

## Notice of Privacy Practices

### Your Information. Your Rights. Our Responsibilities

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review carefully.**

#### Your Rights

##### You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated.

► **See page 2 for more information on these rights and how to exercise them**

#### Your Choices

##### You have some choices in the way that we Use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information.

► **See page 3 for more information on these choices and how to exercise them**

#### Our Use and Disclosures

##### We may use and share your information as we:

- Help manage the health care treatment you receive
- Respond to organ and tissue
- Pay for your health services
- Administer your health plan
- Help with public health and safety issue
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and
- Work with medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuit and legal actions
- Treatment Alternatives and Health-Related Products and Services

► **See pages 3 and 4 for more information on these uses and disclosures**

*When it comes to your health information, you have certain rights.*

This section explains your rights and some of our responsibilities to help you.

**Get a copy if your health and claims records**

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

**Ask us to correct health and claims records**

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request but we’ll tell you why in writing within 60 days.

**Request confidential communications**

- You can ask us to contact you in a specific way (for example home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not

**Ask us to limit what we use or 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.

**Get a list of those with whom we’ve shared 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, 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’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.

**Get a copy of this privacy notice**

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

**Choose someone to act for you.**

- 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 health information.
- We will make sure the person has this authority and can act for you before we take any action.

**File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

## Your Choice

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

**In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or other involved in payment for your care
- Share information in a disaster relief situation

*If you are not able 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.*

**In these cases we never share your information unless you give us written permission:**

- Marketing purposes
- Sale of your information

## Our Use and Disclosures

**How do we typically use or share your health information?**

We typically use or share your health information in the following ways.

<p><b>Help manage the health care treatment you receive</b></p>	<ul style="list-style-type: none"> <li>○ We can use your health information and share it with professionals who are treating you</li> </ul>	<p><b>Example:</b></p> <p><i>A doctor send us information about your diagnosis and treatment plan so we can arrange additional services.</i></p>
<p><b>Run our organization</b></p>	<ul style="list-style-type: none"> <li>○ We can use and disclose your information to run our organization and contact you when necessary.</li> <li>○ <b>We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.</b> This does not apply to long term care plans.</li> </ul>	<p><b>Example:</b></p> <p><i>We use health information about you to develop better service for you.</i></p>
<p><b>Pay for your health services</b></p>	<ul style="list-style-type: none"> <li>○ We can use and disclose your health information as we pay for your health services.</li> </ul>	<p><b>Example:</b></p> <p><i>We share information about you with your dental plan to coordinate payment for your dental work.</i></p>
<p><b>Administer your plan</b></p>	<ul style="list-style-type: none"> <li>○ We may disclose your health information to your health plan sponsor plan administration.</li> </ul>	<p><b>Example:</b></p> <p><i>Your company contracts with us to provide a he. plan, and we provide your company with certain statistics to explain the premiums we charge.</i></p>



**How else can we use or share your health information?** We are allowed or required to share your information in other ways- usually in ways in that contribute to public good, such as public health and research. We have to meet many conditions in the law before we can share your information for those purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

**Help with public health  
And safety issues.**

- We can share health information about you for certain situations such as:
- Disclosing of public health activities (i.e. preventing or controlling disease)
  - Helping with product recalls
  - Reporting adverse reactions to medications
  - Reporting suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone's health or safety

**Do Research**

- We can use or share your information for health research.

**Comply with the law**

- We will share information about you 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.

**Respond to organ and  
tissue donation request  
and work with medical  
examiner or  
funeral director**

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

**Address workers'  
compensation, law  
enforcement, and other  
government requests**

- We can 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
  - For special government functions such as military, national security and presidential protective services

**Respond to lawsuits and  
legal actions**

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

**Treatment Alternatives  
and Health-Related  
Products and Services**

- We may disclose your PHI to recommended possible treatment or alternatives services that may be an interest of you (for example: Medi-cal Eligibility or Social Security benefits).

*Psychotherapy Notes: We must obtain your authorization for any use or disclosure of psychotherapy notes, except if our use or disclosure of psychotherapy notes is: (1) by the originator of the psychotherapy notes for treatment purposes, (2) for our own training programs in which mental health students, trainees or practitioners learn under supervision to practice or improve their counseling skills, (3) to defend ourselves in a legal proceeding initiated by you, (4) as required by law, (5) to a health oversight agency with respect to the oversight of the originator of the psychotherapy notes, (6) to a coroner or medical examiner; or (7) to prevent or lessen a serious and imminent threat to the health or safety of a person or the general public.*



## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you can change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our website, and we will mail a copy to you.

Effective as of February 28th, 2019

**This Notice of Privacy Practices applies to the following organizations.**

*This Notice describes Aviva Family and Children's Services' practices and that all employees, staff and other personal, including volunteers. It applies to all services furnished to you at any of the Aviva sites and throughout all programs.*



Acknowledgement Receipt

I have received a copy of Aviva's Notice Of Privacy Practices

Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Caregiver/Responsible Party: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

Caregiver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client ID# \_\_\_\_\_