

## **NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW YOUR  
BEHAVIORAL HEALTH INFORMATION  
MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**Please review carefully.**

### ❖ **Our Pledge and Responsibilities**

Kings View understands your behavioral health information and records are personal and private. We are strongly committed to safeguarding your confidential information, also known as **protected health information**. We create a medical record of your care and services at this agency to ensure high quality care and comply with certain legal requirements. This notice applies to your medical records and related financial information generated and maintained by your Kings View behavioral health service provider as well as any records we receive from your other health care providers.

We are required by federal and state law to:

- Keep your medical records and all your protected health information private and secure.
- Let you know promptly if a breach occurs that may compromise the privacy or security of your protected health information.
- Give you this notice of our legal duties and privacy practices with respect to your protected health information maintained about you.
- To follow the terms of the notice currently in effect.
- Not use or share your protected health information other than as described here unless you tell us we can in writing.

### ❖ **Terms Used in This Notice**

- **Authorization** is your written permission to disclose your protected health information to persons or agencies when authorization to disclose the information is legally required. Authorization forms must have all the HIPAA required elements to be valid.
- **Behavioral health services** are treatment, case management, community support, and other related services that address mental health and substance use conditions.
- **Disclosure** is when Kings View releases your protected health information to others outside the Kings View program serving you.
- **Protected health information** is individually identifiable health information – in any form (paper, electronic and verbal) – collected, created, or received by a Kings View behavioral health treatment program.
- **Use** means the work-related sharing and use of your protected health information by Kings View program staff.

### ❖ **Included In This Notice**

- Section 1: How Kings View may use and disclose your mental health information and records.
- Section 2: How Kings View may use and disclose your substance use disorder information and records.
- Section 3: Your legal privacy rights regarding access to your information and records maintained by Kings View.
- Section 4: How to get more information about our privacy practices or file a complaint if you believe Kings View has violated your privacy rights.

### ❖ **Changes to This Notice**

We reserve the right to change this notice and our privacy practices at any time. Changes will apply to any protected health information we already have and information we receive in the future. Each time you register for new services you will be offered a copy of the current notice. The current notice is posted in all our facilities, available upon request, and on our website [www.kingsview.org](http://www.kingsview.org).

## Section 1: How We May Use and Disclose Your Mental Health Information & Records

The following categories describe different ways we are allowed to use and disclose your **mental health** treatment, case management, and community support information. For each category of uses or disclosures, we explain what we mean and give some examples. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose protected health information fall within one of the following categories.

- 1. At your Request.** When requested by you – or your legal representative – and with your written authorization, we may provide your protected health information to any person or entity you choose. For example, you may want us to disclose appointment or financial information to a family member who is involved in your care. Or you may ask us to send certain records to your attorney, a school, probation officer, disability insurance company, or employer.
- 2. Treatment.** We may use your protected health information to provide your mental health treatment including coordinating and managing your care – without your authorization. We may share your information among qualified professionals directly involved in your care. For example, our staff may discuss your care at a case conference. We may also disclose information about you to healthcare professionals outside our agency but only if they have direct responsibility for your medical or behavioral health treatment. For example, we may share information with your primary care physician regarding your medications or to coordinate your care. When you leave our care, we may also disclose information to your new provider. Or we can share limited information with emergency response personnel if you aren't able to speak for yourself.
- 3. Appointment Reminders.** We may use your protected health information to remind you of an appointment with your agreement using the contact information you provide. You may ask us not to remind you of your appointments.
- 4. For Payment.** We will use and disclose your protected health information to bill for the treatment and services you receive here and to collect payment from you, an insurance company, Medi-Cal, or other third party – without your authorization. For example, we may need to give your health plan information about treatment or counseling you received here so they will pay us for the services. We may also tell them about treatment or services we plan to provide in order to obtain prior approval or to determine whether your plan will cover the treatment.
- 5. For Health Care Operations.** We will use and disclose protected health information about you for our own operations. These uses and disclosures are necessary to administer the programs and make sure all our clients receive quality care. For example, we may use health information to review our treatment and services and evaluate the performance of the staff in caring for you. We may also disclose your information to our Business Associates who we've contracted to assist us with our operations and who've signed a confidentiality agreement.
- 6. As Required by Law.** We will disclose your protected health information when required to do so by federal, state, or local law. For example, if we reasonably suspect child, elder or dependent adult abuse or neglect, we are mandated by law to report it. We will make reasonable efforts to notify you in advance. Or your protected health information may need to be disclosed to the Department of Health and Human Services who may investigate to make sure that your privacy rights have not been violated.
- 7. Medical Emergency.** We may disclose your protected health information to emergency medical personnel at the scene of an emergency, in an emergency medical transport vehicle, or other professional person or emergency medical personnel in an emergency room.
- 8. Public Health Activities.** We may disclose your protected health information for public health activities generally including but not limited to:
  - Preventing or controlling disease (such as cancer and tuberculosis), injury or disability;
  - Reporting adverse events or surveillance related to food, medications or defects or problems with products;
  - Notifying people of recalls, repairs, or replacements of products they may be using;
  - Notifying a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition.
- 9. Research.** We may use and disclose your protected health information if approved by an Institutional Review Board (IRB). An IRB is a committee responsible, under federal law, for reviewing and approving human subjects' research to protect the safety of the participants and confidentiality of their information.

- 10. Lawsuits and Other Legal Proceedings.** If you are involved in a lawsuit or a dispute, we may disclose your mental health information in response to a court or administrative order. We may also disclose your health information in response to a subpoena, discovery request, or other legal procedure by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which includes written notice to you) or to obtain an order protecting the health information requested. We may disclose your information to courts, attorneys, and court employees in the course of conservatorship, writs, and certain other judicial or administrative proceedings.
- 11. Law Enforcement.** We may release your protected mental health information to law enforcement agencies:
  - If the police present a valid search warrant;
  - If the police present a valid court order;
  - To identify or locate a suspect, fugitive, material witness or missing person, if required or permitted by law;
  - To report your discharge if you were involuntarily detained after a peace officer initiated a 72-hour hold for psychiatric evaluation and requested notification;
  - To report criminal conduct at our facility or threats of such conduct against our staff or facility; or
  - For the protection of federal and state elected constitutional officers and their families.
- 12. Coroners, Medical Examiners and Funeral Directors.** We may be required by law to report your protected health information to a coroner, medical examiner, or funeral director to permit identification of a body, determine cause of death, or for other official duties.
- 13. Workers' Compensation.** We may use and disclose your mental health information to comply with workers' compensation laws or similar programs that provide benefits for work-related injuries or illness.
- 14. Government Program for Public Benefits.** We may use or disclose your protected health information to help you qualify for government benefit programs such as Medicare, Medi-Cal, Supplemental Security Income, or other benefits or services.
- 15. Inmates.** If you are an inmate or ward in a correctional institution or under the custody of a law enforcement official, we may release information about you to the correctional institution or law enforcement official if necessary to provide you with healthcare, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.
- 16. Department of Justice.** We may disclose limited information to the California Department of Justice for movement and identification purposes about certain criminal clients, or regarding persons who may not purchase, possess, or control a firearm or deadly weapon.
- 17. Multidisciplinary Teams.** We may disclose your protected health information to a multidisciplinary team relevant to the prevention, identification, management, or treatment of an abused child or an abused elder or dependent adult.
- 18. Breach Notification.** We will use and disclose your protected health information to tell you there has been unlawful access to your protected health information such as when someone not authorized to see your records looks at them or your information is accidentally lost or is stolen. We are also required to report breaches to state and federal authorities and may need to disclose your protected health information to do so. If this happens, we will notify you in writing.
- 19. Serious Threat to Health or Safety.** We may use and disclose information about you when necessary to prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the public or another person. Any disclosure would be to someone able to help stop or reduce the threat.
- 20. Senate and Assembly Rules Committees.** We may disclose your protected health information to the Senate or Assembly Rules Committee for the purpose of legislative investigations.
- 21. Health Oversight Activities.** We may disclose protected health 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.
- 22. Military and National Security.** We may use or disclose protected health information of armed forces personnel to the applicable military authorities when they believe it is necessary to properly carry out military missions. We may also disclose your records to authorized federal officials as necessary for national security and intelligence activities or for the protection of the president or other government official and dignitaries.
- 23. Marketing and Fund Raising.** We will never disclose your protected health information for marketing, fund raising, or sell your personal information.
- 24. Special Categories:** Special legal requirements may apply to the use or disclosure of certain categories of information such as tests for the human immunodeficiency virus (HIV) or treatment and services for substance use disorders (See Section 2: How we may

use and disclose your substance use disorder information)

## 25. Other Uses and Disclosures Requiring Your Authorization.

Other uses and disclosures of your protected health information not covered by this notice or the laws that apply to Kings View are made only with your authorization. You may revoke an authorization at any time with no explanation, by notifying your program's medical records department. We stop the processing of the authorization to the greatest extent possible immediately upon receipt of a revocation. However, we are unable to take back any disclosures already made with your permission.

## Section 2: How We May Use and Disclose Your Substance Use Disorder Information and Records

Information and records maintained by Kings View's *specifically designated substance use disorder (SUD) programs* have additional and stricter privacy protections under federal law *Confidentiality of Alcohol and Drug Abuse Patient Records*. SUD information obtained during general medical or mental health treatment is not subject to these provisions. Examples of Kings View's SUD programs are:

- Medication-Assisted Treatment Services (Suboxone and Methadone)
- Outpatient SUD Counseling Services
- Court Ordered SUD Counseling Services.

Generally, SUD programs cannot tell any person outside the program you attend the program or disclose any information identifying you as having an alcohol or drug issue. All disclosures of your SUD information and records require your valid, written authorization – with the following limited **EXCEPTIONS**:

1. **At Your Request.** When requested by you, or your legal representative, and with your written authorization, we may provide your SUD protected information to any person or entity you choose. For example, you may want us to disclose appointment or financial information to a family member who is involved in your care. Or you may ask us to send certain records to your attorney, a school, probation officer, disability insurance company, or employer.
2. **Internal Program Communications.** Only the SUD program staff directly involved in providing or facilitating your treatment are permitted to use and share your SUD information. Staff not needing your information to perform their jobs do not have access to it. Your records may also be disclosed to Kings View's corporate staff who administer the SUD program such as the financial, quality improvement, and compliance departments.
3. **Medical Emergencies.** Your protected information may be disclosed to medical personnel who need it to treat a condition which poses immediate medical danger to your health and requires immediate medical intervention. Limited information is disclosed but only if you are incapable of providing informed consent. Your SUD protected information cannot be shared with the police or non-medical personnel, including family members who may be at the scene. If you want the SUD program to notify family in the event of a medical emergency occurring at the program, you must complete an authorization form in advance authorizing the program to notify the persons named.
4. **Court-Ordered Disclosures.** We will disclose your protected SUD information to the court if we are served with a judge-signed court requesting testimony and/or records. A subpoena, search warrant, or arrest warrant alone – even when signed by a judge – is not sufficient to permit us to make a disclosure. The court order must comply with the requirements of 42 CFR Part 2.
5. **Crime on Program Premises or Against Program Personnel.** When a crime has been threatened or committed on the SUD Program's premises, we are permitted to report the crime to a law enforcement agency and/or to seek its assistance (call 911). Information regarding the circumstances of the incident, including the suspect's name, address, last known whereabouts, and status as a client in the SUD program. We may report a suspected client to law enforcement if there are reasonable grounds to believe the person being reported did commit the crime. If a staff member is later asked to testify in a subsequent criminal proceeding against the client, the court must issue the proper order compelling the testimony as described in (4) above.
6. **Suspected Child, Elder and Dependent Adult Abuse/Neglect.** We will report suspected child abuse or neglect to the appropriate local authorities as required by state law. However, after the initial report and written confirmation of that initial report is made no other client information is disclosed even if subpoenaed. Substance abuse by itself is not a condition we report as child abuse or neglect. We report only if there is some reason to suspect actual or imminent harm to the child. The law requires a balance between client confidentiality and child protection. We will tell you in advance if we make a child abuse report.

We are also legally mandated to report elderly and dependent adult neglect and abuse. However, federal law does not permit SUD programs to make these reports without your authorization. If elderly or dependent adult abuse is suspected, we'll first seek your authorization to make the report to the appropriate authorities. If we cannot obtain your authorization, we will make the mandated report without revealing you are a SUD program client or have a substance use disorder issue.

- 7. Program Audits and Evaluations.** We may disclose your SUD information to government agencies that fund or regulate the SUD program when they conduct audits. We may also disclose your information to peer review organizations that review utilization or quality control. The agency conducting the audit or evaluation must agree in writing it will not re-disclose your SUD information except: (1) back to the Kings View SUD program or (2) pursuant to a court order to investigate or prosecute the SUD program (not a client), or (3) to a government agency overseeing a Medicare or Medi-Cal audit or evaluation.
- 8. Qualified Service Organization.** We may disclose your SUD information to individuals or agencies we contract with to assist us in the administration of the SUD program. These contractors are called *Qualified Service Organizations* and provide data processing, electronic health records maintenance, and laboratory analyses as well as legal, accounting, and other professional services. In order for us to disclose protected SUD information about these contractors, we get a written agreement requiring their full compliance with federal law Confidentiality of Patient Drug and Alcohol Patient Records (42 C.F.R. Part 2).
- 9. Legitimate Research.** We may disclose your SUD information to conduct scientific research if the Kings View Chief Compliance and Privacy Officer determines the researcher is qualified to conduct the research. In addition, the researcher must produce a protocol showing numerous safeguards for keeping client information confidential and showing the rights and the welfare of clients are adequately protected. The research must show the benefits of the research outweigh the risks to client privacy. If we do decide to participate in a research project, we will notify you in advance and give you the choice to opt out.

### Section 3: Your Privacy Rights

Listed here are your legal rights regarding your behavioral health information and records (mental health and substance use disorder). Medical Records staff at your program will assist you complete the required forms for requests 1-5.

- 1. Inspect and Copy Your Medical Records.** You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy of your records within 15 days of your written request and may charge a reasonable, cost-based fee.
- 2. Correct Your Medical Records.** You can ask us to correct information you think is factually incorrect or incomplete. Ask us how to do this. We may say "no" to your request, but we'll tell you why in writing within 60 days.
- 3. Confidential Communications.** You may request we communicate with you in a specific way to protect your privacy. For example, you may request that we call you only at your work number or send mail to a special address. We will accommodate all reasonable requests.
- 4. Limit Use and Disclosure.** You can ask us not to use or disclose certain health information for treatment, payment, or our operations. We are not required to agree and may say "no" if it would affect the quality of your care. If you pay for a service out-of-pocket in full, you can ask us not to share that information for the purpose of payment with your health insurer. We will say "yes" to your requests unless a law requires us to disclose that information.
- 5. Accounting of Disclosures.** You can ask for a list (accounting) of the times we disclosed your protected health information for the prior six years from the date you ask, who we disclosed it to, and why.
- 6. Copy of Notice of Privacy Practices.** You can ask your service provider for a paper copy of this notice at any time – even if you agreed to receive it electronically. You may also get the notice from the Kings View website: [www.kingsview.org](http://www.kingsview.org)
- 7. Legal Representative.** If you have given someone medical power of attorney, or you have a legal guardian, that person can exercise all your privacy rights on your behalf and make choices about your protected health information. We'll make sure that person has this authority and can act for you before we take any action.

**Section 4: Questions and How To Make A Privacy Complaint**

Please contact the Kings View Chief Compliance and Privacy Officer if you want more information or have questions about our privacy practices.

If you feel your privacy rights have been violated, you have the right – and we encourage you – to file a complaint. We would appreciate the opportunity to resolve your concern, but you may file a complaint directly with the Secretary of the U.S. Department of Health and Human Services.

- For more information or to file a privacy complaint with Kings View, contact:  
**Kings View**  
Attention: Chief Compliance and Privacy Officer 1396 W. Herndon Avenue  
Fresno, CA 93711  
Phone: (559) 256-1080  
Email: [CompliancePrivacyOfficer@kingsview.org](mailto:CompliancePrivacyOfficer@kingsview.org)  
[www.kingsview.org/contact](http://www.kingsview.org/contact)
  
- To file a privacy complaint with the Department of Health and Human Services, contact:  
**Office of Civil Rights**  
US Department of Health and Human Services 90 7<sup>th</sup> Street, Suite 4 – 100  
San Francisco, CA 94103  
Phone: (415) 437-8310  
FAX: (415) 437-8329  
TDD: (415) 437-8311  
Email: [OCRPrivacy@hhs.gov](mailto:OCRPrivacy@hhs.gov)  
[www.dhhs.gov/ocr/privacy/index.html](http://www.dhhs.gov/ocr/privacy/index.html)

Kings View honors your right to express your privacy concerns. You will not be punished, threatened, or penalized in any way for asking questions or for filing a complaint.

 **Thank you for trusting Kings View with your care.**

**ACKNOWLEDGEMENT OF RECEIPT OF  
KINGS VIEW - BEHAVIORAL HEALTH SERVICES  
NOTICE OF PRIVACY PRACTICES**

I acknowledge receipt of Kings View's Notice of Privacy Practices for Behavioral Health Services (mental health and substance use disorder).

I have been offered a copy of the Notice of Privacy Practices but do not wish to receive it at this time.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Relationship (if not signed by client): \_\_\_\_\_