

Notice of Privacy Practices

Effective Date: April 14, 2004 (2021 Updates)

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

Your medical/health information is personal and Alpine Special Treatment Center and Harborview Center is committed to protecting it. Your medical information is also very important to our ability to provide you with quality care and to comply with certain laws. This notice describes the privacy practices we and all of our employees and other personnel are required to follow in handling your medical information.

CHANGES TO THIS NOTICE

We reserve the right to revise or change the terms of this notice and to apply those changes to our policies and procedures regarding your medical information. You have the right to be notified of any changes to this notice and to receive a copy of those changes in writing. To obtain a copy of this notice once it has been changed, you can either ask your treatment provider or any staff person.

OUR PLEDGE

The law requires Alpine and Harborview to:

- Keep your medical information (known as protected health information) private and secure
- Give you this notice which explains your rights and our legal duties with respect to your health information.
- Tell you about privacy practices and follow the terms of this notice
- Notify you if there has been a breach of privacy of your medical information

USES AND DISCLOSURES OF YOUR MEDICAL INFORMATION

The following categories describe the typical ways that we may use or disclose your medical information without obtaining your authorization.

Types of Disclosures	Definition	Examples
Treatment	We can use and share your health information and share it with other professionals who are treating you	Doctors treating one condition may ask for details about another Professionals outside the agency including case manager

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Types of Disclosures	Definition	Examples
Run our Organization	We can use and share your health information to run our facility, improve your care and contact you when necessary	<p>Evaluation of staff treating you may result in review of your medical information</p> <p>Evaluation of medical information to determine what services should be offered and if treatments are effective</p> <p>Review for learning purposes (This information removes any identifiers so that we may use it to study without confirming who any specific client is)</p>
Payment	We can share information to bill and get payment from health plans or other entities	We give information about you to your health insurance plan (person or agency paying for services) so they will pay for your services
Business Associates	We can share information with business associates so they can perform the job we have asked them to do	<p>Record storage company</p> <p>Legal or accounting consultants as examples</p>
Research	We can use and share your information for health research	
Required by Law	We can share information about you if state or federal laws require it, including the Department of Health & Human Services if it wants to see if we are complying with federal privacy law	
Avert a Serious Threat to Health or Safety including Disaster Relief Efforts	We can use and share medical information when necessary to prevent a serious threat to your health or safety or to the health and safety of another person including abuse, neglect or domestic violence when authorized by law to do so without your authorization	
Workers' Compensation and other government requests	We can use and share information about you for workers' compensation claims, with health oversight agencies for activities authorized by law and for special government functions such as military, national security and presidential protective services	

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Types of Disclosures	Definition	Examples
Public Health Activities	We can use or share your health information for public health activities	<p>Prevention of disease</p> <p>Helping with product recalls</p> <p>Reporting adverse reactions to medications</p> <p>Reporting the abuse or neglect of children, elders and dependent adults</p> <p>Report births and deaths</p> <p>To prevent or control injury or disability</p>
Lawsuits and Disputes	We can share health information about you in response to a court or administrative order, or in response to a subpoena	
Law Enforcement	We can share health information if asked to do so by law enforcement officials	<p>Response to court order, subpoena, warrant, summons or similar process</p> <p>Identification or location of a suspect, fugitive, material witness or missing person</p> <p>Related to the victim of a crime when unable to obtain the person’s agreement</p> <p>About a death we believe may be the result of criminal conduct</p> <p>About criminal conduct at our facility</p> <p>In emergency circumstances to report a crime, location of crime, victim identify, description or location of the person who committed the crime</p>

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OTHER USES OF YOUR PROTECTED HEALTH INFORMATION

Other uses and disclosures of your medical information not covered by this notice or the laws that apply to us will be made only with your (or your legal representative's) written authorization. If you provide us authorization to use or disclose your medical information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your medical information for the reasons covered by the authorization, except that, we are unable to take back any disclosures we have already made when the authorization was in effect and we are required to retain our records of the care that we provided to you.

USES AND DISCLOSURES OF YOUR MEDICAL INFORMATION THAT GIVE YOU THE OPPORTUNITY TO OBJECT

With your (or your legal representative's) authorization we may disclose your medical information to a friend or family member, your parent or any other person identified by you who is involved in your health care or payment for health care. We will not honor your objection in circumstances where doing so would expose you or someone else to danger, as determined by your treatment providers.

Unless you object, we may also include some of your medical information in a facility directory. The information disclosed will include your name, your location in the facility, and your status described in general terms that does not communicate specific medical information about you. This information may be disclosed to other persons who ask for you by name. You may object to the inclusion of some or all of this information in the facility directory.

YOUR RIGHT'S REGARDING MEDICAL INFORMATION ABOUT YOU

Your Right	Definition
Right to Inspect and Obtain Copies of Medical Record	<p>You can ask to see or get a copy (paper or electronic) of your medical record. Ask us how to do this.</p> <p>We will provide a copy or summary of your health information, usually within 30 days of your request. We may charge a reasonable fee.</p> <p>We may deny your request under certain circumstances and you may appeal this decision when made with another professional who was not involved in your treatment review denial.</p>

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Your Right	Definition
Right to Ask Alpine 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 will tell you why in writing within 30 days.
Right to Get a List of Those With Whom We’ve Shared Information	<p>With the exception of certain disclosures, including those for treatment, payment and health care operations and those authorized by you, you have the right to request a list of the disclosures we have made of your medical information</p> <p>Your request must state a time period, which may not be longer than six years. We will notify you of the cost involved and you may withdraw or change your request before any costs are incurred.</p>
Right to Ask Alpine to Limit What We can Use or Share	<p>You have the right to request that we follow additional, special restrictions when using or disclosing your medical information.</p> <p>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 with emergency treatment as determined by your doctor.</p> <p>To request restrictions, you must make your request in writing to your case manager or the person in charge of treatment.</p> <p>In your request, you must tell us what information you want to limit, the type of limitation, and to whom you want the limitation to apply. An example of such a limitation might be limits on disclosures we may make to your spouse or health insurance company when paying for services in cash.</p>
Right to Request Confidential Communications	You have the right to request that we communicate with you about appointments or

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Your Right	Definition
	other matters related to your treatment in a specific way or at a specific location.
Right to a Paper Copy of this Notice	You may ask us for a paper copy of this notice at any time. To obtain a paper copy, ask any staff person.

We will never share your information for marketing purposes without your written permission. We will never sell your information.

COMPLAINTS

You have the right to file a complaint if you believe that staff has not complied with the practices outlined in this notice. All complaints must be submitted in writing. You will not be penalized in any way for filing a complaint. If you believe your privacy rights have been violated, you may file a complaint with Alpine Special Treatment Center/Harborview Center, or with the Federal government.

To file a complaint with Alpine Special Treatment Center, contact:

Kevin Stafford
Administrator
Alpine Special Treatment Center, Inc.
2120 Alpine Blvd.
Alpine, CA 91901
619-445-2644

To file a complaint with Harborview Center, contact:

Craig Charles
Administrator
Harborview Center
490 W. 14th Street
Long Beach, CA 90813
562-591-8701

To file a complaint with the federal government, contact:

U.S. Department of Health & Human Services
Region IX, Office for Civil Rights
90 7th St Suite 4-100
San Francisco, CA 94103
Voice Phone: (415) 437-8310
Facsimile: (415) 437-8329
TDD: (415) 437-8311
Link: www.hhs.gov/ocr/privacy/hipaa/complaints/