

PLUMAS COUNTY BEHAVIORAL HEALTH SERVICES

270 County Hospital Road #109 Quincy, CA 95971

PHONE (530) 283-6307 FAX (530) 283-6045



Tony Hobson, Ph.D., Director

Notice of Privacy Practices

Your Information Your Rights Our Responsibilities.

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

Please this carefully.

Your privacy is important to us:

We value your use of our services and your privacy is very important to us. Plumas County Behavioral Health respects your concerns about maintaining privacy of your personal health information. Federal Rule (Health Insurance Portability and Accountability Act) permits certain incidental uses and disclosures of protected health information to occur when the covered entity has in place reasonable safeguards and minimum necessary policies and procedures to protect an individual's privacy. We maintain strict security procedures to protect your information. We provide regular and periodic training to employees on our privacy practices.

PCBH staff provide you with services, that necessitate we share nonpublic information about you to complete your service delivery. In order to do so, we share information within our agency. Plumas County Behavioral Health has entered into agreements with providers and other service providers and does provide information to them. We may also disclose information about you under other circumstances as permitted or required by law. These disclosures typically include information to follow your instructions as you authorize, process transactions (including financial services) on your behalf, and conduct our operations.

It is the policy of Plumas County Behavioral Health not to sell any information to anyone or provide any client information to any entity for independent use.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of your private health and claims records	<ul style="list-style-type: none">• You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.• We will provide a copy or a summary of your private health and claims records, usually within 14 days of your request. We may charge a reasonable, cost-based fee.
Ask us to correct or update your private health information	<ul style="list-style-type: none">• You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.

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	<ul style="list-style-type: none"> • We may say “no” to your request, but we’ll tell you why in writing within 60 days.
Request Confidential Communications	<ul style="list-style-type: none"> • You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. • We will consider all reasonable requests and must say “yes” if you tell us you would be in danger if we do not.
Ask us to limit what we use or share	<ul style="list-style-type: none"> • You can ask us not to use or share certain health information for treatment, payment, or our operations. <ul style="list-style-type: none"> • We are not required to agree to your request, and we may say “no” if it would affect your care • We will say “yes” unless a law requires us to share that information.
Get a list of those with whom we’ve shared information	<ul style="list-style-type: none"> • You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. • We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
Get a copy of this privacy notice	<ul style="list-style-type: none"> • You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
Right to Notification of Breach	<p>You have the right to be notified in the event that we (or one of our Business Associates) discover a breach involving unsecured PHI.</p>
<p>File a complaint if you feel your rights are violated: The complaint must name the agency against who the complaint is lodged, must describe the acts or omission, and must be filed within 180 days of the item or when the individual became aware or should have been aware of the violation.</p> <p>**Plumas County Behavioral Health will not retaliate against any individual who files a complaint. **</p>	<ul style="list-style-type: none"> • You may write to Jessica McGill, Quality Assurance & Compliance Manager, at Plumas County Behavioral Health, 270 County Hospital Road, #109, Quincy, CA 95971. Or call us at: 530-283-6307. • You may also send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W. Washington, D.C. 20201. • You may also send a written complaint to the Secretary of the Department of Health and Human

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	<p>Services at 200 Independence Avenue S.W. Washington, D.C. 20201.</p> <ul style="list-style-type: none"> You may also contact the local Patients’ Rights Advocate, Elizabeth McAllister at 530-616-1638.
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Our Uses and Disclosures

How do we typically use or share your private health information? We typically use or share your private health information in the following ways.

Help manage the health care treatment you receive	<ul style="list-style-type: none"> We can use your health information and share it with professionals who are treating you. 	Example: such as the providing counseling, individual planning, case management, care coordination, consultations and referrals between providers
Run our organization	<ul style="list-style-type: none"> We can use and disclose your information to run our organization and contact you when necessary 	Example: We use private health information about you to develop better services for you.
Bill for your services	<ul style="list-style-type: none"> We can use and share your health information to bill and get payment from health plans or other entities 	Example: We use private health information about you to bill your insurance such as service dates, duration and type.

How else can we use or share your private health information?

We are allowed or required to share your information in other ways without prior authorization – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Comply with the law	<ul style="list-style-type: none"> We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.
Respond to lawsuits and legal actions	<ul style="list-style-type: none"> We can share health information about you in response to a court or administrative order, or in response to a subpoena, provided certain regulatory requirements are met.

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Comply with special laws	<ul style="list-style-type: none">• There are special laws that protect some types of health information such as mental health services and treatment for substance use disorders. We will obey these laws when they are stricter than this notice.
Emergency Situation	We may disclose information to medical personnel for the purpose of treating you in an emergency.
Audit and Evaluation Activities	We may disclose your information to persons conducting certain audit and evaluation activities, provided the person agrees to certain restrictions on disclosure of information.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.