

COYOTE COAST

YOUTH AND FAMILY COUNSELING, INC., A LICENSED CLINICAL SOCIAL WORK GROUP

ADMINISTRATIVE OFFICE: 104 CAMINO PABLO, ORINDA, CA 94563

INITIAL CONSULTATION & COUNSELING OFFICE: 110 CAMINO PABLO, ORINDA, CA 94563

PHONE/FAX: (925) 258-5400

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

We maintain a written record of clinical information about you that we obtain in the course of providing mental health services to you. This record keeping is necessary in order for us to provide quality care and to comply with specific legal requirements. We are committed to protecting and maintaining the confidentiality of this PROTECTED HEALTH INFORMATION in accordance with established legal requirements.

PROTECTED HEALTH INFORMATION is the information we create and obtain while providing services to you. Examples of this information include your clinical history, symptoms, diagnoses, test results, treatment course and authorization for future care and treatment. It also includes billing documents for those services that we provide.

OUR RESPONSIBILITIES:

Coyote Coast is required to:

- Maintain the privacy of your health information as required by law. We will make a good faith effort to contact you and obtain your permission to share any information about you. Exceptions to this are described below: *How we May Use and Disclose Your Medical Information.*
- Provide you with a NOTICE as to our duties and privacy practices regarding information we collect and maintain about you;
- Abide by the terms of this NOTICE.
- Notify you if we cannot accommodate a requested restriction or request;
- Accommodate your reasonable requests regarding methods to communicate health information with you.

We reserve the right to amend, change, or eliminate provisions in our Privacy Practices and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend this Notice. You are entitled to receive a revised copy of this Notice by requesting a copy from Coyote Coast.

HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION

The following categories describe different ways that we may use and disclose your medical information. The example(s) are not intended to cover all possible examples for that category.

- Use of your health information for treatment purposes.
As part of evaluation and treatment, we may consult with other clinicians regarding your ongoing care and progress. This might include physicians, therapists, educators, attorneys, and others. No information will be exchanged without your specific written consent, except if disclosure of clinical information is necessary in treating or stabilizing a medical emergency.
In requesting laboratory, radiological, EKG or other clinical evaluations it often is necessary to include a clinical summary and diagnosis. Pharmacists sometimes ask for specific information in order to complete your prescription. These types of information are disclosed as a routine aspect of treatment with your implied consent.
- Use of your health information for payment purposes.
We will not disclose information to any non-governmental insurance plan or payment entity without your written authorization. You will receive a written statement that you may use to submit to your insurance to be reimbursed for our services.
- Use of your information for appointment reminders and scheduling.
Often a phone call is made to your household to provide a reminder of a scheduled appointment.
- Use of your information to avert a serious threat to your health or safety.
Disclosure of your medical information may be necessary to prevent a serious threat to your health and safety. For example, we might provide information to a hospital necessary for them to provide you with emergency care.
- Use of your information as required by law.
We may disclose your medical information when required to do so by federal, state, or local law.
- Use of your information for public health activities.
We may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
We are required by law to notify the appropriate government authority or reporting agency if we believe there is any suspicion of the abuse/neglect of a child or dependent adults, or of domestic violence.

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We may disclose your protected health information to the FDA relating to adverse events with respect to medications or clinical treatment as required by law.

- Use of your information in lawsuits and disputes.

We may disclose your information after receiving a court order or subpoena to do so. In accordance with California Law, efforts may be made to tell you about the request or to obtain an order protecting the requested information.

- National Security, Intelligence Activities, Protective Services for the President of the United States and others.

We may release your medical information to authorized federal officials when legally required.

- Employers

We will not disclose your protected health information to employers or school authorities unless you have given us written permission to disclose information.

YOUR HEALTH INFORMATION RIGHTS:

The health and billing records that we maintain are the physical property of Coyote Coast. However, the information contained in the records also belongs to you.

You have a right to:

- Request a restriction on certain uses and disclosures of your health information by making a written request to the medical practice. This request should include: 1) what information you request to limit; 2) to whom you want the limits to apply. This request may not be honored if we need to disclose information necessary to provide you emergency treatment.
- Obtain a paper copy of the current NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION by making a written request to Coyote Coast. There may be a fee for the costs of copying and or mailing this information.
- Request that you be allowed to inspect or receive a copy of your health record and billing record. You may exercise this right by making a written request to Coyote Coast.
- Request that your health care record be amended to correct incomplete or incorrect information by making a written request to Coyote Coast. However, we may deny your request to amend information if the information in your record: was not created by us; is not part of the health information kept by us; is believed to be accurate and complete.
- If your request to amend the record is denied, you will be informed of the reason for the denial and will have an opportunity to submit a statement of disagreement that will be maintained with your records.
- Obtain an accounting of disclosures of your health information as required to be maintained by law by making a request to the Coyote Coast. An accounting may not include telephone consultations, third party payment history, or disclosures made to you.
- Revoke prior authorizations to disclose information by making a written request to Coyote Coast, except to the extent information release or action has already occurred.
- If you wish to exercise any of the above rights, please contact Coyote Coast: 104 Camino Pablo, Orinda CA 94563. VOX (925)258-5400
- If you believe your privacy rights have been violated you may file a complaint with Coyote Coast or with the California Board of Behavioral Sciences, 1625 North Market Blvd., Suite S-200, Sacramento California 95834 (tel. 916-574-7830).

If you have questions or comments about this NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION, please direct these questions to Coyote Coast.

Thank you,
Coyote Coast

I have received and reviewed this NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION.

SIGNATURE OF PATIENT OR PARENT/GUARDIAN

DATE

PLEASE PRINT

DATE