



Victor Family of Programs

Victor Treatment Centers, Inc; North Valley Schools, Inc; Victor Community Support Services, Inc.

Notice of Privacy Practices

The Victor Family of Programs creates a record of the services provided to you in order to provide quality care and comply with legal requirements. Victor Family of Programs understands that information about your healthcare is personal and confidential, and is committed to maintaining individually identifiable information about your health and mental health as "Protected Health Information (PHI)". Victor Family of Program's "Notice of Privacy Practices" provides you with information about your protected health information, and applies this to all records of services provided to you by Victor Family of Programs and its staff. Victor Family of Programs:

- ✓ Ensures that your protected health information is kept private -
- ✓ Informs you of Victor Family of Programs legal duties and privacy practices with respect to your protected health information -
- ✓ Follows the terms of this "Notice of Privacy Practices"-

Victor Family of Programs "Notice of Privacy Practices" is subject to change. You may read the posted copy, provided handout or download a copy of Victor Family of Programs current "Notice of Privacy Practices" by accessing Victor Family of Programs website: www.victor.org

If you have any questions regarding Victor Family of Programs Notice of Privacy Practices - please contact the program's Privacy Representative. (See Box(s) below).

Victor Family of Programs

"Type in the name of your program's designated Privacy Representative, including address and phone #"

OR

Victor Family of Programs
 PO BOX 5361
 Chico, CA 95927
 Atten: Steve Wiley, MA; M.F.T.
 Chief Privacy Officer
 (530) 893-0758

I have requested or been offered a summary of this (NOP) document, and accept this option. _____.

I acknowledge receipt of Victor Family of Programs Notice of Privacy Practices.

Signature: _____ Date: _____
(client/parent/guardian)

INABILITY TO OBTAIN ACKNOWLEDGMENT

To be completed only if signature is not obtained. Describe the good faith efforts made to obtain acknowledgement, and the reasons why the acknowledgement was not obtained.

Signature of Provider Representative: _____ Date: _____

Inability to Obtain Acknowledgement:	
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Protected Health Information Use and Disclosure

Victor Family of Programs is committed to maintaining the confidentiality and security of “protected health information” (PHI), as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Protected health information refers to any individually identifiable health information or behavioral healthcare information transmitted or maintained in any form. *Victor Family of Programs* discloses PHI to a client upon request and to the Secretary of the Department of Health and Human Services for compliance purposes. *Victor Family of Programs* does not otherwise use or disclose PHI except for treatment, payment, or healthcare / behavioral healthcare operations, or pursuant to individual “authorization.”

“Treatment” encompasses providing behavioral healthcare to a client, coordinating or managing a client’s care with a third party, consulting with another provider, and referring a client to another provider. “Payment” includes obtaining reimbursement for the provision of healthcare, billing, claims management, and healthcare data processing. “Healthcare Operations” includes quality assessment (outcomes evaluation), case management, care coordination, peer review, accreditation and licensing, conducting or arranging for medical review, legal services, auditing functions, quality assurance and business management. PHI uses and disclosures related to treatment, payment, healthcare operations include all *Victor Family of Programs* care providers, contract care providers, and ancillary service providers. Protected health information is *used* when it is shared, examined, applied, or analyzed within the agency that receives or maintains the information. Protected health information is *disclosed* when it is released, transferred, allowed to be accessed, or otherwise divulged outside the agency holding the information. PHI is used and disclosed according to privacy rule of “minimum necessary,” and “need to know” basis.

Treatment

Victor Family of Programs’ clients are involved in some or all of the Agency’s treatment programs. Treatment modalities may include individual therapy, family therapy, group therapy, art, music and movement therapies, medication services, sex education and alcohol and substance abuse treatment. Information about clients and their families may be used in consultations with members of the treatment team and other Agency staff in order to provide the highest quality of care and continuity of services.

For example, a clinician in the Residential Program may need to share information about a client with a Youth Development Counselor in order to assist the treatment team in identifying behavior management interventions. A clinician, providing mental health services, may need to share information about a client's treatment with a case manager in order to assist the client in obtaining needed resources. Health information may be disclosed to an outside referral source in order to assist clients with treatment discharge planning and aftercare.

In addition, *Victor Family of Programs* may disclose health information to client placement agencies for the purpose of coordination of services and case management. School academic records, including Individualized Education Plans (IEPs), immunization records, and transcripts, for clients, may be sent to the school district upon request. If the client is a ward or dependent of the court, records are forwarded to the requestor with County Placement Worker or Juvenile Court Mental Health Unit (JCMHU) authorization.

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Payment

Victor Family of Programs may use and disclose client health information in order to bill and collect payment from an insurance company, or another third party, for services the client receives. For example, *Victor Family of Programs* may need to provide information about a client's diagnosis and treatment to the Los Angeles County Department of Mental Health in order to be reimbursed for services.

Healthcare Operations

Victor Family of Programs may use and disclose client health information for operations that are necessary for the business of the agency and to ensure that all *Victor Family of Programs* clients receive quality care. For example, *Victor Family of Programs* may use client health information to evaluate the performance of its staff in providing care. *Victor Family of Programs* may also combine health information about many *Victor Family of Programs* clients for review by regulatory entities in order to decide what additional services the agency should offer, what treatments are effective, and what improvements in care and services are needed.

Other Uses and Disclosures of PHI

Victor Family of Programs may use and disclose client health information with business associates. A business associate relationship exists when an individual or entity acting on behalf of *Victor Family of Programs* assists in the performance of a function or activity involving the use or disclosure of PHI. *Victor Family of Programs* stipulates in contracts with business associates that associates may not use or disclose PHI other than as permitted by agreement and law, and must use appropriate safeguards to protect confidentiality.

Rights With Respect to Protected Health Information

Client Access to PHI

Clients of *Victor Family of Programs* have the right to see and copy their health information. A client and parent, guardian, or authorized representative may request copies or the opportunity to review client records containing protected health information. Requests for copies of client records from client and parent, guardian, or authorized representative require a written request. *Authorization for Release of Information form* must be completed and signed by parent, guardian, or authorized representative

Victor Family of Programs may deny a client access to PHI when granting access is reasonably likely to endanger the life or physical safety of the client or another person. Any refusal to reply to the request based on these grounds is thoroughly documented in the record explaining the specific cause of concern. Denials are subject to review.

Denial of request for release of PHI to client and parent/guardian/authorized representative may occur under the following conditions:

- It is determined that requestor does not hold the privilege related to the release of information held in the records in accordance.
- A determination is made that the release of the client's records is not in the best interest of the client given the client's current mental/emotional/behavioral state and motivation.

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- If client or parent requesting information was treated in a family therapy modality, client records revealing other family or child information is not released without consent of all other parties.

Client Request for an Accounting of "Disclosures" of PHI

Clients of *Victor Family of Programs* have the right to request an “accounting of disclosures.” An accounting of disclosures is a list of *Victor Family of Program’s* disclosures of protected healthcare information for a purpose other than that of treatment, payment, healthcare operations, or exception under law. Requests for an "accounting of disclosures require a written request, *Client Request for Accounting of Protected Health Information Disclosures*, must be completed and signed by parent, guardian, or authorized representative.

Client Request for Amendment to PHI

Clients of *Victor Family of Programs* have the right to request that their provider amend their protected health information. Requests for amendments to PHI require a written request, *Client Request to Amend Protected Health Information*, completed and signed by parent, guardian, or authorized representative.

Victor Family of Programs provides clients with a written response to a request to amend PHI, *Response to Request to Amend Protected Health Information*.

If *Victor Family of Programs* accepts a client request to amend PHI, the agency makes the appropriate amendment, and informs the client in a timely fashion that the amendment is accepted. *Victor Family of Programs* then furnishes *Notification of Amendment to Protected Health Information* to entities identified by the client and all other entities known to have received the erroneous information.

Victor Family of Programs may deny a client’s request for amendment if:

The Agency determines that:

- The information was not created by *Victor Family of Programs*.
- The originator of the PHI is no longer available to make the amendment
- The information is not part of the designated “record set”
- The information would not be available for inspection
- The information is accurate and complete

If *Victor Family of Programs* denies a client’s request, the agency's *Response to Request to Amend Protected Health Information* includes the following:

- The basis for the denial
- The individual’s right to submit a written statement disagreeing with the denial and how to exercise that right
- A statement that the individual can request the covered entity to include the individual’s request and the denial with any future disclosures

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Client Request for Restrictions on Uses and Disclosures of PHI

Clients of *Victor Family of Programs* have the right to request a restriction or limitation on health information uses and disclosures for treatment, payment, and healthcare operations. For example, clients have the right to request a restriction on health information shared with others involved in their care or the payment for their care, such as a family member or a spouse. Requests for restrictions on uses and disclosures of PHI require a written request, *Client Request for Restriction on Uses and Disclosures of Protected Health Information*, and must be completed and signed by parent, guardian, or authorized representative.

If a client of *Victor Family of Programs* believes his or her privacy rights have been violated, the client may file a written complaint with *Victor Family of Programs* Chief Privacy Officer or with the Secretary of the Department of Health and Human Services. You will not be penalized in any way for filing a complaint.

Exceptions to Protected Health Information

Victor Family of Programs may use and disclose protected health information without client authorization under the following circumstances:

- If the treatment team makes an assessment, or if the client discloses to any staff members that he/she is a danger to self or others.
- 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.
- If a client makes a serious threat to injure another person, necessitating notification of the individual as well as law enforcement personnel.
- If abuse or neglect of a child, an elderly person, a resident of an institution, or a disabled adult is suspected.
- If the Agency is ordered by the court to make records available.
- When a child must be hospitalized because of behaviors that are dangerous to self and/or others, records, including treatment planning reviews, psychiatric reports, current medications and information that is needed to ensure treatment continuity may be released to the treating clinician and medical/psychiatric facility.
- If the Agency, is involved in a civil action or legal investigation related to client services.
- When the Agency, is required to collect information about disease or injury, or to report vital statistics to the public health authority.
- When the Agency, is required to provide information to another agency responsible for monitoring the health care system for such purposes as reporting or investigation of special incidents and unusual occurrences.
- When the Agency, is required to provide information to a health oversight agency for activities authorized by law, including audits, investigations, inspections, licensure, and government monitor of the mental health care system, various government programs, or compliance with civil rights laws.

Victor Family of Programs is committed to provide you with QUALITY SERVICES, and maintain your PRIVACY and CONFIDENTIALITY.