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## NOTICE OF PRIVACY PRACTICES

*Effective Date: April 14, 2003*

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

If you have any questions about this notice, please contact the agency privacy officer.

### WHO WILL FOLLOW THIS NOTICE

This notice describes our agency's practices and that of:

- Any health care professional authorized to enter information into your chart.
- All departments and units of the agency.
- Any member of a volunteer group we allow to help you while you are in the agency.
- All employees, staff and other agency personnel.

### OUR PLEDGE REGARDING HEALTH INFORMATION

We understand that health information about you and your health is personal. We are committed to protecting health information about you. We create a record of the care and services you receive at the agency. 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 of your care generated by the agency.

Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your health information created in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of health information.

We are required by law to:

- make sure that health information that identifies you is kept private (with certain exceptions);
- give you this notice of our legal duties and privacy practices with respect to health information about you; and
- follow the terms of the notice that is currently in effect.

## HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose 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.

### For Treatment.

We may use health information about you to provide you with health treatment or services. We may disclose health information about you to doctors, nurses, technicians, medical students, or other agency personnel who are involved in taking care of you at the agency. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of the agency also may share health information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose health information about you to people outside the agency who may be involved in your health care after you leave the agency, transitional living programs or after-care services. We will also share health information with qualified service organizations who help provide services to our clients, such as consulting psychologists, and schools.

### For Payment.

We may use and disclose health information about you so that the treatment and services you receive at the agency may be billed to and payment may be collected from you, your county, an insurance company or a third party. For example, we may need to give your county eligibility worker information about your stay at Advent to the county will pay us for the services you received at Advent. We may also tell your insurance plan about a medical treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

### For Health Care Operations.

We may use and disclose health information about you for health care 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 health information to review our treatment and

services and to evaluate the performance of our staff in caring for you. We may also combine health information about many agency clients to decide what additional services the agency should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, health students, and other agency personnel for review and learning purposes. We may also combine the health information we have with health information from other agencies to compare how we are doing and see where we can make improvements in the care and services we offer..

#### Appointment Reminders.

We may use and disclose health information to contact you as a reminder that you have an appointment for treatment or health care at the agency.

#### Treatment Alternatives.

We may use and disclose health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

#### Health-Related Products and Services.

We may use and disclose health information to tell you about our health-related products or services that may be of interest to you.

#### Agency Directory.

We may include certain limited information about you in the agency directory while you are a client at the agency. This information may include your name, location in the agency, your general condition (e.g., fair, stable, etc.) and your religious affiliation. Unless there is a specific written request from you to the contrary, this directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This information is released so your family, friends and clergy can visit you in the agency and generally know how you are doing.

#### Individuals Involved in Your Care or Payment for Your Care.

We may release health information about you to a friend or family member who is involved in your health care. We may also give information to someone who helps pay for your care.

Unless there is a specific written request from you to the contrary, we may also tell your family or friends your condition and that you are in the agency. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

#### Research.

Under certain circumstances, we may use and disclose health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all clients 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 health information, trying to balance the research needs with clients' need for privacy of their health information. Before we use or disclose health information for research, the project will have been approved through this research approval process, but we may, however, disclose health information about you to people preparing to conduct a research project, for example, to help them look for clients with specific health needs, so long as the health information they review does not leave the agency. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the agency.

#### As Required By Law.

We will disclose health information about you when required to do so by federal, state or local law. For instance, California State Dept of Social Services monitors our program and often requires our clients' health information to do so.

#### To Avert a Serious Threat to Health or Safety.

We may use and disclose health information about you when necessary to prevent a serious threat to your 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

#### Military and Veterans.

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

#### Workers' Compensation.

We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

#### Public Health Risks.

We may disclose health information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;

- to report births and deaths;
- to report 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 client 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.

#### Health Oversight Activities.

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

#### Lawsuits and Disputes.

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

#### Law Enforcement.

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

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- To notify the police if a recovery home client leaves the program without permission;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the agency; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Health Examiners and Funeral Directors.

We may release health information to a coroner or health examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about clients of the agency to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities.

We may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others.

We may disclose health 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.

Placement Personnel: .

If you are placed at Advent by a County Probation, Drug and Alcohol, or Social Service Department, we will share health information pertaining to your treatment needs and progress in our program.

Summary of Routine Disclosures for Residential Clients

The following is a partial list of routine disclosures of health information that we may make in the operation of our residential recovery and foster home programs

Your County Probation, Social Services, or Alcohol and Drug Services Departments for the purpose of sharing health information pertaining to your treatment needs and progress in our program

California Dept. of Alcohol and Drug Programs for the purpose of renewing and maintaining our certification

Our consulting and treating psychologists for the purpose of providing the best treatment and for quality assurance.

Advent Academy and Second Start in order to provide legally required education and health and safety in the classroom

Client's parents or guardians

Santa Clara County Public Health Nurses as legally required or for the purpose of obtaining important health information

Our Attorney for the purpose of quality assurance

Our book keeper and CPA auditor

Local pharmacies for the purpose of obtaining medications and health directives.

Local doctors which provide medical treatment to you

California Alliance of Children and Family Services during their accreditation review for the purposes of quality assurance

Labs who provide drug screening

Your private health insurance company

California Department of Foster Care Rate Setting as required by State Regulations

California Department of Social Services, Community Care Licensing, as required by State Regulations

Community Solutions Mental Health Services for the purpose of providing mental health treatment

Gardner Mental Health Services for the purpose of providing mental health treatment

Santa Clara County Office of Education

Eastfield Ming Quong for the purpose of providing mental health treatment

Child Protective Services as required by law

Our E-mail Provider in that they may review e-mails, some of which may contain health information, for the purpose of providing this agency with e-mail services.

Young Life or other camping organizations for the purpose of registering clients for camp programs.

## YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding health information we maintain about you:

### Right to Inspect and Copy.

You have the right to inspect and copy health information that may be used to make decisions about your care. Usually, this includes health and billing records, but may not include some mental health information.

To inspect and copy health information that may be used to make decisions about you, you must submit your request in writing to the privacy officer of Advent Group Ministry. 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 very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed.

Another licensed health care 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 request. We will comply with the outcome of the review.

#### Right to Amend.

If you feel that health information we have about you 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 and submitted to the privacy officer of Advent Group Ministries. In addition, you must provide a reason that supports your request.

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 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 your 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.

#### 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 health information about you other than our own uses for treatment, payment and health care operations, (as those functions are described above), provided by your consent, and with other expectations pursuant to the law.

To request this list or accounting of disclosures, you must submit your request in writing to the privacy officer of Advent Group Ministries. 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, 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 health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

***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 emergency treatment.

To request restrictions, you must make your request in writing to the privacy officer of Advent Group Ministries. In your request, 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.

**Right to Request Confidential Communications.**

You have the right to request that we communicate with you about 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 to the privacy officer of Advent Group Ministries . 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 the 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.

You may obtain a copy of this notice at our website: [www.adventgm.com](http://www.adventgm.com)

To obtain a paper copy of this notice: Contact the privacy officer of Advent Group Ministries, 90 Great Oaks Blvd., San Jose, CA 95119.

**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 health 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 the agency. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at or are admitted to the agency for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

**COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the agency or with the Secretary of the Department of Health and Human Services. To file a complaint with the agency, contact Privacy Officer, at 90 Great Oaks Blvd, San Jose, CA 95119. All complaints must be submitted in writing.

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

#### OTHER USES OF HEALTH INFORMATION.

Other uses and disclosures of health 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 health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, this will stop any further use or disclosure of your health information for the purposes covered by your written authorization, except if we have already acted in reliance on your permission. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.