

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

CONTACT: If you have any questions about this Notice, please contact our Privacy Officer in writing and direct it to Alvarado Parkway Institute/Behavioral Health System (API/BHS), Attention: Privacy Officer, 7050 Parkway Drive, La Mesa, CA 91942. Visit our web site at www.apibhs.com for any updated information.

OUR PLEDGE REGARDING YOUR MENTAL HEALTH INFORMATION PROTECTED UNDER THE LANTERMAN-PETRIS SHORT ACT: We understand that information about you and your mental health treatment is confidential. We are committed to protecting the privacy of this information. Each time you visit an Alvarado Parkway Institute/Behavioral Health System (API/BHS) facility; we create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated by any of the API/BHS facilities, whether made by your physician, hospital staff, contracted services, or any other healthcare provider offering you care at our facility.

This Notice describes how we may use and disclose your mental health information in order to carry out treatment, payment, or healthcare operations (TPO) and for other purposes as permitted or required by law.

It also describes your rights and certain obligations we have regarding the use and disclosure of mental health information.

OUR RESPONSIBILITIES

API/BHS and other healthcare providers offering you care at our facility are committed to our patients. Our primary responsibility is to safeguard the confidentiality of your mental health information. We must also give you this Notice of our privacy practices, and we must follow the terms of this Notice that are currently in effect.

CHANGES TO THIS NOTICE: We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we may receive in the future. We will post a copy of the current Notice in our facility, and it will also be posted at www.apibhs.com our web site.

COMPLAINTS: If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer. Complaint must be submitted in writing and directed to **Alvarado parkway Institute/Behavioral Health System (API/BHS), Attention: Privacy Officer, 7050 Parkway Drive, La Mesa, CA 91942.** There will be no retaliation for filing a complaint. You also have the right to file a complaint with the Department of Health & Human Services.

HOW WE MAY USE AND DISCLOSE MENTAL HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we and other healthcare providers offering you care at our facility may use your mental health information within API/BHS and disclose your mental health information to persons and entities outside of API/BHS. Each description is of a category of use or disclosure. We have not listed every use or disclosure within the categories, but all permitted uses and disclosures will fall within one of the following categories. In addition, there are some uses and disclosures such as certain Drug & Alcohol information, HIV information and Mental Health information that are entitled to special restrictions, and will require your specific written authorization.

TREATMENT: We may use and disclose mental health information about you to provide, coordinate or manage your healthcare and any related services. We may use and disclose health information about you to another healthcare provider such as doctors, nurses, technicians, interns, transport companies, pharmacy, laboratory, pastoral/clergy needs, community agencies, skilled nursing facilities, home health agencies, crisis houses, group homes, independent living facilities or other allied health personnel at a non-API/BHS facility for the purposes of providing coordination of your treatment plan needs, discharge planning, continuity of care, and assistance to your physician during treatment with us.

PAYMENT: We may use and disclose health information about you so that the treatment and services you receive at our facility may be billed to and payment collected from you, an insurance company, or a third party, including a collection agency, if needed. This may include the disclosure of health information to obtain prior authorization for treatment, procedures and/or admission from your insurance plan, or for making a determination of eligibility or coverage for insurance benefits, and undertaking utilization review and case management activities.

DISCLOSURE AT YOUR REQUEST: We may disclose information when requested by you. This disclosure at your request may require a written authorization.

Family Members or Others You Designate: Upon request of a family member and with your consent, we may give the family member notification of your diagnosis, prognosis, medications prescribed and their side effects and progress.

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If a request for information is made by your spouse, parent, child, or sibling and you are unable to authorize the release of this information, we are required to give the requesting person notification of your presence in the hospital, except to the extent prohibited by federal law. Upon your admission, we must make reasonable attempts to notify your next of kin or any other person designated by you, of your admission, unless you request that this information not be provided, we must make reasonable attempts to notify you next of kin or other person designated by you, of your release, transfer, serious illness, injury or death only upon request of the family member.

HEALTHCARE OPERATIONS: Uses and disclosures of mental health information are necessary to operate our healthcare facility and to make sure all of our patients receive quality care. As a part of healthcare operations, your Protected Health Information (PHI) may be subject to review. For example, we may use and disclose mental health information about you for healthcare operations including quality assurance, risk management, performance improvement, case management, infection control and care coordination activities; granting medical staff credentials; legal services and regulatory compliance; licensing and accreditation; contractual obligations; employee review and educational activities; post-discharge telephone calls to follow-up on your health status and/or continuity of care; administrative activities including API/BHS financial, business planning and development; customer service activities including investigation of claims, complaints or lawsuits; and certain marketing activities such as health education opportunities for care and services. We may also call you, by name, (i.e., in the Waiting room area, etc.) when your healthcare provider is ready to see you and/or you will be asked to complete our Sign-In sheets for program attendance. We also visibly display and post each patient's first name and last initial on the respective unit's census board every day for treatment purposes.

BUSINESS ASSOCIATES: There are some services provided in our organization through contracts with third party "Business Associates". Examples of business associates include accreditation agencies, management consultants, quality assurance reviewers, billing, transcription services, copy services, laboratory services, technicians, collection services, etc. We may use and disclose your mental health information to our business associates so that they can perform the job that we have asked them to do. To protect your health information we require our business associates to sign contracts or written agreement that states they will appropriately safeguard your information.

APPOINTMENT REMINDERS AND CONTINUITY OF CARE: We may use and disclose your mental health information to contact you as a reminder and/or for follow-up purposes for treatment, services, referrals, prescriptions, aftercare and/or continuity of care.

TREATMENT ALTERNATIVES: We may tell you about or recommend possible treatment options or alternatives that may be of interest to you such as E.C.T., pain management, aftercare groups, etc.

DISASTER RELIEF EFFORTS: We may use or disclose mental health information about you to an authorized public or private entity assisting in disaster relief efforts (such as the Red Cross) so that your family or personal representative can be notified about your general condition, location, status or death.

SPECIAL SITUATIONS THAT DO NOT REQUIRE YOUR AUTHORIZATION

The following uses and disclosures of your health information are permitted by law without your verbal or written consent:

ABUSE OR NEGLECT: We may use and disclose health information about you to a Public Health authority that is authorized by law to receive reports of abuse or neglect. We may use and disclose your health information if we believe that you have been a victim of abuse or neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

AVERTING A SERIOUS THREAT TO HEALTH OR SAFETY: We may use and disclose health information about you when necessary, to prevent or lessen a serious and imminent threat to your health or safety or the health and safety of another person or the public. Any disclosure would be made only to someone able to help prevent the threat.

ORGAN AND TISSUE DONATION: If you are an organ donor, we may use and disclose health information about you to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank, as necessary, facilitate organ or tissue donation and transplantation.

RESEARCH THAT DOES NOT INVOLVE YOUR TREATMENT: When research study does not involve any treatment, we may use and disclose health information about you to researchers when an Institutional Review Board, (IRB), has reviewed the research proposal, has established appropriate protocols to ensure the privacy of your health information, and has approved the research

MILITARY ACTIVITY AND VETERANS: If you are or were a member of the armed forces, we may use and disclose health information about you to military command authorities, as required by law.

NATIONAL SECURITY/INTELLIGENCE ACTIVITIES/ PROTECTION OF ELECTIVE CONSTITUTIONAL OFFICERS: We may use and disclose mental health information about you to authorized federal officials for conducting national security activities, intelligence and counterintelligence, including for the provision of protective services for federal and state elective constitutional officers and their families including the President of the United States. We may disclose your mental health information to the Senate or Assembly Rules Committee for the purpose of legislative investigation.

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WORKER'S COMPENSATION: We may use and disclose health information about you to comply with Worker's Compensation or other similar programs if you have a work-related injury. These programs provide benefits for work-related injuries.

HEALTH OVERSIGHT ACTIVITIES: We may use and disclose health information about you to a health oversight agency for activities authorized by law, such as a government agency, audits, investigations, inspections, accrediting and licensing agencies. These activities are necessary for the government to monitor the healthcare system, government programs and compliance with civil rights laws.

PUBLIC HEALTH RISKS & ACTIVITIES: We may use and disclose mental health information about you for public health risks and activity purposes to a public authority. These purposes generally include the following:

- ◆ To prevent or control disease, injury or disability
- ◆ To report vital events such as births and deaths
- ◆ To report child, adult, or elder abuse or neglect
- ◆ To notify the appropriate government authority if we believe a patient has been the victim of abuse (including elder abuse), neglect or domestic violence
- ◆ To report adverse reactions to medications, problems or defects with products or other adverse events
- ◆ To notify people of recalls, repairs or replacements of products they may be using
- ◆ To notify a person who may have been exposed to a disease or may otherwise be at risk for contracting or spreading a disease or condition
- ◆ To notify emergency response employees regarding possible exposure to HIV/AIDS, to the extent necessary to comply with state and federal laws

LAWSUITS AND DISPUTES: in connection with lawsuit, legal proceedings or disputes, we may use and disclose mental health information about you in response to a court or administrative order, or in response to a subpoena, discovery request, summons or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested. We may disclose mental health information to courts, attorneys and court employees in the course of conservatorship, and certain other judicial or administrative proceedings.

LAW ENFORCEMENT: We may use and disclose mental health information about you if asked to do so by law enforcement officials for the following reasons:

- ◆ In response to a court order or administrative order, subpoena, warrant, summons or similar process
- ◆ To identify or locate a suspect, fugitive, material witness, certain escapes and certain missing persons

- ◆ About a death we believe may be the result of a criminal conduct
- ◆ About criminal conduct at our facility
- ◆ When requested by an officer who lodges a warrant with the facility
- ◆ When requested at the time of a patient's involuntary hospitalization

INMATES: If you are an inmate of a correctional institution or under custody of law enforcement officials, we may use and disclose mental health information about you to the correctional institution or the law enforcement official as authorized. This is necessary for the correctional institution to provide you with healthcare, to protect your health and safety, or health and safety of others, or the safety and security of the correctional institution.

DEPARTMENT OF JUSTICE: We may disclose limited information to the California Department of Justice for movement and identification purposes about certain criminal patients, or regarding persons who may not purchase, possess or control a firearm or deadly weapon.

ADVOCACY GROUPS: We may release mental health information to the statewide protection and advocacy organization if it has a patient or patient representative's authorization, or for the purposes of certain investigations. We may release mental health information to the County Patients' Rights Office if it has a patient or patient representative's authorization, or for investigations resulting from reports required by law to be submitted to the Director of Mental Health.

CORONERS, MEDICAL EXAMINERS AND FUNERAL HOME DIRECTORS: We may use and disclose health information about you to a coroner or medical examiner for identification purposes of the deceased, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also use and disclose health information to a funeral home director, as necessary, in order to permit them to carry out their duties.

SITUATIONS THAT DO REQUIRE YOUR AUTHORIZATION WITH YOUR VERBAL AGREEMENT

Patient Roster/Directory: API/BHS has a "Patient Roster/Directory" of information about current hospitalized patients that may include certain limited data about you, such as your name, room number or unit/program location while you are in treatment at our facility. Upon admission, you will be given a unique Patient Identification Number (PIN), which changes with each consecutive admission and instructions on the use and disclosure of your PIN to individuals whom you choose to disclose your presence at our facility to. All incoming calls and/or visitors to our facility will be requested to supply your Pin to us prior to receiving any acknowledgement of your presence or any contact with you at our facility. If your PIN is not given or not known by the requester, we will inform them

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"We cannot confirm or deny your presence at our facility". You have the right to refuse to have all or part of your information disclosed for such purposes.

INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE: We may use and disclose health information about you to a family member who is involved in your healthcare, or to any other personal representative whom you designate, with your written authorization, unless you tell us, in advance, not to provide this information.

EMERGENCIES: We may use or disclose health information about you in an emergency treatment situation. If this happens, your physician shall try to obtain your consent as soon as reasonable practicable after the delivery of treatment. If your physician or another health care provider is required by law to treat you and they have attempted to obtain your consent but is unable to obtain your consent, he/she may still use or disclose your health information in an effort to provide you with immediate quality treatment and care.

SITUATIONS REQUIRING YOUR SPECIFIC WRITTEN AUTHORIZATION

If there are other reasons that we need to use and disclose your health information not covered by this notice or the laws that apply to us, we will obtain your written authorization. If you authorize us to use or disclose mental health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will not longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care we provided to you. Some typical disclosures that require your authorization are as follows:

MARKETING: We will obtain your authorization for any marketing related activities except for direct face-to-face communications or giving gifts to you that are of nominal value.

FUNDRAISING: We will obtain your authorization for fundraising activities except if we use your information for our own fundraising purposes and if we only use demographic information and dates of service.

RESEARCH INVOLVING YOUR TREATMENT: When a research study involves your treatment, we may disclose your health information to researchers only after you have signed a specific written authorization. In addition, for any such research study, an Institutional Review Board, (IRB) will already have reviewed the research proposal, established appropriate protocols to ensure the privacy of your mental health information, and approved the research. You do not have to sign the authorization, but if you do refuse to sign the authorization, you cannot be part of the research study and may be denied research-related treatment.

DISCLOSURES REQUESTED BY API/BHS: We may ask you to sign an authorization allowing us to use or to disclose your demographic health information to others for specific purposes such as notifying you of future educational or social events that you might enjoy.

DRUG AND ALCOHOL ABUSE TREATMENT DISCLOSURES: We will disclose drug and alcohol treatment information about you only in accordance with the Federal Privacy Act and applicable laws. In general, the Privacy Act requires your written authorization or the written authorization of your legal representative for any such disclosures.

DISCLOSURE OF MENTAL HEALTH OR SPECIAL CATEGORIES OF TREATMENT INFORMATION: In most cases, state or federal law requires your written authorization or the written authorization of your legal representative for any disclosures of mental health treatment, HIV, AIDS test results.

YOUR RIGHTS REGARDING INFORMATION ABOUT YOU

You have the following rights regarding information we maintain about you and brief description of how you may exercise these rights. You may contact in writing the Health Information Service representative at Alvarado Parkway Institute/Behavioral Health System (API/BHS), Attention: Health Information Service Department, 7050 Parkway Drive, La Mesa, CA 91942 to obtain instructions for exercising these rights.

YOU HAVE THE RIGHT TO:

1. Request a restriction on certain uses and disclosures of your information. You have the right to request a restriction or limitation on your mental health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the mental health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We are not required by law to agree with your request, except to the extent that you request us to restrict disclosure to a health care plan or insurer for payment or health care operations purposes if you or someone else on your behalf has paid for the item or service out of pocket in full.

If we believe it is in your best interest to permit access, use and disclosure of your health information, then your information will not be restricted. If we agree to your restriction request, we will comply with your request unless the information is needed to provide you with emergency treatment. Your written request must state 1) what information you want to limit; 2) whether you want to limit our use, disclosure or both; and 3) to whom you want the limits to apply, for example disclosures to your spouse.

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2. Obtain a paper copy of this “Notice of Privacy Practices”
You may ask for a paper copy of this notice at any time even though you have agreed to an electronic copy. You may obtain a copy on our website www.apibhs.com or request a copy by mail to our Privacy Officer.
3. Inspect and request a copy of your health record for a fee. We may deny your request under limited circumstances. If you are denied access to your health information, you may request that the denial is reviewed by another healthcare professional chosen by someone on our healthcare team. We will abide by the outcome of that independent review.
4. Request an amendment to your health record. If you feel that the information is incorrect or incomplete, you may request an amendment of your health information. Your request must be in writing and must include a reason to support the request. We may deny your request if the information was not created by a member of the API/BHS healthcare team, if it is not part of the information kept by our facility, if it is not part of the information which you are permitted to inspect or get a copy of, or if the information is accurate and complete. PLEASE NOTE: If we accept your request for amendment, we are not required to delete any information from your original medical record. Even if we deny your request for amendment, you have the right to submit a written addendum, not to exceed 250 words, with respect to any item or statement in your record you believe is incomplete or incorrect. If you clearly indicate in writing that you want the addendum to be made part of your mental health record, we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect.
5. Obtain an accounting of disclosures of your health information. The accounting will only provide information about disclosures made for purposes other than for treatment, payment, healthcare operations, and other disclosures excluded by law and those that you have already authorized. Your request must be in writing to Health Information Services, Alvarado Parkway Institute, 7050 Parkway Drive, La Mesa, CA 91942; state the time period which may be no longer than six years and may not include dates before April 14, 2003. Your request must indicate in what form you want the list (paper or electronic). In addition, we will notify you as required by law following a breach of your unsecured protected health information.
6. Request to receive confidential communications from us by alternative means or at an alternative location. You have the right to request that we communicate with you about healthcare matters in a certain way or at a certain location. Your request must be in writing and specify the exact changes you are requesting. We will accommodate all requests that are “reasonable”.
7. Revoke your authorization in writing to use or disclose health information about you except to the extent that action has already been taken by API/BHS in reliance as indicated in your prior written authorization.

because you matter!