

Your Information. Your Rights. Our Responsibilities.

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.**

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests

- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- 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 or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is 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.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the: U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes

- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Effective Date of this Notice 10/18/17

For questions regarding Hipaa compliance, please contact our privacy officer:

Adam Frank

Email address: ggaesinfo@gmail.com

Phone number: (916)953-9921

Specific Entity Practices:

We never market or sell personal information.

Privacy Rules California Specific

If you give authorization, records and/or information about your mental health care may be released in the following situations:

1. When you designate that your records be shared with others. The doctor, psychologist, social worker, or licensed marriage and family therapist in charge of your care must approve. Professional staff cannot be forced to reveal information

that was given to them in confidence by members of your family. Cal. Welf. & Inst. Code §5328(b).

2. In communication between a qualified professional person (a staff person at a facility) to another professional (outside the facility) who does not have responsibility for your care. Cal. Welf. & Inst. Code §5328(a).
3. To your attorney, except for information given in confidence to professional persons and staff by members of your family. Cal. Welf. & Inst. Code §5328(j).
4. To a county patients' rights advocate providing services to you. Cal. Welf. & Inst. Code §5541.
5. To an insurer if you apply for life or disability insurance. Cal. Welf. & Inst. Code §5328(i).
6. A 24 hour facility must make reasonable efforts to notify your designated family member(s) or another person of your admission. Unless you ask that this information not be provided. Upon request, the facility must also give to your designated family member(s) or another person information about your diagnosis, prognosis, medications, progress, release, transfer, serious illness, or death. But only after telling you such information has been requested and only if you authorize the release. Specific rules apply if you are unable to give authorization. Also, the facility must tell you of your right to keep this information confidential. Cal. Welf. & Inst. Code §5328.1.
7. If you have been convicted of a crime, information may be released to the probation officer who is evaluating you. But only if the facility you were in thinks the information is relevant, and only if you agree in writing. The information can be released only until you have been sentenced for the crime. After that, it must be kept confidential. The information released must be kept separate from your probation report. Also, information given in confidence by your family members must be kept confidential. Cal. Welf. & Inst. Code §5328(k).
8. To a government law enforcement agency investigating a crime if the records relate to you and you are confined under certain penal commitment categories. Cal. Welf. & Inst. Code §5328.01.
9. To a qualified physician or psychiatrist representing an employer when the information is required for an employment application. Unless the person responsible for your care thinks the release would not be in your best interest. Cal. Welf. & Inst. Code §5328.9.
10. To you or your authorized representative if you are appealing a benefits decision.
11. Between county agencies if you are an older adult and in the opinion of a multidisciplinary team there are signs of elder abuse/neglect. The disclosure must not include information about treatment or services provided. Welf. & Inst. Code §5328.05.

12. To a qualified professional who is providing genetic counseling to you or a member of your family. Cal. Welf. & Inst. Code §5328(q).

Without your authorization, information about your mental health care (only what is minimal necessary) may be released in the following situations:

1. If you are a minor, ward, or conservatee and your parent, guardian, guardian ad litem, or conservator consents in writing. However, professional persons and staff cannot be forced to reveal information that was given to them in confidence by members of your family. Cal. Welf. & Inst. Code §5328(d).
2. A requesting family member may be told of your presence in a facility if you are unable to authorize such a release of information (unless prohibited by federal law). Cal. Welf. & Inst. Code §5328.1.
3. Information may be released to prevent, investigate, or treat child, elder, and dependent adult abuse. Disorders involving lapses of consciousness may also be released. Only required, relevant information may be released. Full access to your records is not authorized. Cal. Welf. & Inst. Code §5328.5. Cal. Penal Code §11165-11174. Cal. Health & Safety Code §103900. 17 C.C.R. §2810. See also 65 Ops. Cal. Atty. Gen. 345 (1982); People v. Stritzinger, 34 Cal. 3d 505 (1983).
4. Between people on a “multidisciplinary personnel” team if the information is relevant to the prevention, identification, management, or treatment of an abused child or his or her parents, an abused elder, or abused dependent adult. Cal. Welf. & Inst. Code §5328(l). Cal. Welf. & Inst. Code §5328(v).
5. When your psychotherapist thinks you are a serious danger of violence to a reasonably foreseeable victim(s), information may be released to the possible victim(s) and to law enforcement. Cal. Welf. & Inst. Code §5328(r).
6. Information about denial of rights (but not your identity) must be released to your conservator or guardian, the local mental health director, the state legislature, the Office of Patient’s Rights, or county patient’s rights advocates if they request it. Cal. Welf. & Inst. Code §5326.1.
7. Under certain circumstances, information must be released to Disability Rights California for the protection and advocacy of the rights of individuals identified as mentally ill. Cal. Welf. & Inst. Code §5328.06.
8. In the course of conservatorship proceedings. Cal. Welf. & Inst. Code §5328(a).
9. Treatment facilities must release your information to county officers if the release will help a conservatorship investigation. Cal. Welf. & Inst. Code §5354.
10. Under limited circumstances, if you are released from a 72 hour hold (5150) or a 14 day treatment hold (5250) and a request has been made for notification of your

release by law enforcement who placed you on the hold. Cal. Welf. & Inst. Code §5328(p).

11. In some circumstances, limited information must be released to law enforcement if you are an involuntary patient or under a penal code commitment in a facility and are being moved, are under criminal investigation, or escaped from the hospital. Cal. Welf. & Inst. Code §5328.2, 5328.3, 5328.01, 7325.5. See also Cal. Penal Code §4536(b), 1370.5(b).
12. If you are an involuntary patient and “gravely disabled,” information may be released if you disappear from your facility or are transferred between state hospitals. Cal. Welf. & Inst. Code §5328.3, 7325.
13. In communications between qualified professionals regarding services or appropriate referrals if the professionals work in the same facility or have responsibility for your care. Cal. Welf. & Inst. Code §5328(a).
14. When a law enforcement officer personally lodges an arrest warrant showing you are wanted for a serious or violent felony, the facility must inform the officer if you are in the facility. Cal. Welf. & Inst. Code §5328(u).
15. Information may be released to law enforcement if you are a “mentally disordered or developmentally disabled person” and someone believes you are a crime victim. Cal. Welf. & Inst. Code §5004.5.
16. To a government law enforcement agency if your facility or physician has probable cause to believe that you have committed, or have been the victim of, a crime while hospitalized. Release depends on the level of the crime involved. It must be limited to the facts of the crime. It must not relate to your mental state, admission, commitment, or treatment. Cal. Welf. & Inst. Code §5328.4.
17. Certain inpatient facilities must provide you and your legal representative (or other person you designate) aftercare plan information when you are discharged from the facility. Cal. Health & Safety Code §1262; Cal. Welf. & Inst. Code §5622, 5768.5.
18. To process a claim for aid, insurance, or medical assistance, but only to the extent necessary. Cal. Welf. & Inst. Code §5328(c).
19. To the courts, as necessary for the administration of justice. Cal. Welf. & Inst. Code §5328(f).
20. To the Youth Authority and Adult Correctional Agency as necessary for the administration of justice. Cal. Welf. & Inst. Code §5328.02.
21. To law enforcement agencies to protect federal and state elective constitutional officers and their families. Cal. Welf. & Inst. Code §5328(g).
22. To the Senate or Assembly Rules Committees for legislative investigation. Cal. Welf. & Inst. Code §5328(h).
23. To a quality assurance committee established in compliance with Cal. Welf. & Inst. Code §4070 and 5624. Cal. Welf. & Inst. Code §5328(n).

24. To a licensing board for mental health professionals when the Department of Mental Health reasonably believes a licensing violation has occurred. The records must be relevant. They cannot include your name and must be sealed after the board makes a decision. Cal. Welf. & Inst. Code §5328.15(b).
25. For research, if the Director of Mental Health sets rules for the research and it is reviewed by the appropriate board. Researchers must first try to get your informed consent. Also, they must agree not to release your information to unauthorized persons and must keep your identity private in publishing research findings. Cal. Welf. & Inst. Code §5328(e).
26. To licensing personnel (with the Department of Health Services or the Department of Social Services) regarding licensing and inspection of facilities. The information can be used in certain hearings and judicial proceedings. The information can only be released to the parties and must be kept private when the matter is over. Cal. Welf. & Inst. Code §5328.15(a).
27. To the Director of Mental Health for statistical data. Cal. Welf. & Inst. Code §5329.
28. Information about your treatment must be released to the coroner if you die in a state hospital. The information should be kept private and not made public. It should not include information about your personal life. Cal. Welf. & Inst. Code §5328.8.
29. To a domestic violence death review team. Cal. Pen. Code §11163.3(g)(1)(B).
30. To an elder death review team. Cal. Pen. Code §11174.8.
30. To the “designated officer” of an “emergency response employee” (see the Ryan White Comprehensive AIDS Resources Emergency Act of 1990) or from the designated officer to an emergency response employee, regarding possible exposure to HIV or AIDS. But only if necessary to comply with the Ryan White Act. Cal. Welf. & Inst. Code §5328(t).
31. To the Secretary of Health and Human Services when required to determine compliance with the Health Insurance Portability and Accountability Act (HIPAA). 45 C.F.R. 164.502(a)(2).
32. The facility must make a written entry in your medical record, with the date and circumstances that they provided the information, the names and relationships to you of the person or agency that received the information, and the information provided. A copy must be given to you. Cal. Welf. & Inst. Code §5328.6.

By signing this document, I _____ acknowledge that I
(Print Name: First/Last)

have reviewed and received a copy of the Golden Gate Assessment and Educational Services privacy notice prior to authorizing consent to treatment.

This consent was signed by:

(PRINT NAME PLEASE)

Signature: _____

Witness: _____

Date: _____