



FRED FINCH YOUTH CENTER
 NOTICE OF PRIVACY PRACTICES

Effective Date:	Mar 01, 2003
Amendment Date:	Apr 19, 2004
Amendment Date II:	Mar 20, 2006
Amendment Date III:	Jun 19, 2006
Amendment Date IV:	Sep 19, 2013

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION (PHI) ABOUT YOU, INCLUDING MENTAL HEALTH TREATMENT INFORMATION, 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 Privacy Officer at 510-482-2244.

Who Will Follow This Notice

This notice describes Fred Finch Youth Center’s practices and that of:

- Any health care professional authorized to enter information into your chart;
- All departments and units of Fred Finch Youth Center;
- Any member of a volunteer group FFYC allow to help you while you are at Fred Finch Youth Center; and
- All employees, staff and other Fred Finch Youth Center personnel.

Our Pledge Regarding Mental Health Treatment Information

FFYC understand that treatment information about you and your health is personal. FFYC are committed to protecting treatment information about you. FFYC creates a record of the care and services you receive at Fred Finch Youth Center. FFYC needs this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by Fred Finch Youth Center, whether made by Fred Finch Youth Center personnel or your personal doctor. Your personal doctor may have different policies or **notices regarding the doctor’s use and disclosure of your treatment information created in the doctor’s office or clinic.**

This notice will tell you about the ways in which FFYC may use and disclose treatment information about you. It also describes your rights and certain obligations FFYC has regarding the use and disclosure of treatment information.

FFYC is required by law to:

- Ensure that treatment information that identifies you is kept private (with certain exceptions);
- Give you this notice of FFYC’s legal duties and privacy practices with respect to treatment information about you; and
- Follow the terms of the notice currently in effect. (Please see date at top of page 1).

HOW FFYC MAY USE AND DISCLOSE TREATMENT INFORMATION ABOUT YOU

We will not use or disclose your health information without your consent or authorization, except as described in this notice or otherwise required by law. These include most uses or disclosures of psychotherapy notes, marketing communications, and sales of PHI. Other uses and disclosures not described in this notice will be made only with your written authorization.

The following categories describe different ways in which FFYC uses and discloses treatment information. For most categories you will find an explanation and examples of these uses and disclosures. Not every use or disclosure in a category will be listed. However, all of the ways FFYC is permitted to use and disclose information will fall within one of the categories.

For Treatment

FFYC may use treatment information about you to provide you with treatment or services. FFYC may disclose treatment information about you to all clinical staff who are part of the treatment team (e.g. psychiatrist, program/clinical directors, clinical supervisors, counselors, therapists, school personnel, treatment students) or other FFYC personnel who are involved in taking care of you at Fred Finch Youth Center.

For example, a therapist providing treatment to you may need to know if you have diabetes because diabetes may require a special daily program. In addition, the therapist may need to tell school staff if you have diabetes, so that FFYC can arrange for appropriate meals. Different departments of FFYC may also share treatment information about you in order to coordinate the different services you need, such as prescriptions, lab work and x-rays. FFYC may also disclose treatment information about you to people outside Fred Finch Youth Center who may be involved in your treatment care after you leave FFYC, such as new placements. FFYC may send specific treatment reports to the county on an ongoing basis to inform your county worker of your progress.

For Payment

FFYC may use and disclose treatment information about you so that the treatment and services you receive at Fred Finch Youth Center may be billed, and payment may be collected from you, an insurance company or a third party.

For example, FFYC may need to give your health plan information about treatment you received at Fred Finch Youth Center so that your health plan will pay for your treatment. FFYC may also tell your health plan about a treatment you are going to receive in order to obtain prior approval, or to determine whether your plan will cover the treatment. FFYC may also send your participant records to the county review committee on an ongoing basis to receive payment.

For Health Care Operations

FFYC may use and disclose treatment information about you for health care operations. These uses and disclosures are necessary to run Fred Finch Youth Center, and make sure that all of our participants receive quality care.

For example, FFYC may use treatment information to review treatment and services provided and to evaluate the performance of FFYC staff in caring for you. FFYC may also combine treatment information about many Fred Finch Youth Center participants to decide what additional services FFYC should offer, what services are not needed, and whether certain new treatments are effective. FFYC may also disclose information to all clinical staff who are part of the treatment team (e.g. psychiatrist, program/clinical directors, clinical supervisors, counselors, therapists, school personnel, and treatment students) or other

FFYC personnel for review and learning purposes. FFYC may also combine the treatment information FFYC has with treatment information from other agencies to compare how FFYC is doing, and to see where FFYC can make improvements in the care, treatment and services FFYC offers. FFYC may remove information that identifies you from this set of treatment information so others may use it to study health care and health care delivery without learning who the specific participants are.

For Appointment Reminders

FFYC may use and disclose treatment information to contact you as a reminder that you have an appointment for treatment at Fred Finch Youth Center.

Treatment Alternatives

FFYC may use and disclose treatment information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Fundraising Activities

FFYC may use your name to honor you or announce your participation in activities at fundraising activities.

Fred Finch Youth Center Directory

FFYC may include certain limited information about you in the Fred Finch Youth Center directory while you are a participant at Fred Finch Youth Center. This information may include your name, program location within FFYC, and pertinent information about you. Unless there is a specific written request from you to the contrary, this directory information 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.

For Residential Programs

FFYC may send incident reports to Community Care Licensing (a regulatory body that oversees many FFYC services), for overall governance and monitoring of our programs. FFYC also may include your name and picture in the FFYC yearbook.

For Outcome Studies

FFYC is required to submit a report of outcome measurements, for participants under FFYC care, to certain counties that may fund your services. FFYC may release pertinent information to them as a part of this report. FFYC also collects outcomes its own use to analyze services, and to help constantly achieve optimal care, treatment and services. In this internal data collection, FFYC may ask for satisfaction surveys from you and/or your guardian three months following discharge from care. To do this, FFYC will mail surveys to your forwarding address or contact you by telephone.

Group Outings and Activities

Your identity may be associated with FFYC when participating in group outings and activities.

Individuals Involved in Your Care or Payment for Your Care

FFYC may release treatment information about you to any team member who is involved in your treatment. FFYC may also give information to someone who helps pay for your care.

Unless there is a specific written request from you to the contrary, FFYC may also discuss your condition with your treatment team. In addition, FFYC may disclose treatment information about you to an entity assisting in a disaster relief effort so that your treatment team can be notified about your condition, status and location.

Securing of Placement

During the course of treatment, if placement is needed, FFYC will send out applicable documentation to assist you in securing such placement.

For example, FFYC may send pertinent clinical information to a group home so that they can assess possible future placement.

For Turning Point Program Exclusively: Entry of data into Homeless Management Information System (HMIS)

Demographic, assessment and other information will be collected and entered into the InHOUSE database for purposes of providing a protected, efficient system to house your personal data. Data is restricted to the defined user group of agencies, and you will have specific authority to grant various levels of authorization for viewing your data.

For example, FFYC staff may enter your assessment information into the InHouse database, and you may restrict this data to be viewable only by Fred Finch Youth Center Turning Point program staff.

For Workability (Vocational) Program Exclusively/Entry of data into Workability Database

Demographic, assessment, and diagnostic categorical information will be collected and entered into the Workability System for purposes of grant requirements by the State, only for those individuals electively participating in the Workability (Vocational) program.

For example, FFYC Vocational staff may ask you or your primary therapist/social worker for grade level, vocational services provided, and level of impairment.

Research

Under certain circumstances, FFYC may use and disclose treatment information about you for research purposes.

For example, a research project may involve comparing the health and recovery of all participants who received one medication to those who received another. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of treatment information with the goal to balance the research needs with participants' **need for privacy**. **Before** FFYC uses or discloses treatment information for research, the project will have been approved through this research approval process. However, FFYC may disclose treatment information about you to people preparing to conduct a research project, for example, to help them look for participants with specific treatment needs, as long as the treatment information they review does not leave Fred Finch Youth Center. FFYC will typically ask for your specific permission if the researcher will access to your name, address or other information that reveals who you are, or will be involved in your care at the Fred Finch Youth Center.

As Required By Law

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

For example, FFYC may release information about you if it receives a subpoena or court order.

To Avert a Serious Threat to Health or Safety

FFYC may use and disclose treatment information about you when necessary to prevent a serious threat to your health and safety, or to the health and safety of the public or another person. However, such disclosures will only be to personnel able to help prevent the threat.

SPECIAL SITUATIONS

Organ and Tissue Donation

FFYC may release treatment information to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans

If you are a member of the armed forces, FFYC may release treatment information about you as required by military command authorities. FFYC may also release treatment information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation

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

Public Health Risks

FFYC may disclose treatment information about you for public health activities. These activities generally include:

- Preventing or controlling disease, injury or disability;
- Reporting births and deaths;
- Reporting the abuse or neglect of children, elders and dependent adults;
- Reporting reactions to medications or problems with products;
- Notifying people of recalls of products they may be using;
- Notifying a person who may have been exposed to a disease or who may be at risk for contracting or spreading a disease or condition;
- Notifying the appropriate government authority if FFYC believes a participant has been the victim of abuse, neglect or domestic violence. FFYC will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities

FFYC may disclose treatment information to a health oversight agency for activities authorized by law.

For example, FFYC may provide information about you for 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.

Lawsuits and Disputes

If you are involved in a lawsuit or a dispute, FFYC may disclose treatment information about you in response to a court or administrative order. FFYC may also disclose treatment information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. This will only be done if efforts 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.

Law Enforcement

FFYC may release treatment information if asked to do so by a law enforcement official.

For example:

- 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, FFYC is unable to obtain the **person's agreement**;
- About a death FFYC believes may be the result of criminal conduct;
- About criminal conduct at Fred Finch Youth Center; and
- 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.

Coroners, Treatment Examiners and Funeral Directors

FFYC may release treatment information to a coroner or treatment examiner.

For example, FFYC may release information about you to identify a deceased person or determine the cause of death. FFYC may also release treatment information about participants of Fred Finch Youth Center to funeral directors, as necessary to carry out their duties.

National Security and Intelligence Activities

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

Protective Services for the President and Others

FFYC may disclose treatment information about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, or to conduct special investigations.

Inmates

If you are an inmate of a correctional institution or under the custody of a law enforcement official, FFYC may release treatment information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Your Rights Regarding Treatment Information About You

You have the following rights regarding treatment information FFYC maintain about you:

To Inspect and Copy

You have the right to inspect and copy treatment information that may be used to make decisions about your care, treatment or services. Usually, this includes treatment and billing records, but may not include some specific mental health information.

To inspect and copy treatment information that may be used to make decisions about you, you must submit your request in writing to Fred Finch Youth Center's **Privacy Officer**. **If you request a copy of the information, FFYC may charge a reasonable fee for the costs of copying, mailing or other supplies associated with your request.**

FFYC may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to treatment information, you may request that the denial be reviewed. Another licensed mental health professional chosen by Fred Finch Youth Center will review your request and the denial. The person conducting the review will not be the person who denied your request. FFYC will comply with the outcome of the review.

To Amend

If you feel that treatment information FFYC has about you is incorrect or incomplete, you may ask that it be amended. You have the right to request such an amendment for as long as the information is kept by, or for, Fred Finch Youth Center.

To request an amendment, your request must be made in writing and submitted to Fred Finch Youth Center's **Privacy Officer**. **In addition, you must provide a reason that supports your request.**

FFYC 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, FFYC may deny your request if you ask to amend information that:

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

Even if FFYC denies 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 which you believe to be incomplete or incorrect. If you clearly indicate in writing that you want an addendum to be made part of your treatment record, FFYC will attach it to your records and include it whenever FFYC makes a disclosure of that item or statement.

To an Accounting of Disclosures

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

To request this list or accounting of disclosures, you must submit your request in writing to Fred Finch Youth Center's **Privacy Officer**. **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, electronically). The first list you request within a 12-month period will be free. For additional lists, FFYC may charge you for the costs of providing the list. FFYC 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.

To Request Restrictions

You have the right to request a restriction or limitation on the treatment information FFYC uses or discloses about you for treatment, payment or health care operations. You also have the right to request a limit on the treatment information FFYC discloses about you to someone who is involved in your care, or the payment for your care, such as a family member or friend.

For example, you can ask that FFYC not use or disclose information about a hospitalization you had.

Additionally, you specifically have the right to restrict disclosure of information to your health plan concerning mental health care items or services for which you paid for in full, out-of-pocket. We will abide by your request, unless we must disclose the information for treatment or legal reasons.

FFYC is not required to agree to your request. If FFYC does agree, FFYC 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 Fred Finch Youth Center's Privacy Officer. In your request, you must tell FFYC (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 siblings).

To Opt Out of Fundraising Communication

FFYC may contact you as a part of a fundraising effort. You have the right to request not to receive subsequent fundraising materials or contact. To do so, contact the Privacy Officer at 510-482-2244.

To Request Confidential Communications

You have the right to request that FFYC communicate with you about treatment matters in a certain way or at a certain location. For example, you can ask that FFYC only contact you at a certain telephone number.

To request confidential communications, you must make your request in writing to Fred Finch Youth Center's Privacy Officer. FFYC will not ask you the reason for your request. FFYC will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

To a Paper Copy of This Notice

You have the right to a paper copy of this notice. You may ask FFYC 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 of this notice.

To obtain a paper copy of this notice: Contact Fred Finch Youth Center's Privacy Officer, at 510-482-2244, or see the Intake/Admissions Personnel in your specific program.

To Breach Notification



In the case of a breach of unsecured protected personal health information, FFYC will notify you as required by law. If you have provided a current email address, FFYC may use email to communicate information related to the breach. In some circumstances an FFYC business associate may provide the notification. FFYC may also provide notification by other methods as appropriate.

Note: E-mail notification will only be used if FFYC has obtained authorization from you in advance (see below) and it is certain that neither the e-mail communication nor the e-mail address contain PHI. For example if your email address is "digestivediseaseassociates.com" an email sent with this address could, if intercepted, identify the participant and their condition. In this case, FFYC would not use e-mail with you as a communication tool.

CHANGES TO THIS NOTICE

FFYC reserves the right to change this notice. FFYC also reserves the right to make the revised or changed notice effective for treatment information FFYC already has about you, as well as any information FFYC receives in the future. FFYC will post a copy of the current notice at Fred Finch Youth Center. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you are admitted to Fred Finch Youth Center for treatment services, FFYC will offer you a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Fred Finch Youth Center or with the Secretary of the Department of Health and Human Services. To file a complaint with the Fred Finch Youth Center, contact Fred Finch Youth Center’s Privacy Officer, at 3800 Coolidge Avenue, Oakland, CA 94602. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

OTHER USES OF TREATMENT INFORMATION

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

Electronic Communications

You may wish to use electronic forms of communication when working with FFYC staff. Due to the potential vulnerability of such communication, should you choose to use any form of electronic information exchange, including, but not limited to e-mail or texts, you and/or your guardian must provide specific authorization to do so, before FFYC staff will engage in such an exchange. FFYC staff will provide you with the necessary form upon request.



ACKNOWLEDGEMENT OF RECEIPT

By signing this form, you acknowledge receipt of the *Notice of Privacy Practices* of Fred Finch Youth Center (FFYC). Our *Notice of Privacy Practices* provides information about how FFYC may use and disclose your protected health information. FFYC encourage you to read it in full.

Our *Notice of Privacy Practices* is subject to change. If FFYC changes this notice, you may obtain a copy of the revised notice by contacting our organization at 510-482-2244 and asking for the Privacy Officer.

If you have any questions about our *Notice of Privacy Practices*, please contact:

Privacy Officer, Fred Finch Youth Center
3800 Coolidge Avenue
Oakland, CA 94602

I acknowledge receipt of the *Notice of Privacy Practices* of Fred Finch Youth Center.

Participant Name: _____ Date: _____

Participant Signature: _____ Date: _____

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

INABILITY TO OBTAIN ACKNOWLEDGEMENT

To be completed only if no signature is obtained. If it is not possible to obtain the individual's acknowledgement, describe the good faith efforts made to obtain the individual's acknowledgement, and the reasons why the acknowledgement was not obtained:

Name of Provider Representative: _____ Date: _____



Signature of Provider Representative: _____ Date: _____