

PLUMAS COUNTY BEHAVIORAL HEALTH SERVICES

270 County Hospital Road #109 Quincy, CA 95971 PHONE (530) 283-6307 FAX (530) 283-6045

Sharon R. Sousa, LMFT, Interim Director



PCBH and Affiliated Providers

Notice of Privacy Practices

Plumas County Behavioral Health provides health care to clients jointly with physicians and other health care providers. This notice applies to PCBH and its affiliates listed at the end of this notice.

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 read this carefully.**

Your privacy is important to us:

We are required by law to protect the privacy of health information that may reveal your identity, and to provide you with a copy of this notice which describes the health information privacy practices of our clinics and our affiliated providers. This notice will tell you about the ways in which we may use and disclose health information about you or your child. We also describe your rights and our duties regarding the use and disclosure of health information.

A copy of our current notice will always be posted in prominent locations, including clinic lobbies and client areas. You will also be able to obtain a copy by going to the Plumas County Behavioral Health website at <https://www.plumascounty.us/2765/Client-Resources> or calling us at 1-800-757-7898 or asking for one at the time of your next visit.

If you have any questions about this notice or would like further information, please contact the PCBH Privacy Officer at 530-283-6307.

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.• We may say “no” to your request, but we’ll tell you why in writing within 60 days.

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<p>Request Confidential Communications</p>	<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.
<p>Ask us to limit what we use or share</p>	<ul style="list-style-type: none"> • You can ask us not to use or share certain health information for treatment, payment, or our operations. • 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.
<p>Get a list of those with whom we’ve shared information</p>	<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.
<p>Get a copy of this privacy notice</p>	<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.
<p>Right to Notification of Breach</p>	<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. **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 Services at 200 Independence Avenue S.W. Washington, D.C. 20201. • 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. This includes affiliated providers and entities we have an BAA with.	Example: such as the providing counseling, individual planning, case management, care coordination, consultations and referrals between providers and programs. Electronic Health Record support and technology support. Referral coordination with specific community partners and programs. Such as: Plumas County Probation Department, Plumas County Child Welfare Services, Plumas County Office of Education, Plumas Crisis Intervention and Resource Center, and Far Norther Regional Center.
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. Appointment reminders.
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. Upon request your health plan could receive Diagnosis and service information.
Incidental Disclosures	While we will take reasonable steps to safeguard the privacy of your health information, certain disclosures of your health information may occur during or as an unavoidable result of our otherwise permissible uses or disclosures of your health information.	Example: upon check-in, other patients in the treatment area may hear your name. Group services.

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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.
Law Enforcement	<p>We may disclose your health information to law enforcement officials for the following reasons:</p> <ul style="list-style-type: none"> • To comply with court orders or laws that we are required to follow; • To assist law enforcement officers with identifying or locating a suspect, fugitive, witness, or missing person; • If you have been the victim of a crime and we determine that: (1) we have been unable to obtain your agreement because of an emergency or your incapacity; (2) law enforcement officials need this information immediately to carry out their law enforcement duties; and (3) in our professional judgment disclosure to these officers is in your best interests; • If necessary to report a crime that occurred on our property
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.
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.
Victims of Abuse, Neglect or Domestic Violence	<ul style="list-style-type: none"> • We may release your health information to a public health authority that is authorized to receive reports of abuse, neglect or domestic violence.
For Research Purposes	<ul style="list-style-type: none"> • In most cases, we will ask for your written authorization before using your health information or sharing it with others in order to conduct research. However, under certain circumstances, we may use and disclose your health information without your written authorization, including if we obtain approval through a special process to ensure that research without your written authorization poses minimal risk to your privacy, or for purposes of preparing a future research project.
Emergency Situation	<ul style="list-style-type: none"> • We may disclose information to medical personnel for the purpose of treating you in an emergency.
Audit and Evaluation Activities	<ul style="list-style-type: none"> • We may disclose your information to persons conducting certain audit and evaluation activities, provided the person agrees to certain restrictions on disclosure of information.
Inmates and Correctional Institutions	<ul style="list-style-type: none"> • If you are an inmate or you are detained by a law enforcement officer, we may disclose your health information to the jail staff or

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	law enforcement officers if necessary to provide you with health care, or to maintain safety, security and good order at the place where you are confined.
Business Associates	<ul style="list-style-type: none">• We may disclose your health information to contractors, agents and other business associates who need the information in order to assist us with providing your care. For example, we have contracted providers and community partners to provide the highest level of care available. If we do disclose your health information to a business associate, we will have a written agreement with that business associate to ensure that it also protects the privacy of your health information.
Data Sharing	<ul style="list-style-type: none">• To comply with information sharing and information Blocking laws we may share information via secure file transfers with 3rd party managed care plan providers for the purposes of referral and coordination of behavioral health services. You have the right to restrict or request that PCBH not share this information with your managed care plan, but it may affect our ability to connect with you the appropriate level of care.

This Notice of Privacy Practices applies to Plumas County Behavioral Health (PCBH) and the following providers or groups affiliated with PCBH, as such may change from time to time:

- Plumas County Behavioral Health and associated community Wellness Centers
- EA Family Services
- Plumas County Office of Education

For a complete list of providers, visit our website at: <https://www.plumascounty.us/87/Behavioral-Health>