



Notice of Privacy Practices

Bimini	Mariposa	Mid Valley Outpatient	Omni	PCADD
River Community	River Community Covina	River Community Wellness	Royal Palms	Stepping Stones

Our Pledge to Protect Your Privacy

Protecting your privacy is very important to us. We value your trust. We want you to understand what information we collect, and disclose how we protect it and how we may use it. We treat Protected Health Information (PHI) that identifies you with respect and in accordance with the terms of this Notice of Privacy Practices (Privacy Notice).

This notice describes how medical information about you may be used and disclosed and how you get access to this information. Please review it carefully.

Information regarding your health care including payment for health care is protected by two federal laws: The Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR Parts 160 & 164 and the Confidentiality Law 42 CFR Part 2. Under these laws, Social Model Recovery Systems may not say to a person outside of the agency that you attend a program of the agency, nor may disclose any information identifying you as an alcohol or drug abuser or disclose any protected information except as permitted by federal laws.

We must obtain your written consent before information can be disclosed about you. However, federal laws permit disclosure of information without your written permission for:

- Internal communication
- Medical emergency
- Court order
- To report a crime committed at the program or against staff
- For research, audit or evaluation
- Report suspected child abuse or neglect
- Report suspected elder abuse
- With qualified service organization/business associate

We may obtain PHI to provide you with the services you have requested and to determine if we are the appropriate resource to provide services. We collect PHI that identifies you and describes how to contact you. We may also collect information on your past treatment history. After you have signed Releases of Information, we may collect PHI from other agencies, family members/significant others, Physicians, Courts and/or Law Enforcement. Any information we may use will be for the purpose of providing and evaluating our treatment and services. By providing you with a copy of this Privacy Notice, we are informing you in the manner in which we maintain the privacy of your PHI, that we provide you with notice of our legal duties, and that we abide by the terms in this Privacy Notice currently in effect. We have the right to change the terms of the Privacy Notice and to provide you with any revisions upon your request.

How We Use and Disclose Your Protected Health Care Information

For Treatment:

We may collect, use, and disclose information regarding your personal health care information (PHI) in order to determine and provide treatment services. We create and maintain a chart that records all the services and treatment we provide. We may also disclose PHI, as necessary, to other providers contributing to your treatment such as a physician, nurse, or other facility personnel. For example, we may discuss your medical history with your health physician if a psychiatrist from our facility prescribes any medication that may interact with current medication prescribed for you.



For Payment

We may use and disclose your PHI in order to facilitate payment for the treatment and services we provide. At times, the billing procedures require that we share your medical information. For example, we provide your PHI to the Department of Mental Health in order to bill Medi-Cal for the treatment and services you receive through our agency.

For Health Care Operations

We may use and disclose your PHI for our health care operations. These operations include, but are not limited to, administration, planning, and evaluation of treatment and services. For example, we may review our treatment and services to evaluate staff performance. We may also discuss concerns or comments with Program Managers with the intent to make improvements and continue providing you with quality treatment.

Scheduling & Reminders of Appointments

We may use and disclose of your PHI to contact you about appointments and reminders as needed. If there are individuals to whom you wish for us to disclose your PHI, for the purposes of appointment reminders, please inform the counselor/staff who is reviewing this notice with you and sign the Release of Information form at time of assessment.

As Required by Law

We will use and disclose your PHI when required and/or authorized to do so by federal, state, or local law.
We will notify affected individuals following a breach of unsecured PHI.

Other Uses and Disclosures that Do Not Require Authorization

SMRS, Inc., may disclose PHI without authorization for a variety of public interest-related purposes. They include the following:

Public Health Activities and/or Health Risks:

We may disclose PHI to a health oversight agency for activities authorized by law. Such activities include preventing and controlling communicable disease, injury or disability; to report adult and child victims of suspected abuse or neglect; and adhere to audits, investigations, inspections, and licensure as required by law.

Workers' Compensation

We may disclose your PHI to workers' compensation carrier or to a related insurance program for the intent of providing benefits for work-related injuries or illness.

Lawsuits and Disputes

We may disclose your PHI to a court or administrative order if you are involved in a lawsuit or dispute. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute but only when we have made adequate efforts to inform you of the request or to obtain an order protecting the information requested.

Law Enforcement

We may disclose your PHI to the police or other law enforcement as required or permitted by law in response to a court order, subpoena, warrant, summons, or similar legal process; if it believed that you present a serious danger of violence to yourself or another person; and in emergency circumstances to report a suspected crime, victim of crime, or person who is suspect of committing a crime.

Organ & Tissue Donations

We may disclose your PHI to organizations responsible for organ procurement, transplantation, or banking if you have agreed to donate organs and/or tissue with the full intent to carry out your wishes.



Coroners, Medical Examiners, and Funeral Directors

We may disclose your PHI to a coroner or medical examiner, as necessary, to identify a deceased person or determine the cause of death. We may also disclose your PHI to funeral directors, as necessary, to carry out their duties and/or your wishes.

Governmental Security Functions

We may disclose your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities, as authorized by law and/or necessary to protect the President, other authorized persons or foreign heads of state, or to conduct special investigations.

Inmates/Probation

We may disclose your PHI to a correction institution or law enforcement official if you are an inmate of a correctional institution or under the custody of a law enforcement official. These disclosures may be necessary to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

Only in limited circumstances are we allowed to use and disclose your PHI for treatment without written acknowledgement of the Privacy Notice, such as in cases of emergency or where communication barriers may delay necessary treatment until a formal acknowledgement is obtained.

Your Privacy Rights Under the Law

Summary of Your Privacy Rights

You have the right to:

- Inspect and/or copy your PHI.
- Request your PHI be amended in your chart.
- Request restrictions on use and disclosure of your PHI.
- Receive an accounting of all non-routine disclosures of PHI.
- Revoke your authorization to use or disclose your PHI, except for the information we have taken action based on prior authorization legally required.
- Receive confidential communication on PHI by an alternative method.
- Receive a paper copy of the Privacy Notice upon request.

Right to Inspect and/or Copy

You may request to inspect and copy your personal health care information (PHI), including treatment and billing records by obtaining an Exercising My Rights Form from your Primary Counselor or Program Director and submitting it to the Privacy Officer/Designee (listed on the last page of this notice). If a copy is requested, we may charge a fee for the costs, including shipping if you request that the copy is being mailed to you. Under certain circumstances, we may deny costs, including shipping if you request that the copy is to be mailed to you. Under certain circumstances, we may deny you access to your PHI. However, you can choose to receive a verbal explanation or a written summary of your PHI. Moreover, if you are denied access to your PHI and you do not wish to receive a verbal explanation or summary, you may request that the Privacy Officer/Designee review the denial by submitting your request in writing. We will respond to your request, whether access to your PHI is granted or not, within five working days of receiving your written request.

Right to Amend

If you feel that your PHI is incorrect or incomplete, you may request to amend the information in our charts. To request an amendment, speak with your Primary Counselor or Program Director. If your request for an amendment is not granted from within the program, you may submit the Exercising My Rights Form to the Privacy Officer/Designee. If we deny your request to amend your chart, we will respond in writing, provide you with a copy, and place the denial in your chart; you still, however, have the right to submit a statement of disagreement to our denial. This statement of disagreement will also remain in your chart.

Right to Request Restrictions

You have the right to request a restriction or limitation of your PHI for treatment, payment, or health care operations by speaking to your Primary Counselor or Program Director. If your request is not granted within the program, you may submit the Exercising My Rights Form to your Privacy Officer/Designee. You also have the right to request a restriction on the PHI disclosed to someone who is involved with your care and/or payment, such as a family member, close personal friend, or any named individual. For example, you could request that we not disclose information about current treatment you are receiving to a significant other. Only in an emergency would we disclose information to appropriate services. (i.e. paramedics, police, etc.) In your written request, you should include (1) what information you wish to restrict, (2) whether you want to limit the use, disclosure, or both, and (3) to whom you want the limits to apply. In the event that we do not agree with your request, we will inform you in writing and such communication, and exchange thereof, will be included in your chart.

Right to an Accounting of All- Non-Routine Disclosures

You have the right to request an "accounting of disclosures" of your PHI for reasons other than treatment, payment and health care operations. To request a list of accounting of disclosures, please speak with your Primary Counselor or Program Director. If your request is not granted from within the program, submit the Exercising My Rights Form to the Privacy Officer/Designee. Your request should include a time period that may not be longer than six years and may not include dates before April 14, 2009. There may also be a fee for the duplication of this list.

Right to Revoke Your Authorization

You have the right to revoke your authorization at any time, except in such specified instances in which we have taken action based on the current authorization in effect. To do so, please speak with your Primary Counselor or Program Director. If there is a situation where further discussion is necessary you may be asked to complete the Exercising My Rights Form.

Right to Confidential Communications

You have the right to request confidential communications when discussing your PHI, such as requesting that we communicate with you in a certain manner or at a certain location. For example, you may request that we only contact you by phone or by mail, or to your home or workplace. You may first specify this request at time of assessment. You may also present your request to your Primary Counselor or Program Director at any time. If your request is not granted by from within your program, you can submit the Exercising My Rights Form to the Privacy Officer/Designee. We will not ask you the reason for your request, and we will do our best to accommodate all reasonable requests and within the scope of our treatment and services.

Right to a Paper Copy of this Privacy Notice

You have the right to a copy of this Privacy Notice, You may request a copy at any time. A copy of this Privacy Notice is provided to you at time of assessment.

Change in Notice of Privacy Practices

We reserve the right to change or add to the terms of our Privacy Notice at any time. You will receive the most current copy of the Privacy Notice at time of assessment. If we make any changes, we will provide you with a revised notice and describe our new practices upon request.



Our Security Procedures

We maintain procedures designed to prevent unauthorized access to PHI. We restrict access to PHI to employees for lawful business purposes to assist in providing services to you. Employees who violate our Privacy Notice are subject to disciplinary action. This Privacy Notice applies only to the information collected by Social Model Recovery Systems (SMRS). If you have any questions about this information, please discuss with your Primary Counselor. If further clarification or information is needed, you may discuss this with the Program Director. If you think your PHI has not been appropriately kept in confidence please discuss with the Program Director. You may also request a SMRS Grievance process.

If you think your Privacy Rights have been violated, you may file a complaint (Grievance Process) with SMRS Privacy Officer/Designee, LA County Chief Information Office. (LACCIO), and/or the U.S. Department of Health and Human Services. All complaints must be submitted in writing. **You will not be penalized or retaliated against for filing a complaint.**

You may contact the Privacy Officer/Designee at:

Quality Assurance Department
Social Model Recovery Systems, Inc.
223 East Rowland Street
Covina, CA 91723
626.332.3145

To file a complaint with Los Angeles County, contact:
Los Angeles County Chief Information Office
(LACCIO)
Chief Information Privacy Officer
500 West Temple Street, Suite 493
Los Angeles, CA 90012
213.974.2164

To file a complaint with the Federal Government, contact
Region IX, Office for Civil Rights
U.S. Department of Health and Human Services
50 United Nations Plaza, Room 322
San Francisco, CA 94102
415.437.8310
(Fax) 415.437.8329 (TDD) 415.437.8311