



HIPAA Notice of Privacy Practices for Protected Health Information

The following describes your rights under the Federal Health Information Portability Accountability Act (HIPAA) of 1996. You are receiving this notice because you are receiving services from PHP that may include collecting, recording and/or sharing of health or mental health information.

Protected Health Information: Health information that relates to an individual's past, present or future health, treatment or payment for health care services and either identifies an individual's or provides reasonable basis for identifying an individual is considered *Protected Health Information (PHI)*.

Please be advised that there are State regulations regarding the confidentiality of personal information that may be more restrictive than those granted by HIPAA.

The right to inspect and copy your Protected Health Information (PHI): In most cases, you have the right to inspect and obtain a copy of the PHI that your Family Services Advocate, Counselor or other PHP employee has obtained in the course of providing services to you and /or your family. To inspect a copy of your file, you must submit your request in writing to the address listed below. You should be specific about the kind of information you are requesting to see and the purpose for your request. The Privacy Officer from PHP and/or the Director/Manager of the program you are requesting information from will contact you to arrange a time when you can come to the PHP office to view the information,

There are certain types of information however, that will not be made available to you. This may include:

- PHI gathered about you for a pending lawsuit.
- PHI that PHP considers harmful to you or your family.
- Psychotherapy notes.

If you are denied access to your PHI you may request that the denial be reviewed. Your request will be reviewed by an individual chosen by PHP who was not involved in the original decision to deny your request. PHP will comply with the outcome of that review.

2. Right to Amend Your PHI: If you believe your PHI is incorrect or that an important part is missing, you can ask PHP to amend your PHI. You must provide

your request, and your reason for the request, in writing and submit it to the address below. PHP may deny your request to amend your PHI if it is accurate and complete, was not created by PHP, is not part of the PHI kept by PHP or is not a part of the PHI which you would be permitted to inspect and copy.

3. Right to a list of Disclosures: You have a right to request a list of the disclosures of your PHI that PHP made to other individuals and organizations. You should submit your request to the address listed below and your request should include the time period for which you want to receive this information. This time period may be for no more than six years and may not include dates before April 14, 2003. This list will not include disclosures made for treatment, payment for services, health care operations, purposes of national security, to law enforcement or corrections person, or disclosures made after you signed a PHP Consent to Exchange and Release Information form.

4. Right to Request Restrictions: You have the right to request a restriction or a limitation on PHI that PHP uses or discloses about you for treatment, payment or health care operations, or that PHP discloses to someone who may be involved in your or your family's care. While PHP will consider your request, it is not required to grant it. To request a restriction, you must put your request in writing and send it to the address below. Your request should list:

- What information you want restricted
- Whether you want to limit PHP's use or disclosure of the information, or both
- To whom you want the limits to apply.

PHP will not agree to restrictions on PHI uses or disclosures that are legally required (see your Consent for Services form for all exceptions) or are necessary to administer our business.

5. Right to Request Confidential Communications: You have the right to request PHP to communicate with you about PHI in a certain way or at a certain location if you state that communication in another manner may endanger you. To request confidential communications, please put your request, and when and where you want to be contacted in writing. Send your request to the address listed below. PHP will accommodate all reasonable requests.

6. Right to File a Complaint: If you believe your privacy rights have been violated, you may file a complaint with PHP or with the Secretary of the Department of Health and Human Services

Should you have additional questions or would like more detailed information about HIPAA please write to PHP at the address listed below.

PHP, Attention: Privacy Officer, P.O. Box 1478, Solvang, CA 93464.