



NOTICE OF PRIVACY PRACTICES

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.

If you have any questions about this notice, please contact the DDS Privacy Officer at PrivacyOfficer@dds.ca.gov

WHO WILL FOLLOW THIS NOTICE

This notice describes our department's practices and that of:

- Any DDS health care professional authorized to enter information into your health record.
- All DDS operated facilities.
- Any member of a volunteer group we allow to help you while you are in our care.
- All DDS workforce members and contractors.
- Any business associates, including regional centers, we contract to conduct services on our behalf. Such business associates are required by law to protect your health information and comply with the same legal privacy standards as our organization.

All these entities, sites, and locations follow the terms of this notice. In addition, these entities, sites, and locations may share your information with each other for treatment, payment or health care operations purposes described in this notice.

OUR PLEDGE REGARDING MEDICAL, MENTAL AND BEHAVIORAL HEALTH INFORMATION

- We understand that information about you and your health is personal.
- We are committed to protecting information about you.

- We create a record of care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all records of your care generated by DDS, whether made by its personnel or provider. Note that your outside provider may have different policies or notices regarding the use and disclosure of your information created in the outside provider's office or clinic.

This notice will tell you about the ways in which we may use and disclose information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of your information.

WE ARE REQUIRED BY LAW TO:

- Make sure that information that identifies you is kept private (with certain exceptions);
- Give you this notice of our legal duties and privacy practices with respect to information about you;
- Post this notice in an obvious location for you to see, and make it available electronically through our website;
- Notify you regarding a breach of your health information;
- Not discriminate on the basis of race, color, religion, national origin, sex, sexual orientation, gender identity, age, or disability; and
- Follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL, MENTAL AND BEHAVIORAL HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose information. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories. Uses and disclosures not described in this notice will be made only with your written authorization.

1) Disclosure at Your Request

We may disclose information when requested by you. This disclosure at your request may require a written authorization by you.

2) For Treatment

We may use information about you to provide you with medical treatment or services. We may disclose information about you to doctors, nurses, technicians, health care students, or other personnel who are involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process; a doctor treating you for a mental health condition may need to know what medications you are currently taking, because the medications may affect what other medications may be prescribed for you.

3) For Payment

We may use and disclose information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company, or a third party. For example, we may need to give information about treatment you received to your health plan so it will pay us or reimburse you for the treatment.

4) For Health Care Operations

We may use and disclose information about you for health care operations. These uses and disclosures are necessary to run our facility and make sure that all of our consumers receive quality care. For example, we may use information to review our treatment and services and to evaluate the performance of our staff in caring for you.

5) Incidental Uses and Disclosures

There are certain incidental uses or disclosures of your health information that occur while we are providing services to you or conducting our business. For example, other individuals waiting in the same area may hear your name called. We will make reasonable efforts to limit these incidental uses and disclosures.

6) Fundraising Activities

We may use information about you for fundraising purposes, but only with a valid signed authorization from you. Additionally, you will not receive or be part of fundraising communications.

7) Family Members or Others You Designate

If a request for information is made by your spouse, parent, child, or sibling and you are unable to authorize the release of this information, we are required to give the requesting person notification of your presence in our facility. Unless you request that this information not be provided, we must make reasonable attempts to notify your next of kin or any other person designated by you, for your release, transfer, serious illness, injury, or death only upon request of the family member.

8) Facility Directory

We may include certain limited information about you in an internal directory while you are a consumer in our facility. This information may include your name, location in the hospital, your general condition (e.g., good, fair, etc.) and your religious affiliation. Unless there is a specific written request from you to the contrary, this directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This information is released so your family, friends and clergy can visit you and generally know how you are doing.

9) To Individuals Involved in Your Care or Payment for Your Care

We may release information about you to a friend or family member who is designated by you, or your legally authorized representative, to be involved in your medical care. We may also give information to someone who helps pay for your care. In addition, we may disclose information about you to an organization assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

10) Research

Under certain circumstances, we may use and disclose information about you for research purposes. For example, a research project may involve comparing the

health and recovery of all consumers who received one medication to those who received another, for the same condition.

11) As Required by Law

We will disclose information about you when required to do so by federal, state or local law.

12) To Avert a Serious Threat to Health or Safety

We may use and disclose information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

13) Health Information Exchange

We may share your health information electronically with other groups through a Health Information Exchange network. These other groups may include hospitals, laboratories, doctors, public health departments, health plans, and other participants. Sharing data electronically is a faster way to get your health data to the providers treating you. For example, if you travel and need treatment, it allows other doctors that participate to electronically access your information to help care for you. We are also involved in the federal Affordable Care Act and may use and share information as permitted to achieve national goals related to meaningful use of electronic health systems.

14) Special Situations

i. Organ and Tissue Donation

We may release information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank.

ii. Military and Veterans

If you are a member of the armed forces personnel or foreign military personnel, we may release information about you as required by military command authorities.

iii. Worker's Compensation

We may release information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

iv. Public Health Activities

We may disclose information about you for public health activities. These activities may include, but are not limited to, the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report regarding the abuse or neglect of children, elders and dependent adults;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a consumer has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law;
- To notify emergency response employees regarding exposure to HIV/AIDS, to the extent necessary to comply with state and federal laws.

v. Health Oversight Activities

We may disclose information to a health oversight agency for activities authorized by law. These oversight activities may include 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.

vi. Lawsuits and Disputes

If you are involved in a lawsuit or a dispute, we may disclose information about you in response to a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only after all required by law procedures are followed, including efforts that have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested.

We may disclose mental/behavioral health information to courts, attorneys, and court employees in the course of conservatorship, and certain other judicial or administrative proceedings.

vii. Law Enforcement

We may release information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process
- To identify or locate a suspect, fugitive, material witness, escapees and certain missing persons
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement
- To report abuse, neglect, or assaults as required or permitted by law
- To report certain threats to third parties
- If the police bring you to our facility and ask us to test your blood for alcohol or substance abuse
- About a death we believe may be the result of criminal conduct
- About criminal conduct at our facility
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime

- When requested by an officer who lodges a warrant with the facility
- When requested at the time of a consumer's involuntary hospitalization
- If you are in police custody or are an inmate of a correctional institution and the information is necessary to provide you with health care, to protect your health and safety, the health and safety of others or for the safety and security of the correctional institution

viii. Coroners, Medical Examiners, and Funeral Directors

We may release information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release information about consumers to funeral directors as necessary.

ix. National Security and Intelligence Activities

We may release information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

x. Protective Services for the President and others

We may disclose information about you to authorized federal officials so they may provide protection to the President, elective constitutional officers and their families, or foreign heads of state or conduct special investigations.

xi. Advocacy Groups

We may disclose mental/behavioral health information to Disability Rights of California for the purposes of certain investigations as permitted by law.

xii. Department of Justice

We may disclose limited information to the California Department of Justice for movement and identification purposes about certain

consumers involved in the criminal justice system, or regarding persons who may not purchase, possess, or control a firearm or deadly weapon.

xiii. Multidisciplinary Personnel Teams

We may disclose information to a multidisciplinary personnel team relevant to the prevention, identification, management or treatment of an abused child and the child's parents, or elder abuse or dependent adult and neglect.

xiv. Special Categories of Information

In some circumstances, your information may be subject to restrictions that may limit or preclude some uses or disclosures described in this notice. For example, there are special restrictions on the use or disclosure of certain categories of information—e.g., psychotherapy notes, genetic testing, tests for HIV, or treatment for mental health conditions or alcohol and drug abuse. Government health benefit programs, such as Medi-Cal, may also limit the disclosure of beneficiary information for purposes unrelated to the program.

xv. Senate and Assembly Rules Committees

We may disclose your information to the Senate or Assembly Rules Committee for purpose of legislative investigation.

xvii. The United States Department of Health and Human Services

We may disclose your information to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the HIPAA Privacy Rule.

xvi. Psychotherapy Notes

Psychotherapy notes means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling

session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record.

We may only use or disclose your psychotherapy notes with your authorization except as required by law or under the following circumstances:

- For use by the originator of the notes
- In supervised mental health training programs for students, trainees, or practitioners
- By DDS to defend a legal action or other proceeding brought by the individual
- To prevent or lessen a serious and imminent threat to the health or safety of a person or the public
- For the health oversight of the originator of the psychotherapy notes
- For use or disclosure to coroner or medical examiner to report a consumer's death
- For use or disclosure to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining DDS' compliance with the HIPAA Privacy Rule.

YOUR RIGHTS REGARDING YOUR MEDICAL, MENTAL/BEHAVIORAL HEALTH INFORMATION

You have the following rights regarding information we maintain about you:

1) Right to Inspect and Copy

We may disclose information by providing copies or access for inspection, when requested by you. Such disclosure to a third party, at your request, may require a written authorization by you.

2) Right to Amend

If you feel that information, we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for

as long as the information is kept by us. To request an amendment, your request must be made in writing and submitted to the facility where the records are maintained. In addition, you may provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the information kept by or for us;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Even if we deny your request for amendment, you have the right to submit a written addendum, not to exceed 250 words, with respect to any item or statement in your record you believe is incomplete or incorrect. If you clearly indicate in writing that you want the addendum to be made part of your health record we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect.

3) Right to an Accounting of Disclosures

You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of information about you other than our own uses for treatment, payment, and health care operations (as those functions are described above), and with other exceptions by law.

To request this list or accounting of disclosures, you must submit your request in writing to the facility or facilities where you were in residence. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. In

addition, we will notify you as required by law following a breach of your unsecured protected health information.

4) Right to Request Restrictions

You have the right to request a restriction or limitation on the information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request, except to the extent that you request us to restrict disclosure to a health plan or insurer for payment or health care operations purposes if you, or someone else on your behalf (other than the health plan or insurer), has paid for the item or service out of pocket in full for a procedure which would normally be billed to a health plan. Even if you request this special restriction, we can disclose the information to a health plan or insurer for purposes of treating you.

If we agree to another special restriction, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the facility where the service or services were provided. In your request, you must tell us 1) what information you want to limit; 2) whether you want to limit our use, disclosure or both; and 3) to whom you want the limits to apply, for example, disclosures to your spouse.

5) Right to Request Confidential Communications from DDS to You

You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at your residence or by mail.

To request confidential communications, you must make your request in writing to the facility where the service or services were provided, or are to be provided. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

6) Right to a Paper Copy of this Notice

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy.

You may obtain a copy of this notice at our website: www.dds.ca.gov or ask the facility where you are receiving services to obtain a paper copy.

Note that we may require that any request made by you under this section contain a statement that disclosure of all or part of the information to which the request pertains could endanger you.

7) 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 information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the facility. The notice will contain the effective date on the first page.

8) Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with us, contact the Chief Privacy Officer at privacyofficer@dds.ca.gov, or (916) 654-3405. All complaints must be submitted in writing. You will not be penalized or retaliated against for filing a complaint.

OTHER USES OF MEDICAL AND MENTAL/BEHAVIORAL HEALTH INFORMATION

Other uses and disclosures of information not covered by this notice of the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose information about you, you may revoke the permission, in writing, at any time. If you revoke your permission, this will stop any further use or disclosure of your information for the purposes covered by your written authorization, except if we have already acted in reliance on your permission. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.



ACKNOWLEDGMENT OF RECEIPT OF NOTICE

CONSUMER NAME: _____

By signing this form, you agree that you received a copy of the *Notice of Privacy Practices* of the Department of Developmental Services (DDS). Our *Notice of Privacy Practices* tells you how we may use and disclose your protected health information. We ask that you read all of it.

I, _____ received a copy of the *Notice of Privacy Practices* of DDS.
Print Name

Date: _____ **Time:** _____ a.m./p.m. **Signature:** _____
Consumer or Legal Representative

If signed by someone other than consumer, indicate relationship: _____

Office Use Only:

INABILITY TO OBTAIN ACKNOWLEDGMENT

Good Faith Effort (check all that apply):

- ☐ I provided copy of notice to consumer or legal representative
- ☐ I presented the Acknowledgement to consumer or legal representative for signature
- ☐ Other: (Explain) _____

Reason(s) why the Acknowledgment was not obtained (check all that apply):

- ☐ The consumer or legal representative refused to sign
- ☐ Other: (Explain) _____

DDS Staff Signature: _____

DDS Staff Name: _____

Date: _____ **Time:** _____ a.m./p.m.