

## **NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW YOUR  
WORK EXPERIENCE CENTER 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 Work Experience Center 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 record of your services at this agency to ensure high quality services and comply with certain legal requirements. This notice applies to all the information related to your services generated and maintained by the Work Experience as well as any records we receive from your other service providers.

We are required by federal and state law to:

- Keep your personal and service information private and secure.
- Let you know promptly if a breach occurs that may compromise the privacy or security of your records.
- Give you this notice of our legal duties and privacy practices with respect to the information we maintain about you.
- To follow the terms of the notice currently in effect.
- Not use or share your 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 outside the Work Experience Center when your authorization is legally required. Authorization forms must have all the HIPAA required elements to be valid.
- **Disclosure** is when Kings View releases your protected health information to other agencies or persons outside the Work Experience Center 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 Work Experience Center.
- **Use** means the work-related sharing and use of protected health information by Kings View program staff.

### ❖ **Included In This Notice**

- Section 1: How Kings View may use and disclose your Work Experience information.
- Section 2: Your legal privacy rights regarding access to the information and records we maintain about you.
- Section 3: 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 on 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 Work Experience Center Information & Records

The following categories describe different ways we are allowed to use and disclose your protected health 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 information about your services or work schedule to a family member who assists you with your participation in the Work Experience Center. Or you may want us to disclose your appointments to someone who provides you transportation to the Center. You may provide your transportation to the Work Experience Center. Or you may ask us to send certain records to your attorney, a school, probation officer, disability insurance company, or employer.
- 2. Provide Your Services.** We will use your information to provide services to you. Only staff directly involved in providing or facilitating your services have access to your records. We may disclose your information to the Central Valley Regional Center as necessary to ensure you receive the appropriate services.
- 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 collect payment for the services you receive from the Work Experience Center. For example, we send monthly invoices to the Central Valley Regional Center disclosing the numbers and types of services we provided you that month.
- 5. For Health Care Operations.** We will use and disclose health information about you for our own operations. These uses and disclosures are necessary to administer the Work Experience Center and make sure all our clients receive quality services. For example, we may use your information to review our services and evaluate the performance of the staff. 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. Health Oversight Activities.** We may disclose your 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 law.
- 8. 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.
- 9. Public Health Activities.** We may disclose your protected health information for public health activities generally including but not limited to:
  - Prevent or control 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.

- 10. 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.
- 11. Lawsuits and Other Legal Proceedings.** If you are involved in a lawsuit or a dispute, we may disclose your protected 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.
- 12. Law Enforcement.** We may release your protected 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 elective constitutional officers and their families.
- 13. Coroners, Medical Examiners and Funeral Directors.** We may be required by law to report the death of a client to a coroner, medical examiner, or funeral director to permit identification of a body, determine cause of death, or for other official duties.
- 14. Workers' Compensation.** We may use and disclose your protected health information to comply with workers' compensation laws or similar programs that provide benefits for work-related injuries or illness.
- 15. 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.
- 16. 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.
- 17. 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.
- 18. Multidisciplinary Teams.** We may disclose information to a multidisciplinary team relevant to the prevention, identification, management, or treatment of an abused child or an abused elder or dependent adult.
- 19. 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.
- 20. Serious Threat to Health or Safety.** We may use and disclose Health 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.
- 21. 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.

- 22. 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.
- 23. 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.
- 24. Marketing and Fund Raising.** We will never disclose your protected health information for marketing, fund raising, or sell your personal 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 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: Your Privacy Rights

Listed here are your legal rights regarding your Work Experience Center information and service records. Staff at your center will assist you complete the required forms for requests 1-5.

- 1. Inspect and Copy Your 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 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 information for providing your services, payment, or our operations. We are not required to agree and may say "no" if it would affect the quality of your services.
- 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 3: 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 concerns regarding your privacy. You will never be punished, threatened, or penalized in any way for asking questions or for filing a complaint.



**Thank you for choosing Kings View!**

**ACKNOWLEDGEMENT OF RECEIPT OF  
KINGS VIEW - WORK EXPERIENCE CENTER  
NOTICE OF PRIVACY PRACTICES**

I acknowledge receipt of the Kings View Notice of Privacy Practices for the Work Experience Center.

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): \_\_\_\_\_