

Jewish Family Service of San Diego
Notice of Privacy Practices

Effective Date: April 14, 2003
Required by federal regulation 45 CFR 164.520

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

Our Pledge Regarding Your Health/Mental Health Information

We understand that information about you and your health/mental health is confidential. We are committed to protecting the privacy of this information. Each time you visit a Jewish Family Service of San Diego office/ facility we create a record of the care and services you receive. We need this record to provide you with quality care and to comply with legal requirements.

This notice describes your health care and mental health care information privacy rights and the obligations Jewish Family Service of San Diego has regarding how we may use and disclose your health information.

Our Responsibilities

Federal and California law makes us responsible for safeguarding your personal health information. We must provide you with this notice of our privacy practices and follow the terms of the notice currently in effect.

Changes to this Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health/mental health information we already have on file about you as well as any information we receive in the future. We will post a copy of the current notice throughout our organization. A copy of the notice currently in effect will be available at the reception area of each Jewish Family Service of San Diego.

How We May Use and Disclose Health Information About You

The following categories describe different ways that we use your health/mental health information within Jewish Family Service of San Diego and disclose your health/mental health information to persons and entities outside of Jewish Family Service of San Diego. We have not listed every use or disclosure within the categories below, but all permitted uses and disclosures will fall within one of the following categories. In addition, there are some uses and disclosures that will require your specific authorization.

Treatment: Your health/mental health information may be used to provide or coordinate your treatment within Jewish Family Service of San Diego. Information about you may be disclosed to the Clinical Intake Coordinator, Case Managers, Therapists, Volunteers, Consulting Psychiatrist for JFS, Director of Community Services, Senior Directors, or other allied professionals employed by Jewish Family Service for the purpose of coordinating your continuing care.

Payment: Jewish Family Service may disclose your health/mental health information to an outside billing organization contracted by our agency. Your information may be used and disclosed to arrange for payment from you, an insurance company, a third party or a collection agency. This also may

include the disclosure of health information to obtain prior authorization for treatment and procedures from your insurance plan.

Continuous Quality Improvement: Uses and disclosures of health/mental health information are necessary to assure that all of our clients receive quality care. We may use and disclose relevant health/mental health information about you to staff and managers within the organization involved in quality assurance and utilization review.

Appointment Reminders: We may use and disclose minimal information about you to a staff member who will contact you as a reminder that you have an appointment within our organization.

Special Situations That Do Not Require Your Authorization

California and federal law permits the following disclosures of your health information without any verbal or written permission from you:

Averting a Serious Threat to Health or Safety: When necessary, we may use and disclose health/mental health information about you to prevent a serious threat to your health or safety or to the health and safety of another person or the public.

Abuse Related Concerns: We may disclose health/mental health information about you to report cases of suspected child, dependent adult, and elder abuse or neglect.

Lawsuits/Disputes/Law Enforcement: If you are involved in a lawsuit or a dispute, we may disclose health/mental health information about you in response to a court order, administrative order, warrant, summons or similar process. We may disclose information about you to law enforcement to identify the victim of a crime if, under certain circumstances, we are unable to obtain the person's authorization. We may also release information to law enforcement regarding criminal conduct occurring in our facilities. In emergency circumstances, your information may be disclosed to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Legal Requirements: We will disclose health/mental health information about you without your permission when required to do so by federal or California laws.

With Your Verbal Agreement

Individuals Involved in Your Care or Payment for Your Care: With your verbal agreement, we may disclose information about you and/or regarding your account at Jewish Family Service of San Diego to a family member or friend who is involved in your treatment or providing payment for your treatment.

Situations Requiring Your Written Authorization

If there are reasons we need to use your information that have not been described in the sections above, we will obtain your written permission. This permission is described as a written "authorization." If you authorize us to use or disclose health information about you, you may revoke that authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose health/mental health information about you for the reasons stated in your written authorization. Please understand that we are unable to reverse any disclosures we have already made with your permission, and we are required

to retain our records of the care we provide to you. Some typical disclosures that require your authorization are:

Special Categories of Treatment Information: In most cases, federal or California law requires your written authorization or the written authorization of your representative for disclosures of drug and alcohol treatment, Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) test results, and mental health treatment.

Marketing and Fund Raising: We will obtain your authorization for Jewish Family Service of San Diego marketing activities. We may use demographic information (not including your name) and your dates of service for our own fundraising purposes; otherwise we will obtain your authorization.

Your Rights Regarding Health/Mental Health Information About You

You have the following rights regarding health/mental health information we maintain about you. You may ask your therapist for information and instructions for exercising the following rights.

You have the right to:

1. Obtain a copy of Jewish Family Service of San Diego's Notice of Privacy Practices.
2. Request a restriction on certain uses and disclosures of your information.
3. Inspect and request a copy of your health record. This request for inspection or copies must be in writing and directed to the Jewish Family Service office where you are receiving treatment. A reasonable fee for copies will be charged. We may deny your request under limited circumstances, generally because your therapist may deem that the information in the chart may affect you adversely. If you are denied access to your health/mental health information, the reason for the denial will be reviewed and approved in writing by Senior Management. You may request information about the agency's grievance policy.
4. Request an amendment to your health record if you feel the information is incorrect or incomplete. Your request must be made in writing and it must include a reason that supports the request. We may deny your request if the information was not created by our mental health care team, if it is not part of the information kept by our agency, if it is not part of the information which you are permitted to inspect and copy, or if the information is accurate and complete as stated. Please note: If we accept your request for amendment, we are not required to delete any information from your record.
5. Obtain an accounting of disclosures to others of your health/mental health information. The accounting will provide information about disclosures made for purposes other than treatment, payment, agency operations, disclosures excluded by law or those you have authorized.
6. Request confidential communications. You have the right to request that we communicate with you about health/mental health issues in a certain way or at a certain location. For example, you may ask that we only contact you at work or by mail. We will accommodate all requests that are reasonable based on our system capabilities. Your request must be in writing and specify the exact changes you are requesting.
7. Revoke your authorization. You have the right to revoke your authorization for the use or disclosure of your health/mental health information except to the extent that action has already been taken.
8. If you have a complaint about any aspect of our health/mental health information practices please complete a Privacy Complaint Form and submit it to our **Privacy Officer at Jewish Family Service of San Diego, 8804 Balboa Avenue, San Diego, CA 92123.** (Rev. 5/31/2016)