

PCSD's Notice of Privacy Practices Policy

Originally Effective: 1/1/2010; revised 11/1/2011 to be effective 1/1/2012

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

At Psychiatric Centers at San Diego (PCSD) patient's trust and confidence is our top priority. The information that follows is intended to help patients understand our policies for the collection, use, and disclosure of their personal medical information. We are required by state and federal law to protect your health information. We, therefore, must provide you with a copy of this Notice that tells how we may use and share your information, including informing you of your rights. We have the right to change the privacy practices described in this Notice. However, if we do make any changes, we will make the revised copy available 60 days prior to the new effective date.

Your information is personal and private. We may receive information about you when you become eligible and enroll in your health plan. We may also receive information from your doctors, clinics, labs, and hospitals in order to approve and pay for your treatment.

A. HOW WE MAY USE AND SHARE INFORMATION ABOUT YOU:

PCSD may use or share your information for reasons directly connected to your treatment, or for payment pertaining to your treatment. The information we use and share may include, but is not limited to, name, address, personal facts, treatment and/or medical history. Some actions we take as a medical group include: checking your eligibility and enrollment; approving and paying for services; investigating or prosecuting fraud, checking the quality of care that you receive; and coordinating the care you receive. Some examples include;

For treatment: You may need treatment that requires us to approve care in advance. We will share information with doctors, hospitals, and others in order to get you the care you need.

For payment: PCSD reviews, approves, and pays for claims sent to us for your treatment. When we do this, we share information with the doctors, clinics, and others who bill us for your care. In addition, we may forward bills to other health plans or organizations for payment.

For health care operations: We may use information in your record to monitor the quality of the care you receive. We also may use this information in audits, fraud and abuse programs, planning, and general administration.

B. OTHER USES FOR YOUR HEALTH INFORMATION:

1. Sometimes a court will order us to give out your health information. We also will give information to a court, investigator, or lawyer under certain circumstances. This may involve fraud or actions to recover money from others.
2. You or your doctor, hospital, and other health care providers may appeal decisions made about claims for your health care. Your health information may be used to make these appeal decisions.
3. We also may share your health information with agencies and organizations that check how our medical group is providing services.
4. We may share your health information with the federal government, as requested, in relation to privacy rules.
5. We may share your information with researchers when an Institutional Review Board (IRB) has reviewed and approved the reason for the research, and has established appropriate protocols to ensure the privacy of the information.
6. We may disclose health information, when necessary, to prevent a serious threat to your health/safety or the health/safety of another person, or the public. Such disclosures would be made only to someone able to help prevent the threat.
7. We may use and disclose medical information to contact and remind you about future appointments. If you are not available, we may leave this information on your answering machine or with the individual answering the phone.

C. WHEN WRITTEN PERMISSION IS NEEDED:

If we want to use your information for any purpose not listed in this notice, we must get your written permission. If you give us your permission, you may take it back, in writing, at any time.

D. WHAT ARE YOUR PRIVACY RIGHTS?

- You have the right to ask us not to use or share your personal health care information in the ways described in this notice. We may not be able to agree to your request.
- You have the right to ask us to contact you only in writing or at a different address, post office box, or by telephone. We will accept reasonable requests when necessary to protect your safety.
- You and your personal representative have the right to receive a copy of your health information by requesting such information in writing from PCSD's Medical Records Department, P.O. Box 609001, San Diego, CA 92160. You may be charged a fee for the cost of copying and mailing records. (We may keep you from seeing certain parts of your records for reasons allowed by law.)
- You have the right to ask that information in your records be amended if it is not correct or complete. We may refuse your request if: (i) the information is not created

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or kept by PCSD, or (ii) we believe it is correct and complete. If we do not make the changes as indicated by you, you may ask that we review our decision. You also may send a statement saying why you disagree with our records, and that statement will be kept with your records.

- When we share your health information you have the right to request a list of what information was shared, with whom we shared it, when we shared it, and for what reasons. This list will NOT include when we share information with you relating to your treatment, payment, or medical group operations, or requests as required by law.
- You have the right to be informed of a breach within 60 days of the date a breach has been discovered. We will notify you of said breach by first class mail, or by electronic mail if specified as a preference, by including the following information in the notification: Circumstances of the breach, date of the breach, date of the discovery, type of information involved, the steps taken to mitigate harm and to protect against future breaches, and how you can obtain additional information about the breach.
- You have the right to request an additional copy of PCSD's Notice of Privacy Practices Policy. You also can find this Notice on our web site at: www.psychiatriccenters.com.

E. HOW DO YOU CONTACT US TO USE YOUR RIGHTS? If you want to use any of the privacy rights explained in this Notice, please call or write us at: PCSD HIPAA Compliance Officer, P.O. Box 609001, San Diego, CA 92160, or phone 619-528-4600 or fax 619-528-4625. If you are hearing or speech impaired, you may call 711 or 1 (800) 735-2922 (English) or Voz y TTY (teléfono de texto) 1 (800) 855-3000. Or for additional information call the U.S. Dept. of Health and Human Services at 619-515-4243 and/or the Office of Civil Rights at 1-877-696-6775.

F. COMPLAINTS: If you believe that we have not protected your privacy and you wish to file a complaint or grievance, please call or write the PCSD HIPAA Compliance Officer, P.O. Box 609001, San Diego, CA 92160, phone 619-528-4600 or fax 619-528-4625. If you are hearing or speech impaired, you may call 711 or 1 (800) 735-2922 (English) or Voz y TTY (teléfono de texto) 1 (800) 855-3000. Or for additional information call the U.S. Dept. of Health and Human Services at 619-515-4243 and/or the Office of Civil Rights at 1-877-696-6775.

<p>This notice is also available in Spanish; to request a copy, please call us at 619-528-4600.</p>
