

NOTICE OF PRIVACY PRACTICES

Effective Date: May 15, 2011

THIS NOTICE EXPLAINS HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

OUR PLEDGE REGARDING YOUR MENTAL HEALTH INFORMATION

We understand that information about you and your mental health is confidential. We are committed to protecting the privacy of this information. Each time you receive care from The Soul Care House (SCH), 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 SCH marriage and family therapist.

This notice will tell you about the ways in which we may use and disclose mental health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of health information.

OUR RESPONSIBILITIES

Our primary responsibility is to safeguard your personal health information. We must give you this notice of our privacy practices, and we must follow the terms of the notice that is 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 receive in the future. We will post a copy of the current notice in our facilities, and it will also be posted on our web site at www.sd hospice.org. A copy of the current notice in effect will be available at the registration area and in the Health Information Department at SCH.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe the ways that we use your health information within SCH and disclose your health information to persons and entities outside of SCH. We have not listed every use or disclosure within the categories, but all permitted uses and disclosures will fall within one of the categories listed below.

WRITTEN CONSENT—In compliance with the federal Health Insurance Portability and Accountability Act (HIPAA), we will obtain in writing an Informed Consent when you elect to obtain care from SCH. The Informed Consent is necessary to allow us to use your health information within SCH and to disclose your health information as appropriate. The Informed Consent remains valid unless revoked in writing. This consent will be used for the following purposes:

Treatment – We may use and disclose your health information internally in the course of your treatment at the SCH. For example, we may give information to another SCH therapist for the purpose of referral within SCH. If we wish to provide information outside SCH, for your treatment by another health care provider, we will have you sign and authorization for release of information.

Payment – The Soul Care House may use and disclose your health information in invoices to collect payment from third parties, such as insurance providers or collections when necessary, for the care you receive from SCH. SCH may need to obtain prior approval from your insurer and may need to explain to the insurer your need for SCH care and the services that will be provided to you.

Health Care Operations – We may use and disclose your health information for our own operations in order to facilitate the function of the Soul Care House and as necessary to provide quality care to all of the Soul Care House's clients. Health care operations include such activities as: quality assessment and improvement activities; activities designed to improve health or reduce health care costs; protocol development, case management and care coordination; professional review and performance evaluation; training programs including those in which interns learn under supervision; training of non-health care professionals; accreditation, certification, licensing or credentialing activities; review and auditing, including compliance and medical reviews, legal services and compliance programs; business planning and development; business management and general administrative activities of the Soul Care House.

For example, SCH may use your health information to evaluate its staff performance, combine your health information with other SCH clients in evaluating how to more effectively serve all SCH clients, use your health information to contact you as a reminder regarding a visit to you.

WITH YOUR SPECIFIC WRITTEN AUTHORIZATION

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you authorize us to use or disclose health information about you, you may revoke that authorization in writing at any time. If you revoke your authorization, we will no 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 that we provided to you. Some typical disclosures that require your authorization are as follows:

SPECIAL SITUATIONS THAT DO NOT REQUIRE YOUR AUTHORIZATION

State or Federal law permits SCH to use or disclose your health information without your consent or authorization for a number of reasons:

Emergencies—SCH may disclose sufficient information to address and immediate emergency you are facing.

When Legally Required—SCH will disclose your health information when it is required to do so by any Federal, State or local law.

Report Abuse, Neglect Or Domestic Violence—SCH is allowed to notify government authorities if there is reason to believe a client is the victim of abuse, and or neglect. SCH may disclose health information about you related to the suspicion of child and or elder abuse or neglect. SCH will make this disclosure only when specifically required or authorized by law or when the client agrees to the disclosure.

Judicial and Administrative Proceedings—SCH may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when SCH makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

Serious Threat To Health Or Safety—SCH may, consistent with applicable law and ethical standards of conduct, disclose your health information if the Soul Care House, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

Specified Government Functions—In certain circumstances, the Federal regulations authorize SCH to use or disclose your health information to facilitate specified government functions relating to national security and intelligence activities.

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of SCH, the information belongs to you. You have the right to:

Request a restriction on certain uses and disclosures of your information. You may request in writing, restrictions on certain uses and disclosures of your health information. However, if our system capabilities will not allow us to comply with your request, we are not required to. You have the right to request a limit on SCH's disclosure of your health information to someone who is involved in your care or the payment of your care.

Request confidential communications. You have the right to request that SCH communicate with you about medical matters in a certain way. For example, you may ask that SCH conduct communications pertaining to your health information only with you privately, with no other family members present. SCH will not request that you provide any reasons for your request and will attempt to honor your reasonable request for confidential communications.

Inspect and copy your health information. You have a right to inspect and copy your health information, including billing records. You must submit your request in writing and SCH may charge a reasonable fee for copying and assembling costs associated with your request. We may deny your request under very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed by another health care professional chosen by someone on our health care team. We will abide by the outcome of that review.

Amend health care information. If you or your representative believe that your health information records are incorrect or incomplete, you may request that SCH amend the records. That request may be made as long as the information is maintained by SCH. SCH may deny the request if it is not in writing or does not include a reason for the amendment. The request may also be denied if your health information records were not created by SCH, if the records you are requesting are not part of SCH's records, if the health information you wish to amend is not part of the health information you or your representative are permitted to inspect and copy, or, if in the opinion of the Soul Care House, the records containing your health information are accurate and complete. Please note that even if we accept your request, we are not required to delete any information from your health record.

An accounting of disclosures of your health information. You or your representative have the right to request an accounting of disclosures of your health information made by SCH for any reason other than for treatment, payment or health operations. The request should specify the time period for the accounting starting April 14, 2003. Accounting requests may not be made for periods of time in excess of six years. SCH would provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

A paper copy of this notice. You or your representative have a right to a separate paper copy of this Notice at any time even if you or your representative have received this Notice previously. You or your representative may also obtain a copy of the current version of SCH's Privacy Notice at its website – www.soulcarehouse.org.

Revoke your authorization. You or your representative have a right to revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Complain about any aspect of our health information practices to us and/or to the Department of Health and Human Services of the United States. Complaints about this notice or how SCH handles your health information should be directed in writing to: The Soul Care House Associate Director, 1427 W. Lewis St., San Diego, CA 92103. There will be no retaliation for filing a complaint and you may expect an investigation and explanation. You may also submit a formal complaint in writing to the Secretary of the United States Department of Health and Human Services, 200 Independence Avenue, SW, Washington, DC 20201.

If you have any questions about this notice, please contact the SCH Director at (619) 272-6485 x 101 or visit our web site at www.soulcarehouse.org for any up dated information.