

# **HIPAA**

## **NOTICE TO CLIENTS OF MUSE TREATMENT'S PRIVACY PRACTICES**

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY.**

**Effective Date:** March 27, 2015

### **I. Purpose of this Notice of Privacy Practices (NPP).**

Muse Treatment is required by the Health Insurance Portability and Accountability Act (HIPAA) to provide you with a list of laws and regulations affecting the confidentiality of your protected health information (PHI). This NPP addresses when Muse Treatment must or may disclose your PHI.

Muse Treatment will not disclose your PHI unless authorized or required under California or Federal law or regulation, or upon your written authorization.

### **II. PHI Defined.**

PHI is your individually identifiable information. PHI includes:

- Health information, including demographic information;
- Information that relates to your physical or mental health or the provision of or payment of health care; and
- Information that identifies you.

### **III. PHI in Connection with Drug or Alcohol Abuse Treatment or Prevention Services.**

Records of your identity, diagnosis, prognosis, or treatment maintained in connection with the performance of any alcohol and other drug abuse treatment or prevention effort or function conducted, regulated, or directly or indirectly assisted by the department must, except as provided in this NPP, be confidential and be disclosed only for the purposes authorized in this NPP (hereinafter "Drug or Alcohol Abuse Services"). See 42 CFR Part 2 and Cal. Health & Safety Code § 11845.5.

### **IV. PHI Not in Connection with Drug or Alcohol Abuse Services.**

PHI not in connection with the receipt of drug and alcohol services has slightly different requirements and protections. Generally, your records in conjunction with alcohol or drug abuse services have increased protections over other medical records. These differences will be outlined in this NPP. See 45 CFR Parts 160 and 164, 42 CFR Part 2, and Cal. Health & Safety Code § 11845.5.

### **V. The Strictest Law Applies.**

California and Federal law sometimes have different standards and requirements. In these cases, we will follow the strictest. For example, if Federal law allows the disclosure of information without your consent or authorization, but California law requires your consent or authorization, we will obtain your consent or authorization.

### **III. Your Rights – All PHI.**

#### **A. Electronic or Paper Copy of Your Medical Record.**

- You can ask to see or get an electronic or paper copy of your medical record and other PHI we have about you.
- We will provide a copy or summary of your PHI, usually within 15 days of your written request. We may charge a reasonable, cost-based fee.
- The Patient Access to Health Records Act (PAHRA) gives you the right to see and copy your medical records (with some exceptions) that we maintain.
- Procedure:
  1. Submit a written request to the Program Director;
    - Please complete the “Consent and Authorization to Release Confidential Information” form and specify the requested delivery method
  2. Muse Treatment will review the request and determine whether it falls within an exception – thereby preventing the record’s release;
  3. If the requested record falls within an exception, Muse Treatment will notify the requestor in writing why the record cannot be released; and
  4. If the requested record is releasable, the requested records will be released consistent with your written request.

#### **B. Correct Your Medical Record.**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to the request, but we will tell you why in writing within 60 days.
- You may also request changes to records that you believe are inaccurate or incomplete.

#### **C. Request Confidential Communications.**

- You can ask us to contact you in a specific way (for example, home or office phone) or send mail to a different address.
- We will say “yes” to reasonable requests.

#### **D. Limit What We Use and Share.**

- You can ask us not to use or share certain health information for treatment, payment, or our operations – we are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer – we will say “yes” unless a law requires us to share that information.

#### **E. Get a List of Those with Whom We’ve Shared Your Information.**

- You can ask for a list (accounting) of the times we’ve shared your PHI for six years prior to the date of request, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any that you

asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee for subsequent requests.

**F. Get A Copy of This Notice.**

- You can ask for a paper copy of this NPP at any time, even if you agreed to receive it electronically. We will promptly provide you with a paper copy.

**G. Choose Someone to Act on Your Behalf.**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your PHI.
- We will make sure the person has this authority and can act for you before we take any action.

**H. File A Complaint.**

- You may file a complaint if you feel that your rights were violated.
- You can complain if you feel we have violated your rights by contacting us using the information on the back page.
- We will not retaliate against you for filing a complaint.

**IV. Your Choices – all PHI.**

**A. Your Preferences on How We Share Information.**

Talk to us if you have a clear preference for how we share your information in the situations described below. You should tell us what you want us to do, and we will follow your instructions.

**B. You have the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in your care; and
- Share information in a disaster relief situation.

*If you are unable to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

**C. In these cases, we never share your information without your written consent:**

- Marketing purposes;
- Sale of your information; and
- Most sharing of psychotherapy notes.
  - California law requires prior written authorization for certain types of sensitive information disclosures, including psychotherapy notes and drug and alcohol treatment records.

**D. Fundraising.**

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

- V. **Muse Treatment's Responsibilities.** Muse Treatment has the following responsibilities about the privacy and security of your PHI:
1. Muse Treatment is required by law to maintain the privacy and security of your PHI;
  2. Muse Treatment will promptly let you know if there is a breach that may have compromised the privacy or security of your information;
  3. Muse Treatment must follow the duties and privacy practices describe in this NPP and give you a copy of it; and
  4. Muse Treatment will not use or share your information other than as described in this NPP unless you tell us we can, in writing. If you tell us we can, you may change your mind at any time.

VI. **Uses and Disclosures Requiring Your Consent – all PHI.**  
Muse Treatment may use and disclose your PHI consistent with a signed and valid consent and authorization to release your confidential information. There are specific Federal and California requirements for this consent and authorization. Additionally, there are certain circumstances where Muse Treatment may use or disclose your PHI without your consent, as outlined in this NPP.

- VII. **Uses and Disclosures Not Requiring Your Consent – all PHI.**
1. **Employees.** We will share your PHI among Muse Treatment employees to the extent necessary to provide you services.
  2. **Child Abuse or Neglect.** We will disclose information about suspected child abuse or neglect to appropriate State or local authorities.
  3. **Medical Emergency.** We will share your PHI to medical personnel to the extent necessary to meet a bona fide medical emergency.
  4. **Valid Court Order.** We will disclose your PHI when there is a valid court order. The standard for obtaining a valid court order for the release of records associated with drug or alcohol treatment is higher than that for other medical records.
  5. **Qualified Personnel.** We may disclose your PHI to qualified personnel to conduct scientific research, management and financial audits, program evaluation, but such personnel may not identify you, directly or indirectly, in any report of such research, audit, or evaluation, or otherwise disclose your identity in any manner, provided appropriate safeguards are used.
  6. **Elder Abuse or Neglect.** Muse Treatment as an entity is not a mandated reporter. However, most of our staff are mandated reporters in their professional capacities.

VIII. **Uses and Disclosures Not Requiring Your Consent – Not Drug or Alcohol Services.** In addition to the exceptions to nondisclosure above, your PHI not in conjunction with alcohol or drug treatment/prevention may be disclosed, without your consent, in the following cases:

1. **Treatment.** We may use your PHI and share it with other professionals who are treating you. Treatment means the provision, coordination, or management of health care and related services. Treatment includes the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or the referral of a patient for health care from one health care provider to another.

- Example. A doctor treating you for an injury asks another doctor about your overall health condition.
2. **Health Care Operations.** We may use and share your PHI to run our program, improve your care, and contact you when necessary.
    - Example. We use your PHI to manage your treatment and services.
  3. **Payment.** We may use and share your PHI to bill and get payment from health plans or other entities or persons. This means that if a family member or friend is paying for your health care services, we may disclose necessary PHI to them to get paid.
    - Example. We give information about you to your health insurance plan or parent paying for your treatment to pay for your receipt of services.
  4. **Business Associates.** We may disclose your PHI to Muse Treatment's Business Associates. These are persons or entities that require your PHI, such as laboratories conducting urinalyses. Business Associates are bound by the same confidentiality rules and regulations as Muse Treatment.
  5. **Help with public health and safety issues.** We may share your PHI for certain situations such as:
    - Preventing disease;
    - Reporting suspected abuse, neglect, or domestic violence;
    - Preventing or reducing a serious threat to anyone's health or safety; and
    - County coroner for reasons not already discussed.
  6. **Comply with the law.** We may share your PHI if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
  7. **Respond to organ and tissue donation requests.** We may share your PHI with organ procurement organizations.
  8. **Work with a medical examiner or funeral director.** We may share your PHI with a coroner, medical examiner, or funeral director when an individual dies.
  9. **Address workers' compensation, law enforcement, and other government requests.** We may use or share health information about you:
    - For workers' compensation claims;
    - For law enforcement purposes or with a law enforcement official;
    - With health oversight agencies for activities authorized by law; and
    - For special government functions such as military, national security, and presidential services.
  10. **Respond to lawsuits and legal actions.** We may share your PHI in response to a court or administrative order or subpoena.
  11. **Cause of Death.** We will to disclose when cause of death is being reported.
  12. **Crimes against Program Personnel or On Premises.** We may report any information about a crime committed by you either at the program premises or against any person who works for the program or about any threat to commit such a crime.
  13. **Food and Drug Administration (FDA).** We may disclose your PHI to the FDA treatment purposes or if we believe that you may be threatened by an error in manufacturing, labeling, or the sale of a product under FDA jurisdiction, the information is used for the exclusive purpose of notifying you or your physicians of the potential dangers.
  14. **Research.** Muse Treatment does not do research. But, we can use or share your

information for health research.

15. **Appointment Reminders.** We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**IX. Notice of Privacy Practices Amendments.**

Muse Treatment can change the terms of this NPP. If we change the terms, those changes will apply to all information we have about you. The new NPP will be available upon request, in our office, and on our website.

**X. Complaints.**

You have the right to complain to the Health and Human Services Agency and Muse Treatment if you think that your privacy rights have been violated and your PHI has been disclosed without authorization.

U.S. Department of Health and Human Services Office for Civil Rights  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
1-877-696-6775  
[www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

Muse Treatment  
Attention: Program Director  
1251 Westwood Blvd.  
Los Angeles, CA 90024  
310-287-1919

**ACKNOWLEDGEMENT OF RECEIPT OF THE  
HIPAA NOTICE OF PRIVACY PRACTICES**

I, \_\_\_\_\_, acknowledge that I have received a copy of Muse Treatment's HIPAA Notice of Privacy Practices.

I understand that signing this Acknowledgement does not mean I have agreed to any special uses or disclosures of my health records.

I also understand that refusing to sign this Acknowledgement will not prohibit Muse Treatment from using or disclosing my health information consistent with Federal and California laws and regulations.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CLIENT SIGNATURE