



3727 Marconi Avenue, Sacramento, CA 95821  
(916) 485-6500, (916) 485-6814 Fax

## NOTICE OF HEALTH INFORMATION PRACTICES

**Privacy Officer (916) 485-6500**

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

Your medical information is the information gathered by your doctors, nurses, therapists or other caregivers during the time you are being treated by Human Resources Consultants, Inc. professionals. It is private, and no one without a legitimate need to know may have access to it. Human Resources Consultants, Inc. is required by law to maintain the privacy of your health information and to provide you with a notice of its legal duties and privacy practices, and to notify affected individuals following a breach of unsecured protected health information.

Human Resources Consultants, Inc. will not use or disclose your health information except as described in this notice. This notice applies to all of the medical records generated during your participation in Human Resources Consultants, Inc. programs and services. If you have any questions about this Notice, please contact our Privacy Officer listed above.

### **EXAMPLES OF DISCLOSURE FOR TREATMENT, PAYMENT AND HEALTHCARE OPERATIONS**

The following categories describe the ways that Human Resources Consultants, Inc. may use and disclose your health information.

**Appointment Reminders:** Human Resources Consultants, Inc. may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or services at Human Resources Consultants, Inc. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone.

**Sign-in Sheet:** We may use and disclose medical information about you by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.

**Treatment:** Human Resources Consultants, Inc. will use your health information in the provision and coordination of your healthcare. We may disclose all or any portion of your medical record information to your primary care physician, consulting physician(s), nurses, technicians, medical student, and other health care providers who have a legitimate need for such information in the care and continued treatment of the patient. Different departments may share medical information about you in order to coordinate specific services, such as prescriptions, lab work, social services, etc. Human Resources Consultants, Inc. may disclose your medical information to people outside the Agency who may be involved in your medical care, such as family members, clergy and others used to provide services that are part of your care.

**Treatment Alternatives:** Human Resources Consultants, Inc. may use and disclose your medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health Related Business and Services:** Human Resources Consultants, Inc. may use and disclose your medical information to tell you of health-related benefits or services in the system that may be of interest to you.

**Family/Friends/Support Persons:** Human Resources Consultants, Inc. may release medical record information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends or support persons that you are in a hospital and your general status, e.g., stable, fair, etc. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

**Payment:** Human Resources Consultants, Inc. may release medical information about you for the purposes of determining coverage, billing, claims management, medical data processing and reimbursement. The information may be released to an insurance company, third-party payer or other entity (or their authorized representatives) involved in the payment of your medical bill and may include copies or excerpts of your medical record that are necessary for payment of your account. For example, a bill sent to a third party payer may include information that identifies you, your diagnosis, and the procedural information regarding the services you receive.

**Routine Healthcare Operations:** Human Resources Consultants, Inc. may use and disclose your medical information during routine healthcare operations, including quality assurance, utilization review, internal auditing, accreditation, certification, licensing or credentialing activities, medical research and educational purposes.

**Business Associates:** Human Resources Consultants, Inc. may use and disclose certain medical information about you to business associates. A business associate is an individual or entity under contract with Human Resources Consultants, Inc. to perform or assist Human Resources Consultants, Inc. in a function or activity that necessitates the use or disclosure of medical information. Examples of business associates include, but are not limited to; physician services in an emergency department, a copy service used by the agency to copy medical records, consultants, accountants, lawyers, medical transcriptionists and third party billing companies. Human Resources Consultants, Inc. requires the business associate to protect the confidentiality of your medical information.

. Although federal law does not protect health information which is disclosed to someone other than another healthcare provider, health plan, healthcare clearinghouse, or one of their business associates, California law prohibits all recipients of healthcare information from further disclosing it except as specifically required or permitted by law. We may also share your information with other health care providers, health care clearinghouse or health plans that have a relationship with you, when they request this information to help them with their quality assessment and improvement activities, their patient-safety activities, their population-based efforts to improve health or reduce health care cost, protocol development, case management or care coordination activities, their review of competence, qualifications and performance of health care professionals, their training programs, their accreditation, certification or licensing activities, their activities related to contracts of health insurance or health benefits, or their health care fraud and abuse detection and compliance efforts.

**Research:** Under certain circumstance, Human Resources Consultants, Inc. may use and disclose medical information about you to researchers for an approved clinical research study.

**Marketing:** Provided we do not receive any payment for making these communications, we may contact you to encourage you to purchase or use products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments, therapies, health care providers or settings of care that may be of interest to you. We may similarly describe products or services provided by this practice and tell you which health plans we participate in., We may receive financial compensation to talk with you face-to-face, to provide you with small promotional gifts, or to cover our cost of reminding you to take and refill your medication or otherwise communicate about a drug or biologic that is currently prescribed for you, but only if you either; (1) have a chronic and seriously debilitating or life-threatening condition and the communication to a prescribe course of treatment, or (2) you are a current health plan enrollee and the communication is limited to the availability of more cost-effective pharmaceuticals. If we make these communications while you have a chronic and seriously debilitating or life-threatening condition, we will provide notice of the following in at least 14 point type: (1) the fact and source of the remuneration; and (2) your right to opt-out of future remunerated communication by calling the communicator's toll-free number. We will not otherwise use or disclose your medical information for marketing purposes or accept any payment for other marketing communication without your prior written authorization. The authorization will disclose whether we receive any financial

compensation for any marketing activity you authorize, and we will stop any future marketing activity to the extent you revoke that authorization.

**Regulatory Agencies:** Human Resources Consultants, Inc. may disclose your medical information to public health or legal authorities charged with controlling disease, injury or disability.

**Workers Compensation:** Human Resources Consultants, Inc. may release medical information about you for workers' compensation or similar programs that provide benefits for work-related injuries or illnesses.

**Military Veterans:** Human Resources Consultants, Inc. may disclose medical information as required by military command authorities, if you are a member of the armed forces.

**Inmate:** If you are an inmate of a correctional institute or under the custody of a law enforcement officer, Human Resources Consultants, Inc. may release your medical record information to the correctional institute or law enforcement official.

**Required by Law:** Human Resources Consultants, Inc. will disclose medical information about you (but we will limit our use or disclosure to the relevant requirements of the law.) when required to do so by law or order of the court. When the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirements set forth below concerning those activities.

**Coroners, Medical Examiners, Funeral Directors:** Human Resources Consultants, Inc. may release your medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine a cause of death. Human Resources Consultants, Inc. may also release your medical information to funeral directors as necessary to carry out their duties.

**Other Uses:** Any other uses and disclosures will be made only with your written authorization.

**Breach Notification:** In the case of a breach of unsecured protected health information, we will notify you as required by law. If you have provided us with a current email address, we may use email to communicate information related to a breach. In some, circumstances our business associate may provide the notification. We may also provide notification by other methods as appropriate.

[Add the following three activities, or any of the three, only if the organization engages or intends to engage in these activities]

**Psychotherapy Notes:** We will not use or disclose your psychotherapy notes without your prior written authorization except for the following: (1) your treatment, (2) for training our staff, students and other trainees, (3) to defend ourselves if you sue us or bring some other legal proceedings, (4) if the law requires us to disclose the information to you or the Secretary of HHS or for some other reason, (5) in response to health oversight activities concerning your psychotherapist, (6) to avert a serious threat to health or safety, or (7) to the coroner or medical examiner after you die. To the extent you revoke an authorization to use or disclose your psychotherapy notes, we will stop using or disclosing these notes.

**Research:** See section

**Fundraising:** We may use or disclose your demographic information, the dates that you received treatment, the department of service, your treating physician, outcome information and health insurance status in order to contact you for our fundraising activities. If you do not want to receive these materials,, notify the Privacy Officer listed at the top of this Notice of Privacy Practices and we will stop any further fundraising communications. Similarly, you should notify the Privacy Office dif you decide you want to start receiving these solicitations again.

**Patient Information Rights:** Although all records concerning your treatment obtained at Human Resources Consultants, Inc. are the property of Human Resources Consultants, Inc., you have the following rights concerning your medical information:.

**Right to Confidential Communications and Consultations:** You have the right to receive confidential communications of your medical information by alternative means or at alternative locations. For

example, you may request that HRC contact you only at work or by mail or by mail to an address specified by you. You may also request that any treatment or consultations at Human Resources Consultants, Inc. be held in a private room or area without risking anyone overhearing discussions with you and your service or medical staff.

**Right to Inspect and Copy:** You have the right to inspect and copy your medical information with limited exceptions as provided by law. A fee of \$.25 per page is charged for these copies. To access your medical information, you must submit a written request detailing what information you want access, whether you want to inspect the information, or get a copy of the information. If you want a copy, your preferred form and format must be stated. We will provide copies in your requested form and format if it is readily producible, or we will provide you with an alternative format you find acceptable, or if we can't agree and we maintain the record in an electronic format, your choice of readable electronic or hardcopy format. We will also send a copy to any other person you designate in writing using a Release of Information form. We may deny your request under limited circumstances. If we deny your request to access records because we believe allowing access would be reasonably likely to cause substantial harm, you will have a right to appeal our decision. If we deny your request to access your psychotherapy notes, you will have the right to have them transferred to another mental health professional,

**Right to Amend:** You have the right to amend your medical information. You must make a request to amend in writing, and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your health information, and will provide you with information about this medical practice's denial and how you can disagree with the denial. We may deny your request if we do not have the information, if we did not create the information or the person or entity that created the information is no longer available to make the amendment, if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. If we deny your request, you may submit a written statement of your disagreement with that decision, and we may, in turn, prepare a written rebuttal. You also have the right to request that we add to your record a statement of up to 250 words concerning anything in the record you believe to be incomplete or incorrect. All information related to any request to amend or supplement will be maintained and disclosed in conjunction with any subsequent disclosure of the disputed information.

**Right to an Accounting:** You have the right to obtain an accounting of the disclosures of your medical information. This medical practice does not have to account for the disclosures provided to you or pursuant to your written authorization, or as described in paragraphs 2 (treatment), 6 (payment), 7 (health care operations), 5 (notification and communication with family and other support persons) and 10 – 15 (specialized government functions) of Section A of this Notice of Privacy Practice.

**Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of your medical information. You have the right to request restrictions on certain uses and disclosures of your health information by a written request specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have imposed. If you tell us not to disclose information to your commercial health plan concerning health care items or services for which you paid for in full out-of-pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons. We reserve the right to accept or reject any other request, and will notify you of our decision.

**Right to Revoke Authorization:** You have the right to revoke your authorization use or disclosure of your medical information, except to the extent that action has already been taken in reliance on your authorization.

A request to exercise any of these rights must be submitted, IN WRITING, to the Security/Privacy Officer. Forms to help you make your request are available in the lobby or Medical Records Dept.

#### **FOR MORE INFORMATION OR TO REPORT A PROBLEM**

If you have questions and would like additional information, you may contact our Security/Privacy Officer at (916) 485-6500. If you believe your privacy rights have been violated, you may file a complaint with the Human Resources Consultants, Inc. Complaint Officer who will forward the complaint to the Sacramento County Privacy Officer and/or the Mental Health Division Privacy Officer. Or you may file your complaint with the Secretary of the Department of Health and Human Services, Office for Civil Rights, Attn: Regional Manager 90 7<sup>th</sup> Street, Suite 4-100, San Francisco, CA 94103 (800) 368-1019.

**CHANGES TO THIS NOTICE**

Human Resources Consultants, Inc. will abide by the terms of the notice currently in effect. Human Resources Consultants, Inc. reserves the right to change the terms of its notice and to make the new notice provisions effective for all protected health information that it maintains. An updated version of the NOTICE may be obtained at Human Resources Consultants, Inc. from your service provider or in the lobby.

*[We will also post the current notice on our website, if applicable]*

**NOTICE EFFECTIVE DATE**

The effective date of this notice is September 1, 2003

*The effective date of this notice is September 23, 2013*

**Attachment B**

**Receipt of Human Resources Consultants, Inc. Notice of Privacy Practices**

I, \_\_\_\_\_, have received and reviewed a copy  
(Client or Authorized Representative)

of Human Resources Consultants, Inc. (hereinafter designated as HRC) Notice of Privacy Practices. I acknowledge that I have read and understand the Notice and my rights as outlined therein. HRC staff has answered questions that I have had regarding the Notice.

\_\_\_\_\_  
(Signature of Client or Authorized Representative)

\_\_\_\_\_  
(Date)