

# FRED FINCH YOUTH CENTER

## NOTICE OF PRIVACY PRACTICES

*Effective Date: March 1, 2003*

*Amendment Date: April 19, 2004*

*Amendment Date II: March 20, 2006*

*Amendment Date III: June 19, 2006*

**THIS NOTICE DESCRIBES HOW MENTAL HEALTH TREATMENT 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 Privacy Officer at 1-510-482-2244.

### WHO WILL FOLLOW THIS NOTICE

This notice describes Fred Finch Youth Center's practices and that of:

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

### OUR PLEDGE REGARDING MENTAL HEALTH TREATMENT INFORMATION

We understand that treatment information about you and your health is personal. We are committed to protecting treatment information about you. We create a record of the care and services you receive at Fred Finch Youth Center. 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 Fred Finch Youth Center, whether made by Fred Finch Youth Center personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your treatment information created in the doctor's office or clinic.

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

We are required by law to:

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

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

The following categories describe different ways that we use and disclose treatment 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 treatment information about you to provide you with treatment or services. We may disclose treatment information about you to all clinical staff who are part of the treatment team (psychiatrist, program/clinical directors, clinical supervisors, counselors, therapists, school personnel, treatment students) or other Fred Finch Youth Center personnel who are involved in taking care of you at Fred Finch Youth Center. For example, a therapist providing treatment to you may need to know if you have diabetes because diabetes may require a special daily program. In addition, the therapist may need to tell school staff if you have diabetes so that we can arrange for appropriate meals. Different departments of Fred Finch Youth Center also may share treatment information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose treatment information about you to people outside Fred Finch Youth Center who may be involved in your treatment care after you leave Fred Finch Youth Center, such as new placements. We may send specific treatment reports to the county on an ongoing basis to inform your county worker of your progress.

##### For Payment.

We may use and disclose treatment information about you so that the treatment and services you receive at Fred Finch Youth Center may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about treatment you received at Fred Finch Youth Center so that your health plan will pay us for the treatment. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We may send your client records to the county review committee on an ongoing basis to receive payment.

##### For Health Care Operations.

We may use and disclose treatment information about you for health care operations. These uses and disclosures are necessary to run Fred Finch Youth Center and make sure that all of our clients receive quality care. For example, we may use treatment information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine treatment information about many Fred Finch Youth Center clients to decide what additional services Fred Finch Youth Center should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to all clinical staff who are part of the treatment team (psychiatrist, program/clinical directors, clinical supervisors, counselors, therapists, school personnel, and treatment students) or other Fred Finch Youth Center personnel for review and learning purposes. We may also combine the treatment information we have with treatment information from other agencies to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of treatment information so others may use it to study health care and health care delivery without learning who the specific clients are.

#### Appointment Reminders.

We may use and disclose treatment information to contact you as a reminder that you have an appointment for treatment at Fred Finch Youth Center.

#### Treatment Alternatives.

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

#### Fundraising Activities.

We may use your name to honor you or announce your participation in activities at fundraising activities.

#### Fred Finch Youth Center Directory.

We may include certain limited information about you in the Fred Finch Youth Center directory while you are a client at Fred Finch Youth Center. This information may include your name, program location within Fred Finch Youth Center, and pertinent information about you. Unless there is a specific written request from you to the contrary, this directory information 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 at Fred Finch Youth Center and generally know how you are doing.

#### For Residential Programs.

We may send incident reports to Community Care Licensing for overall governance and monitoring of our programs. We also may include your name and picture in the Fred Finch yearbook.

#### For Outcome Studies.

We are required to submit a report on outcome measurements for clients under our care to certain counties who may fund your services. We may release pertinent information to them as a part of this report. We also collect outcomes for our own use to analyze our services, and to help us constantly achieve optimal care. In our internal data collection, we will ask for satisfaction surveys from you and your guardian three months post discharge from our care. We will mail surveys to your forwarding address or contact you by telephone.

#### Group Outings and Activities.

Your identity may be associated with FFYC when participating in group outings and activities.

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

We may release treatment information about you to any member who is involved in your treatment team. 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 discuss your condition with your treatment team. In addition, we may disclose treatment information about you to an entity assisting in a disaster relief effort so that your treatment team can be notified about your condition, status and location.

#### Securing of Placement

During the course of treatment, if placement is needed, we will send out applicable documentation to assist you in securing placement. An example of this would be sending pertinent clinical information to a group home for them to assess possible future placement.

#### For Turning Point Program Exclusively: Entry of data into Homeless Management Information System (HMIS)

Demographic, assessment and other information will be collected and entered into the InHOUSE database for purposes of providing a protected, efficient system to house your personal data. Data is restricted to the defined user group of agencies and you will have specific authority to grant various levels of authorization for viewing your data. An example of this would be entering your assessment information into the InHouse database and you restricting the data to only be viewable by Fred Finch Youth Center Turning Point program staff.

#### For Workability (Vocational) Program Exclusively: Entry of data into Workability Database

Demographic, assessment, and diagnostic categorical information will be collected and entered into the Workability System for purposes of grant requirements by the State only for those individuals electively participating in our Workability (Vocational) program. An example

of this would be our Vocational staff asking you or your primary therapist/social worker for grade level, vocational services provided, and level of impairment.

#### Research.

Under certain circumstances, we may use and disclose treatment 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 treatment information, trying to balance the research needs with clients' need for privacy of their treatment information. Before we use or disclose treatment information for research, the project will have been approved through this research approval process, but we may, however, disclose treatment information about you to people preparing to conduct a research project, for example, to help them look for clients with specific treatment needs, so long as the treatment information they review does not leave Fred Finch Youth Center. 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 Fred Finch Youth Center.

#### As Required By Law.

We will disclose treatment information about you 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 treatment 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

#### Organ and Tissue Donation.

We may release treatment information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

#### Military and Veterans.

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

#### Workers' Compensation.

We may release treatment 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 treatment 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 treatment 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 treatment information about you in response to a court or administrative order. We may also disclose treatment 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 treatment 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;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at Fred Finch Youth Center; 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, Treatment Examiners and Funeral Directors.

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

National Security and Intelligence Activities.

We may release treatment 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 treatment 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.

Inmates.

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release treatment information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

## YOUR RIGHTS REGARDING TREATMENT INFORMATION ABOUT YOU

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

Right to Inspect and Copy.

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

To inspect and copy treatment information that may be used to make decisions about you, you must submit your request in writing to Fred Finch Youth Center's Privacy Officer. If

you request a copy of the information, we may charge a reasonable 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 treatment information, you may request that the denial be reviewed. Another licensed mental health professional chosen by Fred Finch Youth Center 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 treatment 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 Fred Finch Youth Center.

To request an amendment, your request must be made in writing and submitted to Fred Finch Youth Center's Privacy Officer. 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 treatment information kept by or for Fred Finch Youth Center;
- 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 treatment 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 treatment information about you 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 or accounting of disclosures, you must submit your request in writing to Fred Finch Youth Center's Privacy Officer. 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 treatment 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 treatment 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 hospitalization 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 Fred Finch Youth Center's Privacy Officer. 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 siblings.

#### Right to Request Confidential Communications.

You have the right to request that we communicate with you about treatment matters in a certain way or at a certain location. For example, you can ask that we only contact you at a certain telephone number.

To request confidential communications, you must make your request in writing to Fred Finch Youth Center's Privacy Officer. 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.

To obtain a paper copy of this notice: Contact Fred Finch Youth Center's Privacy Officer, at 510-482-2244, or see the Intake/Admissions Personnel in your specific program.

#### 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 treatment 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 at Fred Finch Youth Center. The notice will contain on the first page, in the top right-hand corner, the

effective date. In addition, each time you are admitted to Fred Finch Youth Center for treatment services, 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 Fred Finch Youth Center or with the Secretary of the Department of Health and Human Services. To file a complaint with the Fred Finch Youth Center, contact Fred Finch Youth Center's Privacy Officer, at 3800 Coolidge Avenue, Oakland, CA 94602. All complaints must be submitted in writing.

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

## OTHER USES OF TREATMENT INFORMATION.

Other uses and disclosures of treatment 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 treatment 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 treatment 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.