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## **AACI**

### **Notice of Privacy Practices**

Effective Date: January, 1st 2017

THIS NOTICE DESCRIBES HOW MEDICAL AND/OR BEHAVIORAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

For more information, please contact the following:

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## **Asian Americans for Community Involvement**

### **AACI Notice of Privacy Practices**

This Notice describes the privacy practices of Asian Americans for Community Involvement's (AACI) and its programs, and the privacy practices of:

- All of our licensed physicians, nurses, medical assistants, psychotherapists, including psychiatrists, psychologists, marriage and family therapists, licensed professional clinical counselors, and clinical social workers;
- All of our unlicensed mental health counselor, such as mental health trainees and interns, paraprofessional counselors, and case managers;
- All of our employees, including staff, volunteers, and other personnel who work for us or on our behalf; and
- All of our departments, e.g., Billing and Education Departments.

#### **Our Pledge**

AACI understands that the health information about you is confidential and we are committed to protecting your Personal Health Information (PHI). When you receive services at AACI we create a record of these services to better serve you. We need this record to provide you with quality care and to comply with legal requirements. This Notice applies to all of our records about your care, whether provided by our mental health counselors and/or others working on behalf of AACI. This Notice also tells you about the ways in which we may use and disclose your protected health information, and describes your rights with regards to the health information we keep about you and the obligation that we have when we use and disclose such information.

We are required by law to:

- Ensure that health information that identifies you is kept private in accordance with State and federal laws;
- Give you this Notice of your legal duties and privacy practices with regards to your protected health information; and
- Follow the conditions of this notice that are currently in effect for all of your protected health information.

#### **How We May Use and Disclose Your Protected Health Information**

In general, the law permits AACI to use and/or disclose your protected health information for treatment, payment, and health care operations, as well as internal communication purposes which can include via email or fax. AACI programs will usually obtain a signed authorization from you prior to releasing any of your protected health information to any external entities. You have the right to revoke any authorization you have given. However, the revocation will only prohibit us from further disclosing your PHI. If AACI has already made an authorized disclosure before your revocation, the program has acted on your authorization and is not required to try to retrieve the information it has already disclosed. All revocations must be in writing. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required by law to retain our records of the services or treatment we provided to you. However, there may be circumstances in which prior authorization from you may not be practical, feasible and/or

possible. Under such circumstances, AACI is required by state and/or federal regulations to release your protected health information without your permission. These circumstances include:

**Treatment.** AACI may use and disclose PHI to provide you with treatment or services. We may disclose health information about you to the doctors, nurses, technicians, psychiatrist, psychologist, social workers, paraprofessionals, case managers, license marriage and family therapists, medical students, interns and trainees and others involved in your care. We may share medical records with your doctor, lab outside of AACI that performs tests requested by your doctor. We may also share PHI with nursing homes or other community healthcare agencies to arrange for on-going treatment after you leave AACI services. Different programs within AACI may share medical information in order to coordinate services you need and maintain quality care.

**Payment.** AACI may use and disclose your PHI so that treatment and services you receive may be billed and payment may be collected from you, an insurance company, or a third party. However, in all cases, the information disclosed will only be the minimum necessary needed to secure payment. For example, we may tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We may also provide basic information about you and your health plan, insurance holder or third parties outside of AACI who are involved in your care to assist them in obtaining payment for services they provided for you.

**Operations.** AACI may access, use and share PHI for healthcare operations. These uses and disclosures are necessary to improve the quality of care and training educational programs for AACI staff. We may access and share PHI to comply with laws and regulations, for contractual obligations, payee eligibility claims submission, business planning, marketing, and for internal operations at AACI. For example, we may access, use and disclose PHI to review treatments and services provided to you and to evaluate and improve AACI staff care for you. We may also combine PHI we have with other health care systems or business associates to compare how we are doing, and to see where we can improve care and services.

**Health-Related Services and Treatment Activities.** AACI may use and disclose PHI to tell you about health-related services or recommended treatment options or alternatives that may be of interest to you. If you choose to not receive this information or if you wish us to use a different address, please notify one of the members of our service team.

**Individuals Involved in Your Care or Payment of Your Care.** AACI may disclose PHI about you to a friend or family member who is involved in your care of the person who helps pay for your care.

**Appointment Reminders.** AACI may use or disclose PHI about you to contact you as a reminder that you have an appointment.

**Medical Emergencies.** During situations where there is an immediate threat to your health and when immediate medical intervention is necessary, AACI may disclose your protected health information to public or private medical personnel to the extent necessary to meet your bona fide medical emergency and/or the medical emergency of any other person. For example, in an event of a medical emergency we may need to contact the ambulance to transport you and we may disclose PHI in order for you to receive care.

**Organ and Tissue Donation.** If you are an organ donor, AACI may disclose health information about you 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.

**To Avert a Serious Threat to Health Safety.** AACI may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

**Military and Veterans.** If you are a member of the armed forces or separated/discharged from the military services, AACI may release health information about you as required by military command authorities or the Department of Veterans Affairs as may be applicable. We may also release health information about foreign military personnel to the appropriate foreign military authorities.

**Workers Compensation.** AACI may disclose PHI about you for workers compensation or similar programs. These programs provide benefits for work related injuries or illness.

**Coroners, Health Examiners and Funeral Directors.** AACI may disclose PHI about our patients to a coroner or health examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. We may also release PHI to funeral directors as may be necessary for them to carry out their duties.

**National Security and Intelligence Activities.** We may disclose PHI about you to authorized officials for intelligence, counter intelligence and other national security activities authorized by the law. We may also disclose PHI to authorized federal officials so they can protect the President, the President's family, other designated persons or foreign heads of state, or conduct special investigations.

**Inmates.** If you are an inmate of a correctional institution or under the custody of law enforcement officials, AACI may disclose PHI with the correctional institution or law enforcement officials. Disclosure of PHI is necessary:

1. Provide the healthcare services you need
2. Protect your health and safety or the health and safety of others
3. For the safety and security of the correctional institution.

**Lawsuits and Disputes.** AACI may disclose your PHI in response to court-ordered disclosures where the court order has been issued in accordance with procedures specified by State and/or Federal Regulations. We may also disclose medical information about you in response to a subpoena, discovery request of other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice) or to obtain an order protecting the information requested. We will only disclose mental health and drug/alcohol related treatment records in response to a subpoena when we receive a court order or authorization from the patient.

**Law Enforcement.** We may access, use and disclose PHI if asked to do so by law enforcement official:

- In compliance with a court order, subpoena, warrant, grand jury subpoena, summons, or similar process.
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About a victim of a crime, if under certain limited circumstances, we are unable to obtain the permission directly from the victim of a crime;
- About a death we believe maybe the result of criminal conduct
- About criminal conduct in any of our facilities; and
- In emergency circumstances to report; a crime; the location of the crime; or the identity, description or location of the person who committed the crime.

Mental health and alcoholic and drug services records require legal protections and cannot be released without a formal court order or an authorization by the patient or the patient's representative, except in certain limited circumstances as allowed by law.

**Crimes on AACI Property and Against AACI Employees.** If you have committed or threatened to commit a crime on AACI premises or against AACI personnel, we may report the crime to a law enforcement agency and/or seek its assistance. AACI may disclose the circumstances of the incident, including (but not limited to) your name, address, last known whereabouts, and your status as a client at AACI.

**Research Purposes.** Under this exception AACI may release protected health information about you under certain situations. These situations include approval from an Institutional Review Board or Privacy Board, in preparation for research, data of decedents, limited data set with a data use agreement, and with your or personal representative's authorization. AACI would establish guidelines to safeguard your protected health information as part of your participation in the research project.

**Business Associates and Qualified Service Organizations.** There are some services provided at AACI through contracts with business associates and for other AACI programs, Qualified Service Organization (QSO). AACI may disclose your protected health information to AACI's business associates and QSO's in order to carry out their contracted duties on behalf of AACI. Examples include but are not limited to physician services, certain laboratory tests, billing, analysis, and a copy service we use making copies of your health record. To protect your PHI business associates and QSO's are required by federal law to appropriately safeguard your information. In addition AACI programs are business associates and QSO of each other for purposes of providing integrated care and coordinating referrals and services for patients of AACI programs, for administrative support, billing and compliance activities, for analysis and evaluation of services provided by AACI programs and for data entry and mainlining of an electronic health records system.

**Program Audits and Evaluation.** AACI may disclose your protected health information when a government agency that funds or regulates AACI, a third-party payer or a peer review organization requests access to AACI's records. The auditor or evaluator must agree in writing that it will re-disclose identifying information only back to AACI, pursuant to a court order to investigate or prosecute AACI (not you), and/or to a government agency that is overseeing a Medicare or Medicaid (Medi-Cal) audit or evaluation. In addition, your records may be removed from AACI's premises only upon a promise in writing to safeguard the records, not to re-disclose the records in violation of the law, to destroy all copies of your identifying information when it is no longer needed for its intended purposes and to return all originals of your PHI to AACI upon completion of the audit or evaluation.

**Mandatory Reporting.** As required by law, AACI may disclose your protected health information in the following circumstances:

1. If you threaten to harm another person(s), that person(s) and/or the police must be informed.
2. When necessary, if you pose a serious threat to your own health and safety.
3. All instances of suspected child abuse must be reported.
4. All instances of suspected abuse of an elder/dependent adult must be reported.

**Fundraising.** AACI may ask for your written authorization to use your protected health information for fundraising purposes. AACI will only use your PHI with your written authorization. However, AACI may use a limited data set and/or patient story without identifying information for fundraising purposes while maintaining the confidentiality of the patient.

Any requests for disclosure of your protected health information not covered in this Notice will not be granted without your prior authorization and/or without the approval of the Privacy Officer and/or his/her designees. The disclosures that AACI make regarding your PHI will be kept to the minimum necessary.

**Psychotherapy Notes.** Any request for the use and disclosure of psychotherapy notes by anyone other than the originator of the notes for treatment purposes must be approved by the Privacy Officer and/or his/her designees. In most cases an authorization by you and/or your legal representative will be required. The exceptions to this will be in the cases where:

- The Privacy Officer and/or his/her designees have approved the use of the Notes in an internal training program for treatment staff that is appropriately supervised;
- The Notes are used to develop a defense against a legal action brought by you against AACI and/or the provider. The Privacy Officer and/or his/her designees, in conjunction with legal counsel, will determine the need for use and disclosure of the psychotherapy notes to assist in the defense; and/or
- In other situations in which the disclosure is required by law or regulation to assist in health care oversight, to determine or investigate AACI's compliance with the Privacy Rule under HIPAA, or to assist law enforcement in certain limited situations.

In each of the situations described in this paragraph, the Privacy Officer and/or his/her designees must be consulted. They, with advice from legal counsel, will determine if there is a need for the disclosure and the extent of the disclosure of psychotherapy notes. In all cases the development or use of psychotherapy notes to assist your care will be restricted to service team members at AACI. The measures the treating professional will take to secure these notes have been approved by the Privacy Officer and/or his/her designees.

**Substance Abuse Disclosures.** If you are in any one of our Substance Abuse Treatment Programs, AACI will not disclose any of your protected health information without your prior consent and/or without obtaining the approval of the Privacy Officer and/or his/her designees.

We have certain obligations regarding the use and disclosure of your information according to two federal laws, Federal Confidentiality Law (42 C.F.R., Part 2) and the Health Insurance Portability and Accountability Act (HIPAA, 45 C.F.R., Parts 160 and 164).

These laws prohibit our program from disclosing to a third party your attendance at our program, or to disclose any information which identifies you as a participant in an alcohol or drug program, or to disclose any protected information except in circumstances provided for by law as set forth in 42 C.F.R. Part 2 or the applicable HIPAA provisions of 1996, 45 CFR part 160 and 164). We will not use or disclose any PHI, unless you have signed a form to authorize its use and disclosure, or unless a Court issues an order telling us to disclose your PHI.

**Your Rights.** You have certain rights with respect to your protected health information. This section of our Notice describes your rights and how to exercise them:

**Right to Inspect and Copy.** We may deny request to inspect and copy PHI in limited circumstances such as: certain information related to treatment of mental illness or information gathered in a civil, criminal or administrative action or proceeding, or some PHI subject to the Clinical Laboratory Improvements Amendment of 1988.

To inspect and copy your protected health information, you must submit your request in writing to the Privacy Officer and/or his/her designees. If you request a copy of the information, we may charge a fee for the copying and mailing costs, and for any other costs associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If your request is denied, you may request that the denial be reviewed. We will designate a licensed health care professional to review our decision to deny your request. The person conducting the review will not be the same person who denied your request. We will comply with the outcome of this review. Certain denials, such as those relating to psychotherapy notes, however, will not be reviewed.

**Right to Amend.** If you feel that the health information we maintain about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for any information that we maintain about you. To request an amendment, your request must be made in writing, submitted to the Privacy Officer and/or his/her designees, and must be contained on one piece of paper legible handwritten or typed. In addition, you must provide a reason that supports your request for an amendment.

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;
- Is not part of the health information kept by AACI
- Is not part of the information which you would be permitted to inspect and copy; and/or
- Is accurate and complete

Any amendment we make to your health information will be disclosed to the health care professionals involved in your care and to others to carry out payment and health care operations, as previously described in this notice.

**Right to Receive an Accounting of Disclosures.** You have the right to receive an accounting of certain disclosures of your health information that we have made. Any accounting will not include all disclosures that we make. For example, an accounting will not include disclosures:

- To carry out treatment, payment and health care operations as previously described in this notice;
- Pursuant to your written authorization;
- To a family member, other relative, or personal friend involved in your care or payment for your care when you have given us permission to do so; and/or
- To law enforcement officials as permissible by State and Federal laws.

To request an accounting of disclosures, you must submit your request in writing to the Privacy Officer and/or his/her designees. Your request must state a time period which may not be more than six (6) years and may not include dates before April 14, 2003. 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. We will mail you a list of disclosures in paper format within 30 days of your request, or notify you if we are unable to supply you the list within that time period and request an extension of another 30 days.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the health 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 health information we disclose 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 may request that we not disclose information about you to a certain doctor or other health care professional, or that we not disclose information to your spouse about certain care that you received.

However, we are not required to agree to your request for restrictions if it is not feasible for us to comply with your request or if we believe that it will negatively impact our ability to care for you. If we do agree, however, we will comply with your request unless the information is needed to provide emergency treatment. To request a restriction, you must make your request in writing to the Privacy Officer and/or his/her designees. In your request, you must tell us what information you want to limit and to whom you want the limits to apply.

**Right to Receive Confidential Communications.** You have the right to request that we communicate with you about health matters in a certain way. For example, you can ask that we only contact you at work or by mail to a specified address.

To request that we communicate with you in a certain way, you must make your request in writing to the Privacy Officer and/or his/her designees. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will comply with your request to receive confidential communication if it is feasible for AACI to do so.

**Right to a Paper Copy of this Notice.** You have the right to receive a paper copy of this Notice at any time. To receive a copy, please request it from the Privacy Officer and/or his/her designees. You may also obtain a copy of this notice at our website, at [www.aaci.org](http://www.aaci.org).

**Other Uses and Disclosures of Your Protected Health Information.** Other uses and disclosures of protected health information not covered by this Notice or applicable law will be made only with your written authorization. If you give us your written authorization to use or disclose your protected health information, you may revoke your authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your protected health information for the reasons covered by your written authorization. You understand that we are unable to take back any prior uses and disclosures that we have already made with your authorization, and that we are required to retain our records of the care that we have provided to you.

**Changes to this Notice.** AACI reserves the right to change this Notice and to make the changed Notice effective for all of the health information that we maintain about you, whether it is information that we previously received about you or information we may receive about you in the future. Our Notice will indicate the effective date on the first page, in the top center portion of the page. We will also give you a copy of our current Notice upon request. In cases of dispute, refer to the English version of this Notice.

**Filing a Grievance.** If you believe that your protected health information has been released inappropriately and would like to file a grievance, please describe what happened and give us the dates and names of anyone involved. Please also let us know how to contact you so that we can respond to your complaint. You will not be penalized for filing a complaint. You may submit your grievance to the Privacy Officer or contact him/her to address your concerns.



## CONDITIONS OF TREATMENT

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**AACI operates as an integrated “Health Home” to provide optimal care for you. To ensure quality services and to better serve you, we must have you read and consent to our conditions of treatment below. If you have any questions or concerns regarding this document, please notify the service team at AACI, thank you.**

**CONSENT TO CARE:** I consent to the procedures that may be performed during any visit to AACI at any of its locations and programs. Your signature on the last page of this packet gives your consent for voluntary medical, behavioral health treatment and other agency services with AACI. If you are the legal representative of a beneficiary, your signature provides that consent.

- Your consent for services also means that this provider/AACI has a duty to inform you about their recommendations of care as well as risks, costs, benefits, and alternatives to the recommended care, so that you make a knowledgeable decision about your participation in services and know their relevance to your wellness. In addition to having the right to stop services at any time, you have the right to refuse to use any recommendations, interventions, or treatment procedures.
- AACI may have additional consent forms for you to sign that describes in more detail the kinds of services you might receive. These services may include, but are not limited to: medical, and/or behavioral health assessments and evaluations; health care, psychotherapy; case management; rehabilitation services; medication services; referrals to other professionals; and consultations with other professionals on your behalf.

**EDUCATIONAL CONSENT:** AACI is an education facility participating in the training of physicians, psychologists, social workers, students and interns and other health service providers, and they may participate in members care as deemed appropriate by AACI personnel.

**CONSENT TO PHOTOS:** I consent to the taking of photographs, videotapes, digital or other images of my medical or surgical condition or treatment and the use of images, for purposes of my diagnosis or treatment or for AACI operations, including its peer review, electronic medical records, and education or training programs.

**EXCHANGE OF INFORMATION:** The undersigned understands that AACI must share certain information with other internal and external providers that become involved in your care. In certain cases, AACI is required by law to report and release certain information. Those situations as well as your rights and limits of confidentiality are explained in the “Notice of Privacy Practices” and in our “Beneficiary Complaint and Grievance Resolution Process”. Confidentiality is a set of rules to protect your health and personal records, limiting access to only those who need it. All information regarding your health will remain confidential and will not be shared with others outside AACI without your consent.

- There are some conditions under which this confidentiality must be broken and information must be shared with the appropriate individuals. These conditions are as follows:

1. If you threaten to harm another person(s), that person(s) and/or the police must be informed.
2. When necessary, if you pose a serious threat to your own health and safety.
3. All instances of suspected child abuse must be reported.
4. All instances of suspected abuse of an elder/dependent adult must be reported.
5. If a court orders us to release your records, we must do so.
6. For health insurance purposes.

**FINANCIAL AGREEMENT:** The undersigned, whether signing as a patient or representative of the patient agrees to pay all charges for AACI services not otherwise covered by public or private insurance, in accordance with AACI rates and terms for member services. If the account is referred to an attorney or collection agency, the undersigned agrees to pay actual collection costs, including attorney fees, together with interest at the legal rate.

**ASSIGNMENT OF BENEFITS:** The undersigned, whether signing as a patient or representative of the patient, authorizes direct payment to AACI or any public or private benefits otherwise payable to or on behalf of the patient for any AACI service. These benefits include Medicare, Medi-Cal, or other government health care program benefits. The undersigned authorizes release of medical information necessary to determine the eligibility and benefits payable and to submit and process claims for payment.

**AUTHORIZES REPRESENTATIVE:** The undersigned hereby authorizes AACI, at its election but without obligation, to represent the patient regarding any application and appeal for eligibility and benefits related to Medicare, Medi-Cal, or other governmental program benefits relating to services rendered by AACI.

**ADVANCED MEDICAL DIRECTIVE:** The undersigned has been offered written material about the right to accept and refuse medical treatments. The undersigned understands that it is not a requirement to have an Advanced Directive in order to receive medical/behavioral services at AACI. I hereby acknowledge receipt of the advance medical directive information.

**ACKNOWLEDGEMENT OF RECEIPT:** I request payment of authorized Medicare benefits on my behalf for any services furnished me by or in AACI. In addition, I hereby acknowledge receipt of the notice of privacy practices and information regarding the Beneficiary Complaint and Grievance process.

**THE UNDERSIGNED CERTIFIES THAT HE OR SHE HAS READ AND UNDERSTANDS THIS FORM, HAS RECEIVED A COPY OF IT, AND ACCEPTS AND AGREES TO ABIDE BY ITS TERMS.**

Client/Patient/Member name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Relationship: Self Parent Conservator Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Conservator/Guardian printed name: \_\_\_\_\_

For Staff Use Only:

MRN# \_\_\_\_\_ Unicare ID# \_\_\_\_\_

- Patient refused to acknowledge receipt of the Notice of Privacy Practices despite the following attempts:
  
- Client was not able to give informed consent and/or acknowledgment this time; there is no known LPS Conservator or, if client is a minor, there is no known parent or legal guardian who can be located. (Describe efforts made to obtain consent and/or acknowledgment and the reasons why they could not be obtained):
  
- Other reasons:

Witness/Authorized Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_