

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

Behavioral Health Services, Inc., (BHS) is required by federal law (45 Code of Federal Regulations Parts 160 through 164) to maintain the privacy of protected health information and to provide you with this notice of our legal duties and privacy practices. We are required to abide by the terms of this notice.

BHS reserves the right to revise our practices at any time. At the time we change our practices regarding the use of protected health information, we will revise this notice. The revised notice will be posted in all BHS treatment locations. Clients may request a copy of the current privacy notice by asking the program director at the location where they are receiving services or by sending a written request to: Behavioral Health Services, Inc. Administrative Offices, 15519 Crenshaw Boulevard, Gardena, CA 90249.

How Behavioral Health Services uses your protected health information:

BHS uses protected health information about you for purposes of treatment, payment and health care operations. Examples of how we use your information include, but are not limited to, exchange of information between the treatment team for purposes of case review and treatment planning; review of treatment files by BHS staff for purposes of quality assurance reviews; review by management staff for purposes of staff supervision and training; provision of limited information (i.e., record number, admission date, discharge date and number of sessions attended) to the payer or funding source to obtain payment for services; review by external auditors for purpose of audit; disclosure of information to other BHS units to facilitate transfer to other levels of service.

BHS uses your protected health information to contact you by phone or mail to remind you of appointments, ask about missed appointments, to communicate with you about alumni, aftercare, or advocacy activities, and to follow up on your progress during and after treatment. We may add you to our mailing lists for our agency newsletter and fund raising letters.

Some protected health information is provided to BHS business associates who provide services as part of your treatment process. We provide information to outside contractors who provide transcription services. We provide limited information to outside laboratory services for the purpose of processing urinalysis drug screens and other laboratory tests. Other business associates having access to your information include information services consultants who provide services in regard to our computers. These business associates have agreed to protect the confidentiality of protected health information and not to redisclose this information without your written authorization.

We may disclose information without your consent in an emergency. The information disclosed will be limited to information necessary for emergency medical personnel to provide services to you.

We are required to disclose information about you without your consent, if we have reason to suspect that there is a situation of child abuse or neglect, or dependent adult abuse or neglect. We will only report incidents in which you are the victim with your consent.

Other disclosures of your protected health information will only be made with your written authorization. You have the right to refuse authorization. You also have the right to revoke such authorization in the future.

Your Rights:

You have the right to request restrictions on certain uses and disclosures of protected health information. You may request in writing that BHS restrict disclosures of your protected health information. To request restriction on the use or disclosure of your protected health information send a written request specifying clearly exactly what restrictions you wish placed on your protected health information. Send your request to Behavioral Health Services, Inc. Administrative Offices, 15519 Crenshaw Boulevard, Gardena, CA 90249.

BHS will consider all requests for restrictions on use and disclosure of protected health information. BHS is not required to agree to your request. If we do not agree and you are an active client, your counselor will discuss your request with you. If your requested restrictions would interfere with our provision of treatment services to you, you will be given the choice to withdraw your request for restrictions on the use and disclosure of your protected health information, or to terminate your treatment with BHS and transfer to another health care provider.

You have the right to receive communications from BHS by alternative means or at alternative locations. To receive communications at the location of your choice, it is your responsibility to notify your counselor of the mailing address and telephone number where you wish to be contacted. If you wish to change your mailing address at some time after your discharge from treatment, you may change your address and telephone number of record by sending it in writing to: Behavioral Health Services, Inc. Administrative Offices, 15519 Crenshaw Boulevard, Gardena, CA 90249.

You have the right to inspect and/or receive a copy of protected health information in your client record. To inspect or request a copy of your record, you must make your request in writing to the location where you are receiving services. There is a fee charged for inspecting or making a copy of your record. You may receive limited information (face sheet and discharge summary) for no cost.

You have the right to amend your protected health information. If you believe your protected health information is inaccurate and needs amendment, you may request in writing that your record be amended. To make a request to amend your protected health information you must notify BHS in writing specifying the information to be amended and the reason for the amendment. BHS will review your request for amendment. No later than 60 days after receipt of your request, BHS will either (1) amend your protected health information and notify you that the amendment you requested has been made, or (2) notify you that your request is denied and the reason for the denial. If your request is denied, you may submit a written statement disagreeing with the denial which will be placed in your record.

You may also file a complaint with BHS Privacy Officer at (310) 679-9126 or with the Secretary Health and Human Services. Complaints to the Secretary Health and Human Services must be filed in writing either on paper or electronically. You must name the entity that is the subject of the complaint and describe the acts or omission believed to be in violation of the applicable requirements of 45 CFR part 160 or the applicable standards, requirements, and implementation specifications of 45 CFR subpart E of part 164. Your complaint must be filed within 180 days of receipt of our denial.

You have a right to receive an accounting of disclosures of your protected health information made by BHS. We maintain a list of disclosures made on your authorization or made to business associates in the provision of your treatment services. The accounting includes: the date information was disclosed, the entity or person who received the information, a brief description of protected health information disclosed, and the purpose of the disclosure. To receive an accounting of disclosures of your protected health information you must send a written request to Behavioral Health Services, Inc. Administrative Offices, 15519 Crenshaw Boulevard, Gardena, CA 90249. Your request must include the time period you wish an accounting for, your full name and date of birth to assist us in locating your file. The accounting will be provided to you within 60 days of receipt of your written request.

You also have a right to receive a copy of this notice.

This notice is effective January 1, 2003 and remains in effect until a notice of amendment is published. For further information regarding the privacy of your protected health information and BHS practices regarding same you may contact the Program Director at the BHS program where you are receiving services, or the BHS Privacy Officer at (310) 679-9126.

Copy received by _____ **Date** _____

CLIENT NAME:

CLIENT ID: