

HIPAA NOTICE OF PRIVACY PRACTICES

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

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made. And, we are legally required to follow the privacy practices described in this Notice.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Your protected health information may be used and disclosed by our organization, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, the payment of this health care, to support the operation of the organization, and any other use required by law. For some of these uses or disclosures, we will need your prior authorization; for others, however, we do not.

A. Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations Do Not Require Your Prior Written Consent. *We can use and disclose your PHI without your consent for the following reasons:*

- i. **Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party.
- ii. **Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services.
- iii. **Healthcare Operations:** We may use or disclose, as-needed, your protected health information in order to support the operation of our organization. These activities include, but are not limited to, quality assessment, employee review, grant compliance, accreditation, and conducting or arranging for other business activities. For example, we may disclose your protected health information to accrediting agencies as part of an accreditation survey. We may also call you by name while you are at our facility. We may also provide your PHI to our accountants, attorneys, consultants, and others to make sure we are complying with applicable laws. Associated companies with whom we may do business, such as an answering service, are given only enough information to provide the necessary service to you.
- iv. **Other disclosures:** We may also disclose your PHI to others with-out your consent in certain situations. Your consent isn't required if you need emergency treatment, as long as we try to get your consent after we can.

24-Hour Support and Crisis Lines	Northridge	Van Nuys	Newhall	Our location
(818) 886-0453	8700 Reseda Blvd., Suite 209 Northridge, CA 91324-5374	14651 Oxnard Street Van Nuys, CA 91411	22620 Market Street, Suite 200 Newhall, CA 91321	Counseling Clinic (MFCC) 18111 Nordhoff St, Northridge, CA 91330
(661) 253-0258	(818) 772-9981	(818) 787-9700	(661) 414-0000	(818) 677-2568
www.strengthunited.org	Fax (818) 772-9982	Fax (818) 787-9750	Fax (661) 702-1343	

treatment is rendered, or if we try to get your consent but you are unable to communicate (e.g., if you are unconscious or in severe pain) and we think that you would consent to such treatment if you were able to do so.

B. Certain Uses and Disclosures Do Not Require Your Consent. *We can use and disclose your PHI without your consent or authorization for the following reasons:*

- i. **When disclosure is required by federal, state or local law; judicial or administrative proceedings; or law enforcement.** For example, we may make a disclosure to applicable officials when a law requires me to report information to government agencies and law enforcement personnel about victims of abuse or neglect; or when ordered in a judicial or administrative proceeding.
- ii. **For public health activities.** We may have to report information about you to the county coroner.
- iii. **For health oversight activities.** We may have to provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.
- iv. **For research purposes.** In certain circumstances, we may provide PHI in order to conduct medical research.
- v. **To avoid harm.** In order to avoid a serious threat to the PHI to law enforcement personnel or persons able to prevent or lessen such harm.
- vi. **For specific government functions.** We may disclose PHI of military personnel and veterans in certain situations. And We may disclose PHI for national security purposes, such as protecting the President of the United States or conducting intelligence operations.
- vii. **For workers' compensation purposes.** We may provide PHI in order to comply with workers' compensation laws.
- viii. **Appointment reminders and health related benefits or services.** We may use PHI to provide appointment reminders or give you information about treatment alternatives, or other health care services or benefits we offer.

C. Certain Uses and Disclosures Require You to Have the Opportunity to Object. Disclosures to family, friends, or others. We may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

D. Other Uses and Disclosures Require Your Prior Written Authorization. In any other situation not described in sections III A, B, and C above, we will ask for your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke such authorization in writing to stop any future uses and disclosures (to the extent that we haven't taken any action in reliance on such authorization) of your PHI by you.

**24-Hour Support and
Crisis Lines**
(818) 886-0453
(661) 253-0258
www.strengthunited.org

Northridge
8700 Reseda Blvd., Suite 209
Northridge, CA 91324-5374
(818) 772-9981
Fax (818) 772-9982

Van Nuys
14651 Oxnard Street
Van Nuys, CA 91411
(818) 787-9700
Fax (818) 787-9750

Newhall
22620 Market Street, Suite
200 Newhall, CA 91321
(661) 414-0000
Fax (661) 702-1343

**Mitchell Family
Counseling Clinic (MFCC)**
18111 Nordhoff St,
Northridge, CA 91330
(818) 677-2568

WHAT RIGHTS YOU HAVE REGARDING YOUR PHI

A. Your Rights: *Following is a statement of your rights with respect to your protected health information.*

- i. **You have the right to inspect and copy your protected health information.** In most circumstances, you have the right to look at or get copies of your PHI, but you must make the request in writing. In certain situations, we may deny your request. If we do, we will tell you, in writing, the reasons for the denial and explain your right to have the denial reviewed. Instead of providing the PHI you requested, we may provide you with a summary or explanation of the PHI as long as you agree to that. Please ask us how you can request to inspect or copies of your PHI. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.
- ii. **You have the right to request a restriction of your protected health information.** You have the right to ask that we limit how we use and disclose your PHI. Our organization will consider your request, but we are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make.
- iii. **You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us,** upon request, even if you have agreed to accept this notice alternatively, e.g., electronically. You have the right to ask that we send information to you to at an alternate address or by alternate means. We must agree to your request so long as we can easily provide the PHI to you in the format you requested.
- iv. **You may have the right to have our organization amend your protected health information.** If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.
- v. **You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.** You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask (unless you request a shorter time), 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 you asked us to make). We will respond to your request for an accounting of disclosures within 60 days of receiving your request. We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- vi. **The Right to Correct or Update Your PHI.** If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that there is a correction to the existing information or add the missing information. You must provide the request and your reason for the request in writing. We will respond within 60 days of receiving your request to correct or update your PHI. We may

24-Hour Support and Crisis Lines	Northridge	Van Nuys	Newhall	Mitchell Family Counselling Clinic (MFCC)
(818) 886-0453	8700 Reseda Blvd., Suite 209	14651 Oxnard Street	22620 Market Street, Suite	18111 Nordhoff St,
(661) 253-0258	Northridge, CA 91324-5374	Van Nuys, CA 91411	200 Newhall, CA 91321	Northridge, CA 91330
www.strengthunited.org	(818) 772-9981	(818) 787-9700	(661) 414-0000	(818) 677-2568
	Fax (818) 772-9982	Fax (818) 787-9750	Fax (661) 702-1343	

deny your request in writing if the PHI is (i) correct and complete, (ii) not created by existing staff/volunteers, (iii) not allowed to be disclosed, or (iv) not part of my records. The written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If we approve your request, we will make the change to your PHI, tell you that I have done it, and tell others that need to know about the change to your PHI.

HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you believe your privacy rights have been violated by us, you may file a complaint with us by notifying our privacy officer listed below. You also may send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W., Washington, D.C. 20201. **We will not retaliate against you for filing a complaint.**

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. If you have any questions about this notice or any complaints about our privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact Danielle Samuel, Associate Director of Programs, Privacy Officer at: Danielle.samuel@strengthunited.org.

Effective Date, Restrictions, and Changes to Privacy Policy

This notice will go into effect 04/11/2024

We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. Updated notices will be posted on our website and in our offices. We will also mail you or email you a copy upon request.

**24-Hour Support and
Crisis Lines**
 (818) 886-0453
 (661) 253-0258
www.strengthunited.org

Northridge
 8700 Reseda Blvd., Suite 209
 Northridge, CA 91324-5374
 (818) 772-9981
 Fax (818) 772-9982

Van Nuys
 14651 Oxnard Street
 Van Nuys, CA 91411
 (818) 787-9700
 Fax (818) 787-9750

Newhall
 22620 Market Street, Suite
 200 Newhall, CA 91321
 (661) 414-0000
 Fax (661) 702-1343

**Mitchell Family
Counseling Clinic (MFCC)**
 18111 Nordhoff St,
 Northridge, CA 91330
 (818) 677-2568