

Notice of Privacy Practices



THIS NOTICE DESCRIBES HOW CERTAIN INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

SHIELDS For Families (SHIELDS) is committed to preserving the privacy and security of your health information. In fact, we are required by law to do so for any information created or kept by us. We are also required to provide you with this Notice describing our legal duties and our practices concerning your health information.

Purpose of this Notice

This Notice tells you how SHIELDS uses and discloses the health information that you have given us or that we have learned from you. It also tells you about our responsibility to you and how we can and cannot use your health information.

Note: When we use the words “your protected health information (PHI),” we mean any information that you have given us about you and your health, as well as information that we have gathered while we have taken care of you (including health information provided to SHIELDS by those outside SHIELDS). SHIELDS will follow this Notice of Privacy Practices and any future changes to the Notice that we are required or authorized by law to make. We have the right to change this Notice and to make the revised or changed Notice effective for health information we already have about you, as well as any information we receive in the future. We will have a copy of the current Notice with an effective date at our Administrative offices, satellite locations and on our website at <http://www.shieldsforfamilies.org>.

The health information practices listed in this Notice will be followed at all SHIELDS locations.. This includes the practices of all SHIELDS employees, interns, volunteers, and other workforce members who have access to health information

Uses and Disclosures

SHIELDS will use and disclose your PHI for many different reasons. For some of these uses and disclosures, SHIELDS will need your prior authorization; for others, however, SHIELDS does not. Listed below are the different categories of our uses and disclosures along with some examples of each category.

A. Certain Uses and Disclosures Do Not Require Prior Written Consent. SHIELDS may use and disclose your PHI without your consent for the following reasons:

- 1. For treatment.** SHIELDS may disclose your PHI to other licensed providers who provide you with health care services or are involved in your care. For example, if a psychiatrist is treating you, SHIELDS can disclose your PHI to your psychiatrist in order to coordinate your care.
- 2. To obtain payment for treatment.** SHIELDS can use and disclose your PHI to bill and collect payment for the treatment and services provided by SHIELDS to you. For example, SHIELDS might send your PHI to your insurance company or health plan to get paid for the health care services that we have provided to you. We may also provide your PHI to our business associates, such as billing companies, claims processing companies, and others that process our health care claims.
- 3. For health care operations.** SHIELDS can disclose your PHI to operate our business. For example, SHIELDS might use your PHI to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided such services to you. SHIELDS may also provide your PHI to our accountants, attorneys, consultants and others to make sure that we are complying with applicable laws.

4. **For law enforcement purposes.** SHIELDS may use and disclose your PHI to law enforcement officials to report a crime occurring on program premises or against program personnel.
5. **To report suspected abuse or neglect.** Pursuant to state law, SHIELDS may use and disclose your PHI to report suspected child or elder abuse and neglect.
6. **In medical emergencies.** SHIELDS may use and disclose your PHI during a medical emergency to qualified medical personnel.
7. **Public Health Risks.** For public health reasons in order to prevent or control disease, injury or disability; or to report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.
8. **Health Oversight Activities.** To a health oversight agency for audits, investigations, inspections, licensing purposes, or as necessary for certain government agencies to monitor the health care system, government programs, and compliance with civil rights laws.
9. **Lawsuits and Disputes; Law Enforcement.** In response to a subpoena or a court or administrative order, if you are involved in a lawsuit or a dispute, or in response to a court order, subpoena, warrant, summons or similar process, if asked to do so by law enforcement.
10. **Coroners, Medical Examiners and Funeral Directors.** To a coroner or medical examiner, (as necessary, for example, to identify a deceased person or determine the cause of death) or to a funeral director, as necessary to allow him/her to carry out his/her activities.
11. **Organ and Tissue Donation.** To organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank, as necessary to facilitate a donation and transplantation.
12. **Research.** For research purposes under certain limited circumstances. Research projects are

subject to a special approval process. Therefore, we will not use or disclose your health information for research purposes until the particular research project, for which your health information may be used or disclosed, has been approved through this special approval process.

13. **Serious Threat to Health or Safety; Disaster Relief.** To appropriate individual(s) / organization(s) when necessary (i) to prevent a serious threat to your health and safety or that of the public or another person, or (ii) to notify your family members or persons responsible for you in a disaster relief effort.
14. **Military and Veterans.** As required by military command or other government authority for information about a member of the domestic or foreign armed forces.
15. **National Security; Intelligence Activities; Protective Service.** To federal officials for intelligence, counterintelligence, and other national security activities authorized by law, including activities related to the protection of the President, other authorized persons or foreign heads of state, or related to the conduct of special investigations.
16. **Workers' Compensation.** To your employer via a workers' compensation or similar work-related injury program.
17. **Inmates.** To a correctional institution (if you are an inmate) or a law enforcement official (if you are in that person's custody) as necessary (a) for the institution to provide you with health care; (b) to protect your or others' health and safety; or (c) for the safety and security of the correctional institution.

B. Certain Uses and Disclosures Require You to Have the Opportunity to Object.

1. **Disclosures to family, friends, or others.** SHIELDS may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

C. Certain Uses and Disclosures Require Your Consent.

- 1. Uses and disclosures for marketing purposes.** SHIELDS must get your authorization to use your PHI for marketing SHIELDS services.
- 2. Uses and disclosures that constitute the sale of your Protected Health Information.** SHIELDS must get your consent to receive payment for your PHI, other than in circumstances listed above in regards to treatment, payment, and health care operations.
- 3. Most uses and disclosures of psychotherapy notes.** SHIELDS must get your consent to use or disclose your psychotherapy notes in most cases. SHIELDS should only use or disclose psychotherapy notes when appropriate.

D. Other Uses and Disclosures Require Your Prior Written Authorization. In any other situation, not described in sections A, B, and C above, SHIELDS will ask for your written authorization before using or disclosing your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke such authorization in writing to stop any future uses and disclosures (to the extent that we haven't taken any action in reliance on such authorization) of your PHI.

Your Rights Regarding Your Health Information

You have the following rights with respect to your PHI:

A. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask that SHIELDS limit how we use and disclose your PHI. SHIELDS will consider your request, but we are not legally required to accept it. If SHIELDS accepts your request, SHIELDS will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that SHIELDS is legally required or allowed to make.

B. The Right to Choose How We Send PHI to You. You have the right to ask that SHIELDS send information to you to at an alternate address (for example, sending information to your work address rather than your home address) or by alternate means (for example, e-mail instead of regular mail).

SHIELDS must agree to your request so long as we can easily provide the PHI to you in the format you requested.

C. The Right to See and Get Copies of Your PHI. In most cases, you have the right to look at or get copies of your PHI that SHIELDS has, but you must make the request in writing. If SHIELDS doesn't have your PHI but we know who does, SHIELDS will tell you how to get it. SHIELDS will respond to you within 30 days of receiving your written request. In certain situations, SHIELD may deny your request. If we do, we will tell you, in writing, our reasons.

If you request copies of your PHI, SHIELDS will charge you not more than \$.25 for each page. Instead of providing the PHI you requested, SHIELDS may provide you with a summary or explanation of the PHI as long as you agree to that and to the cost in advance

D. The Right to Get a List of the Disclosures SHIELDS Has Made. You have the right to get a list of instances in which SHIELDS has disclosed your PHI. The list will not include uses or disclosures that you have already consented to, such as those made before this notice went into effect on April 14, 2003, for treatment, payment, or health care operations, directly to you, or to your family. The list also won't include uses and disclosures made for national security purposes, to corrections or law enforcement personnel, or disclosures made before April 14, 2003. SHIELDS will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list SHIELDS will give you will include disclosures made in the last six years unless you request a shorter time. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. SHIELDS will provide the list to you at no charge, but if you make more than one request in the same year, SHIELDS will charge you a reasonable cost-based fee for each additional request.

E. The Right to Correct or Update Your Client Record. If you believe that there is a mistake in your client record or that a piece of important information is missing, you have the right to request that SHIELDS amend the existing information or

add the missing information. You must provide the request and your reason for the request in writing. SHIELDS will respond within 60 days of receiving your request to correct or update your client record. SHIELDS may deny your request in writing if the client record is (i) correct and complete, (ii) not created by SHIELDS, (iii) not allowed to be disclosed, or (iv) not part of SHIELDS records. SHIELDS' written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you don't file one, you have the right to request that your request and our denial be attached to future disclosures of your PHI. If SHIELDS approves your request, we will make the change to your client record, tell you that we have done it, and tell others that need to know about the change to your PHI.

F. The Right to Notice in the Event of a Breach of Unsecured PHI. You have the right to be notified and SHIELDS has the duty to notify you if your PHI was used or disclosed without your permission or within the circumstances stated above, unless there is a low probability that the PHI has been compromised.

G. The Right to Opt Out of Fundraising Communications. You have the right to opt out of being contacted for fundraising efforts from SHIELDS.

H. The Right to Restrict Disclosure of Protected Health Information to Health Plans if You Paid Out of Pocket In Full. You have the right to restrict certain disclosures of your PHI to a health plan with respect to the health care provided where you paid out of pocket in full for the service provided.

I. The Right to Get This Notice by E-Mail. You have the right to get a copy of this notice by e-mail. Even if you have agreed to receive notice via e-mail, you also have the right to request a paper copy of it.

How to Complain about SHIELDS' Privacy Practices.

If you think that SHIELDS may have violated your privacy rights, or you disagree with a decision SHIELDS made about access to your client record, you may file a complaint with the HIPAA Compliance Officer, whose contact information is given below. You also may 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. SHIELDS will take no retaliatory action against you if you file a complaint about our privacy practices.

Person to Contact for Information About This Notice or to Complain about SHIELDS' Privacy Practices.

If you have any questions about this notice or any complaints about SHIELDS' privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact SHIELDS Privacy Officer at: Christopher Igonia-Mock, HIPAA Compliance Officer, Shields for Families, Inc., 11601 South Western Ave, Los Angeles, CA. 90047, (323) 242-5000 x 1274.

Effective Date: June 4, 2013