

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR
PROTECTED 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 the information we collect and maintain about you is personal and private. We are strongly committed to safeguarding your confidential behavioral health information. Throughout this Notice, we use the term *protected health information* to refer to all information about you that is protected by federal and state privacy law. This Notice explains how Kings View may use and disclose your protected health information while providing care and services, and how you can access your information and exercise your privacy rights.

Kings View is required by federal and state law to:

- Keep 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 the protected health information we maintain 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.

❖ Who Will Follow This Notice

This Notice of Privacy Practices applies to:

- All behavioral health treatment and supportive wellness and recovery services operated by Kings View that collect, use, maintain, or share protected health information in any way.
- All Kings View employees, independent contractors, interns, volunteers, and others authorized to provide services or access client information.

❖ Included In This Notice

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

❖ 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 at www.kingsview.org.

1: How We May Use and Disclose Your Protected Health Information

Kings View has policies and procedures and other safeguards to help keep your protected health information from improper use and disclosure. This section explains how we may use and disclose your protected health information and gives some examples. Not every use or disclosure in a category will be listed. However, all permitted uses and disclosures fall within one of the 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. You may revoke an authorization at any time – with no explanation – by notifying the program's medical records department. We stop the processing of the authorization to the greatest extent possible immediately upon receipt of your revocation. However, we are unable to take back any disclosures already made with your permission.
2. **Treatment.** We may use or share your protected health information to provide, coordinate, or manage the behavioral-health care and supportive services you receive. We may disclose your information to members of your treatment team — such as psychiatrists, therapists, case managers, nurses, and interns. For example, your therapist may consult with a psychiatrist about your medication plan, or a case manager may share information with crisis staff to support continuity of care. We may also disclose your protected health information to other health care providers not affiliated with Kings View when needed to support the care they provide you. For example, your therapist may coordinate with your personal physician to ensure your treatment plan fits with your overall health needs.
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 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 you received 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.
9. **Reproductive Health Care Information.** We do not use or disclose your reproductive health care information to investigate or take action against anyone for seeking or providing lawful reproductive health care. If we receive a request from law enforcement, a court, or another agency, we release information only when required by law and permitted under HIPAA. In some cases, we must first obtain a signed attestation the information will not be used for an investigation related to lawful reproductive health care.

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.** We will disclose your behavioral health information only in response to a valid court order. A subpoena, discovery request, or other legal demand by itself is not enough for Kings View to release your behavioral health information. However, we may share information with the court without your permission when required for certain judicial or administrative proceedings allowed by law, such as conservatorship hearings or writ 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
 - For the protection of federal and state elected constitutional officers and their families
13. **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.
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. **Identity Verification.** We may photograph you for identification purposes. Your photo is stored in your medical record. You may decline to have your photograph taken, if you wish, by contacting your provider.
16. **Department of Justice.** We may disclose limited behavioral health information to the California Department of Justice when required by law. This includes providing information needed for identification or movement purposes in certain criminal justice situations, and reporting individuals who are legally prohibited from purchasing, possessing, or controlling a firearm or other 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 use or disclose your protected health information for marketing, fundraising, or sell your personal information. At times, we may ask if you would like to share your personal story to help raise awareness about behavioral health. We will only do so with your voluntary, written permission.

24. **HIV Test Results:** California law gives heightened protections to HIV/AIDS information. Generally, we must obtain your written authorization specifically permitting a disclosure of the results of an HIV/AIDS test for each separate disclosure made. We may disclose your HIV/AIDS test results without your authorization and as required under State reporting laws for purposes of public health investigation, control, or surveillance. Additionally, disclosures to a health care provider may be made without specific client authorization for the direct purposes of diagnosis, care, or treatment of the client. Your physician who orders an HIV test on your behalf may disclose the result of your HIV test to your health care providers for purposes related to your diagnosis, care, or treatment.
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 written authorization (see 1. above).

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

Kings View's substance use disorder (SUD) treatment services are protected by both HIPAA and the federal law Confidentiality of Substance Use Disorder Patient Records (42 C.F.R. Part 2). Part 2 provides stricter privacy protections for information related to your SUD diagnosis, treatment, or referral.

Generally, SUD programs cannot tell anyone outside the program that you receive SUD services or disclose any information that identifies you as having a substance use disorder. Disclosures of your SUD information and records may only be made with your valid written authorization, or when allowed under 42 C.F.R. Part 2 without your authorization, as described below:

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, medical doctor, a school, probation officer, disability insurance company, or employer. Protected SUD information that we disclose under your written authorization may not be further redisclosed by the recipient unless allowed by federal law.
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 order 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 C.F.R. Part 2.
5. **Crime on Program Premises or Against Program Personnel.** When a crime has been threatened or committed on the SUD program 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 may be disclosed. We may report the suspected individual 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 a valid reason to suspect actual or imminent harm to the child. The law requires a balance between client confidentiality and child protection.

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.

7. **Program Audits and Evaluations.** We may disclose your SUD protected health 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 our SUD programs. 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 to these contractors, we get a written agreement requiring their full compliance with federal law *Confidentiality of Substance Use Disorder 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 how they will ensure client information is kept confidential and that the rights and 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.
10. **Notice of Prohibition on Rediscovery.** Kings View includes a *Notice of Prohibition on Rediscovery* with any release of your protected health information made under your written authorization or other legally permitted circumstances. This notice explains that the information may not be shared further except as allowed by law.
11. **Restriction on Use For Criminal Charges.** SUD protected health information cannot be used to investigate or prosecute a client. Federal law prohibits anyone—regardless of who they are or how they obtained the information—from using SUD treatment information to initiate or support criminal charges or to conduct a criminal investigation. This includes using the information as evidence in court or information obtained through undercover agents, informants, or from the client's access to their own records.

3: Your Privacy Rights

Listed below are your legal rights regarding your protected health information. Each Kings View program maintains its own client records system. To exercise these privacy rights, contact the Medical Records staff at the program where you received services.

1. **View and Copy Your Medical Records.** You may ask to look at or obtain an electronic or paper copy of the information used to make decisions about your care and services, including billing records. Requests must be submitted in writing. You may inspect your records within five (5) days in the presence of a staff member or receive copies within fifteen (15) days of your written request. A reasonable, cost-based fee may apply. You may also ask us to send copies directly to another person of your choice.
2. **Correct Your Medical Records.** You may ask us to correct information in your records you believe is factually incorrect or incomplete. If you make a request, we will ask you to put it in writing and explain why you think the information should be corrected. We may deny your request, but if we do, we will tell you the reason in writing within 60 days. You also have the right to submit a written statement of disagreement with our decision to not amend your record that will be included in your record.
3. **Confidential Communications.** You may request we communicate with you in a specific way to protect your privacy. For example, you may request 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 may request a list of certain disclosures of your protected health information made in the six years before your request. This list includes only disclosures you would not already know about and that were not made for treatment, payment, or routine health care operations.
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
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 will make sure the person has this authority and can act for you before we take any action.

4: For More Information and How To Make A Privacy Complaint

Please contact your treatment provider or the Chief Compliance and Privacy Officer if you want more information or have questions about Kings View's privacy practices.

You have the right to file a complaint if you believe your privacy rights have been violated. Complaints may be submitted by mail, phone, or email to Kings View's Chief Compliance and Privacy Officer. We encourage you to report any concerns so we may promptly review and resolve them.

➤ **Kings View**

Attention: Chief Compliance and Privacy Officer
1396 W. Herndon Avenue
Fresno, CA 93711
Phone (559) 256-1080
CompliancePrivacyOfficer@kingsview.org
www.kingsview.org

You may also file a complaint directly with the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights within 180 days of when you found out the violation occurred.

➤ **Office For Civil Rights**

U.S. Department of Health and Human Services
90 7th Street, Suite 4-100
San Francisco, CA 94103
Customer Response Center: (800) 368-1019
TDD: (800) 537-7697
Email: OCRPrivacy@hhs.gov
www.hhs.gov/ocr/privacy

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.

**ACKNOWLEDGMENT OF RECEIPT
NOTICE OF PRIVACY PRACTICES**

I acknowledge I received or was offered a copy of Kings View's Notice of Privacy Practices.

Signed: _____ Date: _____

Print Name: _____

Relationship (if not signed by client): _____

Staff Use Only

NPP offered but not accepted:

- Client declined
- Unable to sign
- Other _____