

# **Mendocino County Health & Human Services Agency**

## **Behavioral Health & Recovery Services Mental Health Plan**



# **MEDI-CAL NOTICE OF PRIVACY PRACTICES**

Sí Usted Habla Español. Esta información está disponible en español,  
por favor vea la recepcionista o llame 1-800-555-5906

**This notice describes how medical information about you may be used  
and disclosed and how you can get access to this information.**

**Please read it carefully.**

**####**

Mendocino County Mental Health Plan (MHP)  
offers free Language Line, interpreter assistance, American Sign  
Language, and California Relay Services (TTY/TDD) for beneficiaries  
requesting or accessing services.

These services may be requested at any MHP provider site or by calling 1-  
800-555-5906.

The Mendocino County HHSA, Behavioral Health and Recovery Services (BHRS) provides many types of services. In order to provide our services we must collect information about you. The information BHRS collects about you and your health is private and we are required to protect this information by Federal and State law. **We call this information “Protected Health Information” or PHI.**

This Notice of Privacy Practices will tell you how BHRS may use or disclose information about you. Not all situations will be described. BHRS is required to give you a notice of our Privacy Practices for the information we collect and keep about you. BHRS is required to follow the terms of the notice currently in effect.

**HHSA, Behavioral Health and Recovery Services may use and disclose medical information about you.** The following categories describe different ways that we use and disclose medical information. The following categories listed for use or disclosure will have an example of what we mean. **Not every use or disclosure in a category will be listed.** However, all of the ways we are permitted to use and disclose will fall within one of the categories.

**For Treatment:** We may share information about you to create and carry out a plan for your treatment, for example with doctors, nurses, and other personnel involved in taking care of you or such as inpatient hospitals or skilled nursing facilities for coordination of care.

**For Payment:** We may use or disclose information to get payment or to pay for the services you receive. For example, providing PHI to bill your health plan or State for services provided to you.

**Appointment Reminders:** We may disclose medical information when making contact to remind you of your appointment for service at one of our locations to the extent of identifying only the provider with whom you have an appointment.

**As Required by Law:** BHRS will disclose PHI about you as required by Federal, state, or local law.

**For Health Care Operations:** We may use or disclose information about you for health care operations. These uses and disclosures are necessary to run the department and make sure that all of our beneficiaries receive quality care. For example, we may disclose medical information about you during certain Quality Assurance reviews that evaluate the types of services rendered and offered to insure proper treatment. We may also disclose medical information about you for statistical reporting requirements to State and Federal Agencies.

**Worker's Compensation:** We may release medical information about you for worker's compensation or similar programs. These programs provide benefits for work related injuries or illnesses.

**Research:** Under certain circumstances, we may use or disclose medical information about you for research purposes. All research projects are subject to a special approval process. This process evaluates a proposed research project and its uses of medical information, trying to balance the research needs with beneficiaries need for privacy of their medical information. We will almost always ask for your specific permission if the researcher has access to your name, address or other information that reveals who you are, or will be involved in your care.

**Health Oversight Activities:** We may disclose medical information to health oversight agency for Activities authorized by law. These 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.

**To Avert a Serious Threat to Health or Safety:** We may use and disclose medical 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. Any disclosures are made in compliance with current regulations.

**Public Health Risks:** BHRS may disclose information about you for public health activities. These Activities generally include the following:

- To prevent or control disease, injury or disability.
- To report 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 that 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.
- To notify the appropriate government authority if we believe a patient had been the victim of abuse, neglect, or domestic violence.
- We will only make disclosure if you agree or when required or authorized by law.

**Lawsuits and Disputes:** We may disclose medical information in response to a court or administrative order and in response to subpoena or discovery request to the extent permissible by law. Requests must be reviewed on a case-by-case occurrence.

**Law Enforcement:**

- We may release medical 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, or missing person.
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement.
- 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.

**Sign in Sheet:** We may use and disclose medical information about you by having you sign in when you arrive for services. We may also call out your name when we are ready to see you.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

The Mendocino County BHRS maintains medical information about treatment and services relating to your mental health. You have the following rights regarding the medical information we maintain about you:

**Right to Inspect and Copy:** With certain limitations you have the right to inspect and copy medical information that may be used to make decisions about your care. Usually this includes medical and billing records but limits some mental health information. We may deny your request to inspect and copy in certain circumstances. If you are denied access to medical information you may request that denial be reviewed. Your request and the denial will be forwarded to the Medical Director of the Mendocino County BHRS for review. The decision of the Medical Director will be followed. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer, Mendocino County BHRS Department. There will be a charge per page for copies of information.

**Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matter in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to: Privacy Officer, Mendocino County BHRS Department. Forms are available upon request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the medical 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 medical 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.

**We are not required to agree to your request.** If we do agree, 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: Privacy Officer, Mendocino County BHRS. Forms are available upon request. In your request, you must tell us:

- what information you want to limit;
- whether you want to limit our use, disclosure or both; and
- to who you want the limits to apply.

**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 medical information about you other than our own uses for treatment, payment and health care operations, and with other expectations pursuant to the law.

To request this list or accounting of disclosures, you must submit your request in writing to: Privacy Officer, Mendocino Behavioral Health and Recovery Services. Forms are available upon request. Your request must state a time period, which may not be longer than six (6) 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, electronically). The first list you request within 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 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.

**Right to Amend:** If you feel that medical information about you is incorrect or incomplete, you may ask us to amend the information. You have a right to request an amendment for as long as the information is kept by or for the Department. To request an amendment, your request must be made in writing and submitted to: Privacy Officer, Mendocino County Behavioral Health and Recovery Services. Forms are available upon request. In addition, you must 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 not available to make the change.
- Is not a part of the medical information kept by or for the

Department.

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

**Privacy Officer Contact Information:**

**Privacy Officer**

**Mendocino County Behavioral Health and Recovery Services**

**Department**

**1120 South Dora Street**

**Ukiah, CA 95482**

**OTHER USES OF MEDICAL INFORMATION:** Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission.

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## **English**

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-555-5906 (TTY: 1-800-735-2929).

## **Español (Spanish)**

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-555-5906 (TTY: 1-800-735-2929).

## **繁體中文(Chinese)**

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-555-5906（TTY：1-800-735-2929）

## **Tiếng Việt (Vietnamese)**

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-555-5906 (TTY: 1-800-735-2929).

## **한국어 (Korean)**

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-555-5906 (TTY: 1-800-735-2929) 번으로 전화해 주십시오.

## **Tagalog (Tagalog – Filipino)**

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-555-5906 (TTY: 1-800-735-2929).

## **Hmoob (Hmong)**

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-555-5906 (TTY: 1-800-735-2929).

## **Русский (Russian)**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-555-5906 (телетайп: 1-800-735-2929).

## **فارسی (Farsi)**

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما تماس بگیرید. 1-800-555-5906 (TTY: 1-800-735-2929) فراهم می باشد. ب

## **日本語 (Japanese)**

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-800-555-5906 (TTY:1-800-735-2929) まで、お電話にてご連絡ください。

## **हिंदी (Hindi)**

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-555-5906 (TTY: 1-800-735-2929) पर कॉल करें।

## **Հայերեն (Armenian)**

ՈՒՇԱԴՐՈՒԹՅՈՒՆ` Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Չանգահարեք 1-800-555-5906 (TTY (հեռատիպ) 1-800-735-2929):

## **ਪੰਜਾਬੀ (Punjabi)**

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ 1-800-555-5906 (TTY: 1-800-735-2929) 'ਤੇ ਕਾਲ ਕਰੋ

**العربية (Arabic)**

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوفر  
رقم هاتف الصم والبكم 1-800-555-5906 بالبريد المجاني. اتصل برقم  
800-735-2929 (TTY:1-800-735-2929)

**ខ្មែរ (Cambodian)**

ប្រយ័ត្ន: បើ លើកលែងតែអ្នកនិយាយភាសាខ្មែរ, រសវាជំនួយមននកភាសា  
រោយមិនគិតថ្លៃ គឺអាចមានសំណុំ រសវា មុន ឬ ចូល ច្បាប់ 1-800-  
555-5906 (TTY 1-800-735-2929)។

**ພາສາລາວ (Lao)**

ໂບດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ,  
ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ.  
ໂທ 1-800555-5906 (TTY: 1-800-735-2929)

**ภาษาไทย (Thai)**

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-555-  
5906 (TTY:1-800-735-2929)

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## **HOW TO FILE A COMPLAINT OR REPORT A PROBLEM**

You may contact either of the people listed below if you want to file a complaint or report a problem with how Mental Health has used or disclosed information about you.

Your benefits will not be affected by any complaints you make.

Mental Health cannot retaliate against you for filing a complaint, cooperating in an investigation, or refusing to agree to something that you believe to be unlawful.

### **Privacy Officer**

#### **Mendocino County HHSA**

#### **Behavioral Health and Recovery Services**

**1120 S. Dora St. Ukiah, CA 95482**

**Phone: (707) 472-2326 or 1-866-791-9337**

**Or**

### **Office of Civil Rights**

#### **U.S. Department of Health and Human Services**

**50 United Nations Plaza, Room 322**

**San Francisco, CA 94102**

**Phone: (415) 437-8310 TTY/TTD: (415) 437-8311**

**Email: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)**

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