several of the ways in which healthcare providers may share your information; however, many do not apply to the practices of TMHA.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a directory (TMHA doesn't use a client directory)

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes (TMHA does not use your information for marketing.)
- Sale of your information (TMHA does not sell your information)
- Most sharing of psychotherapy notes

In the case of fundraising

- TMHA will not contact you for any fundraising effort.

Our Uses and Disclosures

We typically use or share your health information in the following ways.

Treat you

- We can use your health information and share it with other professionals who are treating you. (Exceptions exist for substance use treatment – see below)
 - *Example:* A doctor sends us information about your diagnosis and treatment plan so that we can arrange additional services

Run our organization

- We can use and share your health information to run our organization, improve your care, and contact you when necessary.
 - *Example:* We use health information about you manage your treatment and services.

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.
 - *Example:* We give information about you to your health insurance plan so that it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

(Note: This Notice will separately describe the ways that TMHA can use or disclose HIV/AIDS results and substance use disorder treatment records subject to 42 CFR Part 2)

Health Information Exchange (HIE):

TMHA through the San Luis Obispo County Health Agency (SLOHA) participates in a Health Information Exchange (HIE) operated by the California Mental Health Services Authority (CALMHSA). Through HIEs, your health information may be electronically shared with hospitals, behavioral health providers, county health programs, physicians, social workers, and other HIE participants who may provide physical or behavioral health services to you. As part of DHCS's CalAIM (California Advancing and Innovating Medi-Cal) program to provide clients with "whole person care", your health information is aggregated and shared in real time in collaboration with other programs contracted with DHCS to provide covered services under Medi-Cal. An HIE is the vehicle used to ensure that you are provided the most efficient means of accessing healthcare under Medi-Cal. Such services provided could include but are not limited to coordinating your care per CalAIM initiatives, clinical staff communicating with each other regarding your treatment, managing the organization, and billing for the services provided to you. Some types of health information, such as substance use disorder information, will not be shared with CalMHSA's HIE unless you authorize SLOHA to make the disclosure. In certain circumstances, other types of health information about you can be shared without your authorization, such as in instances listed elsewhere in this Notice of Privacy Practices. If you do not want SLOHA to share your health information with the CalMHSA HIE, you may opt out of the information sharing by contacting CalMHSA at OptOut@calmhhsa.org. Opting out will prevent future sharing of your health information via the CalMHSA HIE, but HIE participants may still be able to access information about you from other sources which are already allowed to share your information by law or through your authorization.

Help with public health and safety issues.

We can share health information about you for situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to health or safety

Do research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director if an individual dies.

Address workers' compensation, law enforcement, and other government requests.

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes and officials
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

For Clients of Substance Use Disorder Treatment Programs (42CFR 2.22 Notice):

Federal Law and regulations protect the confidentiality of substance use disorder treatment patient records. Generally, the program may not say that you attend the program or disclose any information identifying you as having a substance use disorder. Violation of these laws is a crime and suspected violations may be reported to agencies listed in this notice.

Federal law allows us to share your substance use disorder information for the following reasons:

- If you (or your authorized representative), consents in writing.
- The disclosure is allowed by a court order.
- The disclosure is made to medical personnel in a medical emergency.
- The disclosure is made to qualified personnel for research, audit, or program evaluation.
- The disclosure is made pursuant to an agreement with a qualified service organization.
- If you commit a crime on our premises or against our personnel.
- If we need to report suspected child abuse or any other report that is required by law.

You may get more information by seeing federal law 42CFR Part 2.

Violation of these laws is a crime and suspected violations may be reported to the following agencies:

SAMHSA - 5600 Fishers Lane, Rockville, MD. 20857 or www.samhsa.gov/about-us/contact-us

U.S Attorney, Central District - 312 N. Spring St, #1200, Los Angeles, CA. 90012 or www.justice.gov/usao-cdca/contact

Uses and Disclosures of HIV/AIDS Information:

In general, written authorization (by client or authorized representative) is required for the disclosure of HIV/AIDS test results. The following exceptions apply:

- Disclosures made to your health care provider for purposes of diagnosis, treatment, or care.
- State reporting requirements for Public Health purposes.
- Payment: to bill for the cost of your healthcare (for example, to bill Medi-Cal or Medicare).
- Operations: we may use or disclose your information to support our business operations (for example, to evaluate staff performance or review the quality of services provided to you).
- Other disclosures that may be required under the law.

Uses and Disclosures of Reproductive Health Information

The Privacy Rule was updated in April 2024 to include protections against unauthorized uses or disclosures of reproductive health information. The prohibition states we may not use or disclose protected health information related to lawful reproductive health care for any of the following activities:

- To conduct criminal, civil, or administrative investigations into any person for the act of seeking, obtaining, providing, or facilitating reproductive health care.
 - *Example: if you sought lawful reproductive healthcare, whether it was an abortion, birth control medication, preventative counseling service, etc., we cannot use or disclose your protected health information to anyone investigating you for seeking those services or the medical staff who performed those services. This includes using or disclosing your information to out of state entities seeking the information.*
- To impose criminal, civil, or administrative liability on any person for the simply of seeking, obtaining, providing, or facilitating reproductive health care.
 - *Example: if you obtained lawful reproductive healthcare such as an abortion, we cannot use or disclose your protected health information to anyone attempting to impose any kind of legal liability on you for receiving that service or the medical staff who provided the service. We cannot use or disclose that information to someone attempting to try you for a crime. This includes using or disclosing your information to out of state entities seeking the information.*
- To identify any person for any of these purposes.
 - *Example: your health information is protected if someone is trying to identify you and associate you as having sought, obtained, provided, or facilitated lawful reproductive health care. This includes using or disclosing your information to out of state entities seeking the information.*

These updates mean that if you seek or obtain reproductive health care such as an abortion or birth control, where it is legal to receive these services, someone based in a location where these services are illegal cannot obtain your records pertaining to these services when their intent is to apply the illegality on your actions.

In specific situations, an attestation (that the use or disclosure of protected health information is not for a prohibited purpose) is required prior to disclosure of records, in addition to a valid Authorization to Disclose Medical Records.

An attestation is required prior to use or disclosure of protected health information specifically related to reproductive health care for the following purposes:

- Health oversight activities authorized by law to oversee the health care system and benefit or regulatory programs. This does not permit disclosure if you are the center of the oversight and the oversight does not directly relate to the receipt or claim of health care.
 - *Example: Auditing electronic health records for accuracy of billing*
- Judicial proceedings such as responding to court orders or subpoenas
 - *Example: Our Health Records program receives a subpoena requesting medical records.*
- Law enforcement purposes, including those required by law, investigating victims of a crime, locating suspects, witnesses, or missing persons, alerting law enforcement of someone who has died, or reporting a crime on-premises.
 - *Example: Someone attacked a clinician for refusing them entry into the premises. Law enforcement is called to respond.*
- Communication with coroners and medical examiners regarding decedents
 - *Example: Assisting the coroner with determining a cause of death.*

The attestation has specific criteria that must be included to make it valid. It is required to be filled out by the requesting party, and its purpose is to state that the information requested shall not be used in a way that goes against the prohibitions stated in this section.

In certain circumstances, the information disclosed under this section (reproductive health care), while all requirements are met authorizing its use or disclosure, may no longer be protected under the Privacy Rule.

For example, if an attestation is obtained to disclose necessary protected reproductive health care information to law enforcement for the purpose of reporting a victim of a crime, law enforcement is not a covered entity and therefore the reproductive health information disclosed to them is no longer protected. Depending on additional regulations for information sharing that law enforcement are required to uphold, they may redisclose such reproductive health information without your authorization to an outside entity upon request.

Violation of the Federal law and regulations by a program is a crime.

Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.

- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For information about our responsibilities for this notice, see:

<https://www.hhs.gov/hipaa/for-individuals/index.html>

Changes to the Terms of this Notice

- We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

For questions about this notice:

- Contact the TMHA Clinical Director at: 805-540-6500
- Or send an e-mail to: info@t-mha.org
- Or send a letter to: Transitions-Mental Health Association
Clinical Director
784 High Street, San Luis Obispo, CA 93401

Discrimination is Against the Law

TMHA complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The County does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. TMHA:

A. Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters;

B. Written information in other formats;

C. Provides free language services to people who's primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, please contact TMHA at 805-540-6500. If you believe that the TMHA has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Patient Rights Advocate

2180 Johnson Avenue,

San Luis Obispo, CA 93401

(805) 781-4738,

Email to: BH.PatientRightsAdvocate@co.slo.ca.us