

NOTICE OF PRIVACY PRACTICES AND ACKNOWLEDGEMENT OF RECEIPT Triad Family Services Notice of Privacy Practices provides information about how we may use and disclose protected health information about you and/or your child. By signing this form, you acknowledge receipt of the Notice of Privacy Practices of Triad Family Services. We encourage you to read it in full.

In addition to the copy we will provide you, copies of the current notice are available on our website at www.triadfs.org. If you have any questions about our Notice of Privacy Practices, please contact our Privacy Officer, Mark Dandeneau, M.S.W. at 916-631-0771.

I acknowledge that I have received the Notice of Privacy Practices of Triad Family Services.

Signature of Client/Client Representative _____ Date _____ Print
Name _____ Relationship to Client

WRITTEN ACKNOWLEDGEMENT NOT OBTAINED

Please document your efforts to obtain acknowledgement and reason it was not obtained.

- Notice or Privacy Practices Given – Client/Client’s Representative Unable to Sign
- Notice or Privacy Practices Given – Client/Client’s Representative Declined to Sign
- Notice or Privacy Practices Mailed to Client/Client’s Representative – Awaiting Signature

Other Reason Client/Client’s Representative did not Sign

Please describe the good faith efforts made to obtain the individual’s acknowledgement:

Signature of Client/Client Representative _____ Date _____ Print
Name

NOTICE OF PRIVACY PRACTICES

If you have any questions about this notice, please contact Mark Dandeneau, M.S.W. Privacy Officer or Representative

WHO WILL FOLLOW THIS NOTICE

- This notice describes our TRIAD FAMILY SERVICES’ practices and that of:
- Any health care professional authorized to enter information into your chart.
- All departments and units of TRIAD FAMILY SERVICES.
- Any member of a volunteer group we allow to help you while you are in the care of TRIAD FAMILY SERVICES.
- All employees, staff and other TRIAD FAMILY SERVICES personnel.

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

Triad Family Services

Triad Family Services provides residential and mental health and medical services in a variety of locations and settings. Community settings include Certified Foster Family Homes and other community based programs and collaboratives. All client care is overseen and supervised by licensed mental health and/or medical providers and followed by a team of mental health care professionals. Social Work Interns and graduate students of other mental health and social work schools may participate in assessments or therapy in the care of clients. This Notice applies to information and records regarding you and/or your child’s mental health and medical care maintained by Triad Family Services.

Our Pledge Regarding Your and/or Your Child’s Medical and Mental Health Information

Triad Family Services is committed to protecting mental health and medical information about you and/or your child. We create a record of the care and services you and/or your child receive at Triad Family Services for use in the care and treatment of our clients. This Notice tells you about the ways in which we may use and disclose mental health and medical information about you

and/or your child. It also describes your rights and certain obligations we have regarding the use and disclosure of you and/or your child's mental health and medical information. We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at TRIAD FAMILY SERVICES. We need 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 TRIAD FAMILY SERVICES, whether made by TRIAD FAMILY SERVICES personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic. This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Make sure that you and/or your child's mental health and medical information is protected (with certain exceptions).
- Give you this Notice describing our legal duties and privacy practices with respect to mental health and medical information about you and/or your child; and
- Follow the terms of the Notice that is currently in effect.

How We May Use and Disclose Mental Health and Medical Information About You and/or Your Child

The following sections describe different ways that we may use and disclose your and/or your child's mental health and medical information. For each category of uses or disclosures we will explain what we mean and give some examples. Not every use or disclosure will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the following categories. Some information such as certain drug and alcohol information, HIV information, and mental health information is entitled to special restrictions related to its use and disclosure. Triad Family Services abides by all applicable state and federal laws related to the protection of this information.

For Treatment:

We may use mental health and medical information about you and/or your child to provide you and/or your child with mental health and medical treatment or services. We may disclose mental health and medical information about you and/or your child to therapists, social workers, doctors, nurses or other Triad Family Services personnel who are involved in taking care of you and/or your child at Triad Family Services. We may also share medical information about you and/or your child with other Triad Family Services personnel or non-Triad Family Services providers, agencies or facilities in order to provide or coordinate the different things you and/or your child need, such as appointments and lab work. For example, a psychiatrist treating you and/or your child may need to know about certain behavior changes so that medications can be adjusted. We may also disclose mental health and medical information about you and/or your child to people outside Triad Family Services who may be involved in the continuing care after you and/or your child leave Triad Family Services such as other health care providers, community agencies and family members.

For Payment:

We may use and disclose mental health and medical information about you and/or your child so the treatment and services you and/or your child receive from Triad Family Services or from other entities such as an ambulance company, 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 your Health Plan information to a hospital if your child requires emergency treatment. We may also tell your health plan or mental health payer about a proposed treatment in order to obtain prior approval or determine whether your payer or health plan will cover the treatment.

For Health Care Operations:

We may use and disclose mental health and medical information about you and/or your child for Triad Family Services operations. These uses and disclosures are necessary to run the agency and make sure that all of our clients receive quality care. For example, we may use mental health information to review our treatment and services and to evaluate the performance of our staff in caring for you and/or your child. You and/or your child's mental health and medical information may also be used or disclosed to comply with law and regulation, for contractual obligations, client's claims, grievances or lawsuits, health care contracting, legal services, business planning and development, business management and administration, underwriting and other insurance activities and to operate the agency. We may also disclose information to therapists, clinicians, nurses, and other agency personnel for quality improvement and educational purposes. We may remove information that identifies you and/or your child from this set of medical or mental health information so others may use it to study mental health care delivery without learning who the clients are.

Appointment Reminders:

We may use and disclose medical information to contact you and/or your child as a reminder that you have an appointment for treatment.

Treatment Alternatives:

We may use and disclose medical or mental health information to tell you about or recommend possible treatment options or alternatives which may be of interest to you and your child.

Health-Related Benefits and Services:

We may use and disclose medical or mental health information to tell you about our services which may be of interest to you and/or your child.

Fundraising Activities:

We may use medical information about you to contact you in an effort to raise money for TRIAD FAMILY SERVICES and its operations. We may disclose medical information to a foundation related to TRIAD FAMILY SERVICES so that the foundation may contact you in raising money for TRIAD FAMILY SERVICES. We only would release contact information, such as your name, address and phone number and the dates you received treatment or services at TRIAD FAMILY SERVICES. If you do not want TRIAD FAMILY SERVICES to contact you for fundraising efforts, you must notify Triad's Privacy Officer, Mark Dandeneau, M.S.W. in writing.

TRIAD FAMILY SERVICES Directory:

We may include certain limited information about you in TRIAD FAMILY SERVICES directory while you are a client at TRIAD FAMILY SERVICES. This information may include your name, location in TRIAD FAMILY SERVICES, your general condition (e.g., fair, stable, 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 in TRIAD FAMILY SERVICES and generally know how you are doing.

Research:

Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all clients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with clients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for clients with specific medical needs, so long as the medical information they review does not leave TRIAD FAMILY SERVICES. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at TRIAD FAMILY SERVICES.

Individuals Involved in Care or Payment for You and/or Your Child's Care:

We may release medical or mental health information about you and/or your child to a friend or family member who is involved in your child's medical or mental health care. We may also give information to someone who helps pay for you and/or your child's care. Unless there is a specific written request from you to the contrary, we may also tell your family or friends your condition and that you are in TRIAD FAMILY SERVICES. In addition, we may disclose medical or mental health information about you and/or your child to an entity assisting in a disaster relief effort so that your child's family can be notified of their condition, status and location.

As Required by Law:

We will disclose mental health and medical information about you and/or your child when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety:

We may use and disclose mental health and medical information about you and/or your child when necessary to prevent or lessen a serious and imminent threat to you and/or your child's health and safety or the health and safety of other clients, the public or

another person. Any disclosure would be to someone able to help stop or reduce the threat.

SPECIAL SITUATIONS

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 illness. **Public Health Risks.** We may disclose medical information about you and/or your child for public health purposes. These purposes generally include the following:

- Preventing or controlling disease (such as influenza or hepatitis), injury or disability;
- To report births and deaths
- Reporting child abuse or neglect; abuse or neglect of elders and dependent adults;
- Notifying a person who have been exposed to a disease or may be at risk of contracting or spreading a disease or condition;
- Notifying the appropriate government authority if we believe a client has been the victim of abuse, neglect or domestic violence and make this disclosure as authorized or required by law.
- To report reactions to medications or problems with products
- To notify people of recalls of products they may be using.

Mental Health and Health Oversight Activities.

We may disclose mental health and medical information to governmental, licensing auditing and accrediting agencies as authorized or required by law.

Lawsuits and Other Legal Actions.

In connection with lawsuits or other legal proceedings, we may disclose mental health and medical information about you and/or your child in response to a court or administrative order, or in response to a subpoena, discovery request, warrant, summons, or other lawful process, or in order to obtain an order protecting the information requested.

Law Enforcement.

- If asked to do so by law enforcement, and as authorized or required by law, we may release mental health and medical information:
- To identify or locate a suspect, fugitive, material witness or missing person;
- About a suspected victim of a crime if, under certain limited circumstances, we are unable to obtain the client's representative's agreement;
- About criminal conduct at Triad Family Services;
- In case of a medical emergency, to report a crime and provide details of the crime, suspect, or victims;
- About a death we believe may be the result of criminal conduct;
- In response to a court order, subpoena, warrant, summons or similar process.

National Security and Intelligence Activities:

We may release medical or mental health information about you and/or your child to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

YOUR RIGHTS REGARDING MENTAL HEALTH AND MEDICAL INFORMATION ABOUT YOU AND/OR YOUR CHILD

You have the following rights regarding medical and mental health information we maintain about you and/or your child.

Right to Inspect and Copy.

You have the right to inspect and copy medical and certain mental health information that may be used to make decisions about the care of you and/or your child. Usually, this includes medical and billing records, but may not include some mental health information. This does not include information that was not created by Triad Family Services. To inspect and copy medical information that may be used to make decisions about the care of you and/or your child, you must submit your request in writing to: **Triad's Privacy Officer, Mark Dandeneau, M.S.W.** If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to medical or mental health information, you may request that the denial be reviewed. Another licensed mental health or medical professional chosen by the agency will review your request and the denial. The person conducting the review will not be the person who denied your first request. We will comply with the outcome of the review. Mental Health treatment information is subject to different laws for disclosure in California and that the conditions described above may not apply to Mental Health treatment information about you and/or your child.

Right to Request an Amendment or Addendum

If you feel that medical or certain mental health information we have about you and/or your child 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 or for the agency. To request an amendment, you request must be made in writing and submitted to **Triad's Privacy Officer, Mark Dandeneau, M.S.W.** 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 no longer available to make the amendment;

- Is not part of the medical or mental health information kept by or for the agency;
- 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 you and/or your child's medical or mental 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.

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 or mental health information about you and/or your child 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 of accounting of disclosures, you must submit a written request to: Triad'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 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.

Right to Request Restrictions

You have the right to request a restriction or limitation on the medical or mental health information we use or disclose about you and/or your child 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 you and/or your child's care or the payment for you and/or your child's care like a family member or friend. For example, you could ask that we not use or disclose information about a surgery your child had.

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 and/or your child's emergency treatment. To request restrictions, you must make your request in writing to Triad's Privacy Officer. 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. Mental Health treatment information is subject to different laws for disclosure in California and the conditions described above may not apply to Mental Health treatment information about you and/or your child.

Right to Request Confidential Communications

You have the right to request that we communicate with you about you and/or your child's medical or mental health matters 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 Triad's Privacy Officer. 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.

Right to a Paper Copy of this Notice

You have a 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 of this notice. You may obtain a notice at our website: www.triadfs.org. To obtain a paper copy of this notice you may write to us at: **Triad Family Services; 2445 Albatross Way, Suite 101; Sacramento, CA; 95815; Attn: Privacy Officer, Mark Dandeneau, M.S.W.**

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 medical or mental health information we already have about you and/or your child as well as any information we receive in the future. We will post a copy of the current notice in the agency. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you and/or your child is registered or admitted to the agency for treatment we will offer a copy of the current notice in effect.

Complaints

If you believe you or your child’s privacy rights have been violated, you may file a complaint with the agency or with the Secretary of the Department of Health and Human Services. To file a complaint with the agency, contact: **Triad’s Privacy Officer, Mark Dandeneau, M.S.W.**. All complaints must be submitted in writing to Triad Family Services; 2445 Albatross Way, Suite 101; Sacramento, CA; 95815.

You will not be penalized for filing a complaint.

OTHER USES OF MENTAL HEALTH AND 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. If you provide us permission to use or disclose medical or mental health information about you and/or your child, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical or mental health information about you or your child for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we will retain our records of the care provided to you as required by law.