**NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW HEALTH AND *DRUG AND***

***ALCOHOL* RELATED INFORMATION ABOUT YOU MAY BE USED**

**AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.**

1. **General Information**

Information regarding your health care, including payment for health care, is protected by two federal laws: The Health Insurance Portability and Accountability Act of 1996 (HIPPA), 42 U.S.C. § 1320D *et seq*., 45 C.F.R. Parts 160 and 164, and the Confidentiality Law, 42 U.S.C § 2900DD-2, 42 C.F.R. Part 2. Under these two laws, Family Health Centers of San Diego may not say to a person outside Family Health Centers of San Diego that you attend any program, nor may Family Health Centers of San Diego disclose any information identifying you as an alcohol or drug abuser, or disclose any other protected information except as permitted by federal law.

Family Health Centers of San Diego must obtain your written authorization before it can disclose information about you for treatment and payment purposes. For example, Family Health Centers of San Diego must obtain your written authorization before it can disclose information to your insurer in order to be paid for services; however, federal law permits Family Health Centers of San Diego to disclose information *without* your written permission:

1. Pursuant to an agreement with a business associate;
2. For research, audit, or evaluations;
3. To report a crime committed on Family Health Centers of San Diego premises or against Family Health Centers of San Diego personnel;
4. To medical personnel in a medical emergency;
5. To appropriate authorities to report suspected child abuse or neglect;
6. As allowed by a court order.

For example, Family Health Centers of San Diego may disclose information without your authorization to paramedics in case you need emergency medical care, or to another treatment facility to provide you health care, as long as there is a business associate agreement in place.

Before Family Health Centers of San Diego can use or disclose any information about your health in a manner that is not described above, it must first obtain your specific written authorization allowing Family Health Centers of San Diego to make the disclosure. You may revoke any previously given authorization in writing.

1. **Your Rights**

Under HIPAA, you have the right to request restrictions on certain uses and disclosures of your health information. Family Health Centers of San Diego is not required to agree to any restrictions you request, but if it does agree, then it is bound by that agreement and may not use or disclose any information which

you have restricted except as necessary in a medical emergency. You have the right to request that you are communicated with by alternative means or at an alternative location. Family Health Centers of San Diego will accommodate such requests that are reasonable and will not request an explanation from you. Under HIPAA, you also have the right to inspect and ask for a copy of your health information maintained by Family Health Centers of San Diego, unless the information contains psychotherapy notes or information compiled for use in a civil, criminal, or administrative proceeding or in other limited circumstances. Under California law, we must notify you if anyone requests information made pursuant to an authorization. Our notice to you must describe the subject and dates of material requested and give you the option to request copies and receive a copy of the information request.

Under HIPAA, you also have the right (with some exceptions) to amend health care information maintained in Family Health Centers of San Diego records, and to request and receive an accounting of disclosures of your health-related information made by Family Health Centers of San Diego during the six years prior to your request. You also have the right to receive a paper copy of this notice.

1. **Family Health Centers of San Diego Duties**

Family Health Centers of San Diego is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. Family Health Centers of San Diego is required by law to abide by the terms of this notice. Family Health Centers of San Diego reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information it maintains. When our privacy officials approve a revised notice, it will be forwarded to all Family Health Centers of San Diego programs and your counselor or case manager will give you the new notice to review and sign. You have the right to receive a paper copy of the new notice.

1. **Complaints and Reporting Violations**

You may complain to Family Health Centers of San Diego and the Secretary of the United States Department of Health and Human Services if you believe that your privacy rights have been violated under HIPAA. You forward your specific complaint to: Privacy Official, Family Health Centers of San Diego, 823 Gateway Center Way, San Diego, CA 92102-4541. All complaints will be logged and reviewed within 30 days of receipt by the privacy official. You will not be retaliated against for filing a complaint.

1. **Contact**

For further information, contact: Privacy Official Trish Besaw, Family Health Centers of San Diego, 823 Gateway Center Way, San Diego, CA 92102-4541; telephone: 619-515-2321.

I hereby acknowledge receiving a copy of this notice.

Client Name (*print*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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