

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

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

INTRODUCTION

During the course of providing services to you, Masonic Homes of California doing business as Masonic Center for Youth and Families (MCYAF) gathers, creates, and retains certain personal information about you that identifies who you are and relates to your past, present, or future physical or mental condition, the provision of mental health services to you, and payment for your services. This personal information is characterized as your “protected health information.” This Notice of Privacy Practices describes how MCYAF maintains the confidentiality of your protected health information, and informs you about the possible uses and disclosures of such information. It also informs you about your rights with respect to your protected health information.

MASONIC HOMES OF CALIFORNIA, MASONIC CENTER FOR YOUTH AND FAMILIES (MCYAF) RESPONSIBILITIES

MCYAF is required by federal and state law to maintain the privacy of your protected health information. MCYAF is also required by law to provide you with this Notice of Privacy Practices that describes MCYAF’s legal duties and privacy practices with respect to your protected health information. MCYAF will abide by the terms of this Notice of Privacy Practices. MCYAF will notify you of an unauthorized disclosure of your unsecured protected health information.

MCYAF reserves the right to change this or any future Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that it maintains, including protected health information already in its possession. If MCYAF changes its Notice of Privacy Practices, it will post a revised notice on its website at www.mcyaf.org.

USE AND DISCLOSURE WITH YOUR AUTHORIZATION

MCYAF will require a written authorization from you before it uses or discloses your protected health information, unless a particular use or disclosure is expressly permitted or required by law without your authorization. MCYAF has prepared an authorization form for you to use that authorizes MCYAF to use or disclose your protected health information for the purposes set forth in the form. You are not required to sign the form as a condition to obtaining treatment or having your care paid for. If you sign an authorization, you may revoke it at any time by written notice. MCYAF then will not use or disclose your protected health information, except where it has already relied on your authorization.

HOW MCYAF MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION

Permissive Disclosures

MCYAF may, in its discretion, use or disclose your protected health without your written authorization in the following circumstances:



- Your Care and Treatment - MCYAF may use or disclose your protected health information to provide you with or assist in your treatment, care and services.
- De-Identified Health Information – MCYAF may “de-identify” your health information by either the statistical method or removal method and use the de-identified information.
- Billing and Payment – MCYAF will not bill your insurance directly and will provide you the information you need to bill your own insurance. At your request, we may provide information about treatment and diagnosis in response to requests by your insurers.
- Health Care Operations - MCYAF may use your protected health information for MCYAF's health care operations. These uses and disclosures are necessary to manage MCYAF and to monitor our quality of services and care. For example, we may use your protected health information to review our services and to evaluate the performance of our staff in caring for you.
- Marketing Activities - We have the right to use medical information about you and to contact you in an effort to encourage you to purchase or use a product or service. If we receive any direct or indirect payment for making such a communication, however, we would need your prior written permission to contact you. The only exceptions for seeking such permission are when our communication (i) describes only a drug or medication that is currently being prescribed for you and our payment for the communication is reasonable in amount or (ii) is made by one of our business partners consistent with our written agreement with the business partner.
- Licensing and Accreditation - MCYAF may disclose your protected health information to any government or private agency, such as to the California Department of Health Services and the California Department of Social Services, responsible for licensing or accrediting MCYAF so that the agency can carry out its oversight activities. These oversight activities include audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight.
- Disaster Relief – MCYAF may disclose your protected health information to a public or private entity authorized to assist in disaster relief efforts.
- MCYAF Workforce - MCYAF allows its Workforce to share protected health information (PHI) with one another to the extent necessary to permit them to perform their legitimate functions on the behalf of MCYAF. At the same time, MCYAF will work with its Workforce to restrict unnecessary or extraneous communications that will violate the rights of patients to have the confidentiality of their PHI maintained.
- Business Associates -MCYAF may contract with certain individuals or entities to provide services on its behalf. Examples include data processing, quality assurance, legal, or accounting services. MCYAF may disclose your protected health information to a Business Associate, as necessary, to allow the Business Associate to perform its functions on MCYAF's behalf. MCYAF will have a contract with each Business Associate that obligate the Business Associate to maintain the confidentiality of your protected health information.
- Research - MCYAF may disclose PHI for research purposes, provided that an outside Institutional Review Board overseeing the research approves the disclosure of the information without a written authorization.
- Appointment Reminders - MCYAF may use or disclose your protected health information to remind you about appointments.

Mandatory Disclosures - MCYAF will disclose protected health information to outside persons or entities without your written authorization as required by law in the following circumstances:

- Court Order; Order of Administrative Tribunal - MCYAF will disclose protected health information in accordance with an order of a court or of an administrative tribunal of a government agency.
- Subpoena -MCYAF will disclose protected health information in accordance with a valid subpoena issued by a party to adjudication before a court, an administrative tribunal, or a private arbitrator. Reasonable efforts will be made to notify you of the subpoena, or of efforts to obtain an order or agreement protecting your protected health information.
- Law Enforcement Agencies - MCYAF will disclose protected health information to law enforcement agencies in accordance with a search warrant, a court order or court-ordered subpoena, or an investigative subpoena or summons.
- Coroner - MCYAF will disclose protected health information to a coroner where the coroner requests the information to identify a decedent; to notify next of kin; or to investigate deaths that may involve public health concerns, suspicious circumstances, child/elder abuse, or organ or tissue donation.
- Child/ Elder Abuse Reporting - MCYAF will disclose protected health information about a youth or member of his/her family who is suspected to be the victim of child/elder abuse to the extent necessary to complete any oral or written report mandated by law. Under certain circumstances, MCYAF may disclose further protected health information about the youth and/or his/her family to aid the investigating agency in performing its duties. MCYAF will promptly inform the youth or his/her parent or guardian about any disclosure unless MCYAF believes that informing the youth or his/her parent or guardian would place the youth in danger of serious harm, or believes informing his/her parent or guardian would not be in the youth's best interest.
- National Security and Intelligence Activities, Protected Services for the youth and Others - MCYAF will disclose protected health information about a youth to authorized federal officials conducting national security and intelligence activities or as needed to provide protection to the President of the United States, certain other persons or foreign heads of states, or to conduct certain special investigations.
- Other Disclosures Required by Law - MCYAF will disclose protected health information about a youth and/or his/her family when otherwise required by law.

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION - You have the following rights with respect to your protected health information. To exercise these rights, contact MCYAF at the following address: MCYAF, 1111 California Street, San Francisco, CA 94108 Attention: Privacy Officer.

- Right to Request Access - You have the right to inspect and copy your protected health information maintained by MCYAF. In certain limited circumstances, MCYAF may deny your request as permitted by law. However, you may be given an opportunity to have such denial reviewed by an independent licensed mental health professional. If MCYAF uses or maintains an electronic health record with respect to your protected health information, (1) you have a right to obtain from MCYAF a copy of such information in an electronic format and, if you choose, to direct MCYAF to transmit such copy directly to an entity or person designated by you, provided that any such choice is clear, conspicuous, and specific; and (2) any fee that MCYAF may impose for providing you with a copy of such information (or a summary or explanation of such information) if such copy (or summary or explanation) is in an electronic form will not be greater than MCYAF's labor costs in responding to the request for the copy (or summary or explanation).
- Right to Request Amendment - You have the right to request an amendment to your protected health information maintained by MCYAF. If your request for an amendment is denied, you will receive a written denial, including the reasons for such denial, and an opportunity to submit a written statement

disagreeing with the denial.

- Right to Request Restriction - You have the right to request restrictions on the use and disclosure of your protected health information for treatment, payment or operations, or providing notifications regarding your identity and status to persons inquiring about or involved in your care. MCYAF is not required to agree to your request, unless the disclosure is to a health plan for a payment or health care operation purpose and the medical information relates solely to a health care item or service for which we have been paid out-of-pocket in full. If MCYAF agrees to your request, it will comply with your request except in an emergency situation or until the restriction is terminated by you or MCYAF.
- Right to Request Confidential Communications - You have the right to request that MCYAF communicate protected health information to the recipient by alternative means or at alternative locations.
- Right to an Accounting - You have the right to receive an accounting of disclosures of your protected health information created and maintained by MCYAF over the six years prior to the date of your request or for a lesser period or three years in the case of PHI disclosed through our electronic health record for the purposes of either payment, treatment or health care operations. MCYAF is not required to provide an accounting of the following disclosures:
 - To carry out treatment, payment, and health care operations;
 - To respond to your requests for access to protected health information;
 - To aid in the identification or care of a patient
- Right to Receive a Copy of the Notice of Privacy Practices - You have the right to request and receive a copy of MCYAF's Notice of Privacy Practices for Protected Health Information in written or electronic form. If your medical information is maintained in an electronic health record, you may obtain an electronic copy of your medical information and, if you choose, instruct us to transmit such copy directly to an entity or person you designate in a clear, conspicuous and specific manner. Our fee for providing you an electronic copy of your medical information will not exceed our labor costs in responding to your request for the electronic copy (or summary or explanation).
- Other Uses of Medical Information. MCYAF may create a "limited data set" and disclose the limited data set to other persons or entities for the purpose of research, public health or "healthcare operations" with your agreement. A limited data set means medical information that excludes the following items:

(i) Names;

(ii) Postal address information, other than town or city, State, and zip code;

(iii) Birth dates except for year of birth and, then, for persons over 90, aggregating a single category of 90 or older

(iii) Telephone numbers;

(iv) Fax numbers;

(v) Electronic mail addresses;

(vi) Social security numbers;

(vii) Medical record numbers;

(viii) Health plan beneficiary numbers;

(ix) Account numbers;

- (x) Certificate/license numbers;
- (xi) Vehicle identifiers and serial numbers, including license plate numbers;
- (xii) Device identifiers and serial numbers;
- (xiii) Web Universal Resource Locators (URLs);
- (xiv) Internet Protocol (IP) address numbers;
- (xv) Biometric identifiers, including finger and voice prints; and
- (xvi) Full face photographic images and any comparable images.

MCYAF may also provide appropriate amendment, accountings and other access to the Designated Record Set meaning: a group of records maintained by or for MCYF that is: (i) the medical records and billing records about the youths maintained by or for MCYF; (ii) the enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for MCYF; or (iii) used, in whole or in part, by or for MCYF to make decisions about youths.

To the extent required by law, when using or disclosing your medical information or when requesting your medical information from another Covered Entity, we will make reasonable efforts not to use, disclose or request more than a limited data set (as defined below) of your medical information or, if needed by us, no more than the minimum amount of medical information necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations.

COMPLAINTS - If you believe that your privacy rights have been violated, you may file a complaint with MCYAF, 1111 California Street, San Francisco, CA 94108 Attention: Privacy Officer. You also have the right to submit a complaint to the Secretary of the U.S. Department of Health and Human Services via the Office of Civil Rights, 90 7th Street, Suite 4-100, San Francisco, CA 94103; telephone: (415) 437-8310; Fax (415) 437-8311; TDD (415) 437-8311. **MCYAF will not retaliate against you if you file a complaint.**

FURTHER INFORMATION - If you have questions about this Notice of Privacy Practices or would like further information about your privacy rights, contact MCYAF, 1111 California Street, San Francisco, CA 94108 Attention: Privacy Officer

The effective date of this Notice of Privacy Practices is September 20, 2013.

I hereby acknowledge receipt from MCYAF of a copy of its Notice of Privacy Practices for Protected Health Information effective on the date set forth above.

YOUTH:

 (Printed or typed name)

 (Signature)

Date: _____

PARENT/GUARDIAN:

(Printed or typed name)

(Signature)

Date: _____

Relationship to Patient: _____

Attachment 7-B

MASONIC CENTER FOR YOUTH AND FAMILIES (MCYAF)

**CONFIRMATION OF RECEIPT
OF NOTICE OF PRIVACY PRACTICES FOR
PROTECTED HEALTH INFORMATION**

Name of Youth: _____ DOB: _____

MCYAF hereby certifies that it provided:

- the above-named youth; or
- _____, the parent/guardian of the above-named youth

with a copy of its Notice of Privacy Practices for Protected Health Information on _____ [*Insert Date*], and at the same time made a good faith effort to obtain a written acknowledgment of his/her receipt of such Notice of Privacy Practices.

- MCYAF received a written acknowledgement of receipt on the Notice of Privacy Practices.
- MCYAF did not receive a written acknowledgment of receipt because:

MCYAF Representative:

Signature: _____

Printed Name: _____

Title: _____

Date: _____

