



## **CLIENT NOTICE OF PRIVACY PRACTICES**

**Effective August 14<sup>th</sup>, 2020**

**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 our Manager of Quality Assurance and Compliance at (408) 539-2123.

### **WHO WILL FOLLOW THIS NOTICE?**

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

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

In addition, HomeFirst may share information within the agency for treatment, payment, or health care operations purposes described in this notice.

### **OUR PLEDGE REGARDING HEALTH INFORMATION**

We understand that 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. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the health records of your care here.

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.

Protected Health Information (PHI) means health information, including identifying information about you, that we have collected from you or received from your health care providers. It may include information about your past, present, or future physical or mental health or condition. We are required by law to maintain the privacy of your health information and to provide you with this notice of our legal duties and privacy practices with respect to your 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 treatment or services. We may disclose information about you to doctors, nurses, technicians, counselors, case managers, or other personnel who are involved in your care. Program staff may need to tell the doctor if your symptoms are not improving, so your medication(s) can be adjusted. When you attend or transfer to another program within the organization, we will share information with that program to assure continuity of care. Different departments of the organization may share information about you in order to coordinate the different things you need, such as prescriptions, lab work, and supportive services. We also may disclose information about you to people outside the organization who may be involved in your care, such as arranging medical care or aftercare services. These people may include social workers, case managers, and referral coordinators.

### ➤ **For Payment.**

We may use and disclose health information about you so that the treatment and services you receive may be billed to and payment collected from you, an insurance company, or another third party such as the U.S. Department of Veteran Affairs, U.S Department of Housing and Urban Development, Santa Clara Office of Supportive Housing, or the Santa Clara Department of Behavioral Health. For example, we may need to give the third party information about the level of services you received in a particular month so the county will reimburse us for the services provided. We may also tell someone about a treatment we are recommending to obtain prior approval, or to determine whether that service will be covered. We may also disclose your healthcare information to your other healthcare providers to assist them in receiving payment for healthcare services they have provided you.

### ➤ **For Health Care Operations.**

We may use and disclose health information about you for health care operations purposes. These uses and disclosures are necessary to run the organization and make sure that all of our clients receive quality care. For example, we may use information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also summarize information about our clients in deciding what additional services we should offer, and how to make our programs more effective. We may also provide information to representatives of organizations with responsibility for financial auditing, legal representation, compliance, licensure, quality of care, accreditation, and funding. We may also remove certain identifiers from your health information (such as name and address) and



use this “limited data set” to conduct healthcare operations with other organizations, but only if we have received written assurances from the recipient that they will also protect the confidentiality of your health information.

➤ **Appointment Reminders.**

We may use and disclose health information to contact you as a reminder that you have an appointment.

➤ **Treatment Alternatives.**

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

➤ **Program Listings.**

We may include limited information about you in our program listings, such as a client census list or status board while you are in our care. This information may include your name, date of admission, the program you are in, or other information that staff need to provide you services.

➤ **Individuals Involved in Your Care or Payment for Your Care.**

To the extent permitted by law, we may release information about you to a family member, legal representative or other identified persons who is involved in your treatment or is responsible for payment of your care.

➤ **Disaster Relief.**

We may disclose 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. All research projects, however, are subject to a special approval process which is aimed at protecting your health information. 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. We may also remove certain identifiers (such as name and address) from your health information in order to conduct certain kinds of research. In this situation, we will have special confidentiality protections in place.

➤ **As Required by Law.**

We will disclose information about you when required to do so by federal, state or local law.



➤ **To Avert a Serious Threat to Health or Safety.**

To the extent permitted by law, we may use and disclose 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 – There may be other situations in which we would be required and permitted to release your information without your authorization or consent.**

➤ **Public Health Risks.**

We may disclose 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;

➤ **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, licensure, and communicable disease reporting. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

➤ **Worker's Compensation.**

We may release Protected Health Information about you for worker's compensation or similar programs to comply with these and other similar legally established programs. These programs provide benefits for work-related injuries or illness.

➤ **Lawsuits and Disputes.**

If you are involved in a lawsuit or a dispute, we may disclose information about you in response to a court or administrative order. We may also disclose 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. We may also provide information about you to attorneys who represent us.

➤ **Law Enforcement.**



We may release 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 the facility; 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.

➤ **Abuse and Neglect.**

We may disclose Protected Health Information about you to a public health authority that is authorized by law to receive reports of child, elder, or dependent adult abuse or neglect. We may disclose your PHI if we believe that you have been a perpetrator or victim of elder, child, or dependent adult abuse or neglect provided the disclosure is authorized by law.

➤ **National Security and Intelligence Activities.**

We may release 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 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.

## **CALIFORNIA STATE LAW REQUIREMENTS:**

We must follow all state laws that provide more protection for your health information.

➤ **Mental Health.**

Special protections will apply to your mental health information.

## **YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU**

Uses and disclosures not described in the above sections of this Notice of Privacy Practices will generally only be made with your written permission, called an "authorization". You have the right to revoke that authorization at any time. You have the following rights regarding health information we maintain about you:

➤ **Right to Inspect and Copy.**

You have the right to view and receive a copy of your health information/record through HomeFirst's Access to Client's Records Policy and Procedure.

To inspect and receive a copy of your health information, you must submit your written request to the attention of HomeFirst staff (i.e. your Case Manager, etc). The request will be forwarded to program manager for completion and prepare the request. You will be



provided a copy of your health information within 30 business days or less, as stated in HIPAA regulations. 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.

**HomeFirst may deny your access in the following situations:**

1. If the healthcare provider determines part or all of the record might be detrimental to your well-being, unless required by court order or subpoena.
2. Under the state or federal confidentiality/access laws, Case Notes received by a HomeFirst's Non-Healthcare Provider (i.e. Case manager, Housing Specialist, etc) will not be provided to you under any circumstance without subpoena or court order.

**HomeFirst may offer a summary in lieu of full access to your record.**

- If HomeFirst chooses to offer the summary, it will be made available to you within 10 business days from the date of your written request.

➤ **Right to Amend.**

If you feel the 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 us.

To request an amendment, your request must be made in writing and be submitted to the attention of the Client Records Department. 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 information kept by or for the organization;
- 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 information about you. We are not required to include disclosures that were made for treatment, payment and health care operations (as described above), to the



individual/legal representative regarding their own information, or pursuant to an authorization from you or your legal representative.

To request this list or accounting of disclosures, you must submit your request in writing to the attention of the Client Records Department. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. 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 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 information we disclose about you to someone who is involved in your care or the payment for your care, like a family member.

***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 attention of our Client Records Department. 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 extended family members.

➤ **Right to Request Confidential Communications.**

You have the right to request that we communicate with you about 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 attention of our Client Records Department. 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 an additional copy of this notice at any time. To obtain an additional copy of this notice you may contact our Client Records Department.

## **CONFIDENTIALITY OF SUBSTANCE ABUSE RECORDS**

For clients who have received treatment, or referral for treatment, federal law and regulations protect the confidentiality of drug or alcohol abuse records. As a general rule, we may not tell a person outside the programs that you attended any of these programs, or disclose any information identifying you as an alcohol or drug abuser, unless:

- You authorize the disclosure in writing; or
- The disclosure is permitted by a court order; or



- The disclosure is made to medical personnel in a medical emergency or to a qualified personnel for research, audit, or program evaluation purposes; or
- You threaten to commit a crime either at the drug abuse or alcohol program, or against any person who works for the drug abuse of alcohol programs.

## **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 the facility. The notice will contain on the first page, near the top, the effective date. In addition, each time you are admitted, we will offer you a copy of the current notice in effect.

## **QUESTIONS & CONCERNS**

If you any questions or concerns regarding this Notice or your privacy, please feel free to contact us at: **HomeFirst, Quality Assurance and Compliance Manager | HomeFirst**  
**507 Valley Way Milpitas, CA 95035**  
**Direct: 408-539-2123**

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the organization or with the Secretary of the Department of Health and Human Services (DHHS). To file a privacy complaint with the organization, write to us at: Attn: Manager of Compliance and Quality Assurance, HomeFirst; 507 Valley Way, Milpitas, California 95035; 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 information not covered by this notice or the laws that apply to us will be made only with the permission of you or your legal representative. If you provide us permission to use or disclose 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 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.

## **SIGNED ACKNOWLEDGEMENT**

We will seek to obtain your signed acknowledgement that you have received, read and understand this notice. If we are unable to obtain your signature, we will make a notation in your health records as to the reason why. It is your responsibility to return, fax or mail your signed acknowledgement to us at the address above.





**CLIENT NOTICE OF PRIVACY PRACTICES:  
Acknowledgement of Receipt**

By signing this form, you acknowledge receipt of the *Notice of Privacy Practices* of HomeFirst. Our *Notice of Privacy Practices* provides information on how we may use and disclose your protected health information. We encourage you to read it in full.

Our *Notice of Privacy Practices* is subject to change. If we change our notice, you may obtain a copy of the revised notice. For your convenience, our *Notice of Privacy Practices* is also posted on our website at [www.homefirstscc.org](http://www.homefirstscc.org), as well as in our facilities.

If you have any questions about our *Notice of Privacy Practices*, please contact:  
**Manager of Compliance and Quality Assurance**  
**(408) 539-2123**

I acknowledge receipt of the *Notice of Privacy Practices* of HomeFirst.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Client Name: \_\_\_\_\_