



# NOTICE OF PRIVACY PRACTICES

**Notice of Privacy and Personal Health Information Practices Under  
HIPAA [Health Insurance Portability and Accountability Act. PL104-191 (1996)]  
This Notice took effect on July 31, 2023. Please review it carefully.**

## **USES AND RELEASES OF PROTECTED HEALTH INFORMATION (PHI)**

Orangewood Foundation believes in protecting the privacy of your health information. We may use or disclose your Protected Health Information (PHI) only for very specific reasons. PHI consists of any individually identifiable health information related to past, present, and/or future physical or mental health or condition of an individual; the provision of health/mental health services; or the payment for the provision of health care to an individual. PHI can be electronic or in any other format.

This notice describes how Orangewood Foundation will protect your PHI, how PHI may be used or disclosed, and how you gain access to your PHI. Types of uses and disclosures are listed and explained below. Note: An example is not given for every use or disclosure reason. Please read this notice carefully. You will be asked to sign the last page as acknowledgement and offered a copy for your records.

When disclosing or using PHI, we will use the least amount of information necessary (“minimum necessary”). If we need to use or release information in a way that is not generally described in this notice, we will contact you for your permission before the proposed use or disclosure.

Orangewood Foundation creates a record of the treatment and services provided to you. This record is referred to as your “service record,” which includes records from other agencies that you provided to Orangewood Foundation or that you authorized Orangewood Foundation to obtain. Your service record is Orangewood Foundation’s property. It is accessible to all departments, programs, staff, professionals, contractors, and/or volunteers who assist in providing services to you and who are authorized to enter information into your record, chart, or file. With written authorization from you, this information is accessible to other entities rendering services to you and who are mandated to subscribe to privacy practices. Such entities are considered “covered entities” or “business associates.” Business associates include but are not limited to auditors, attorneys, etc.

### **To You**

We may disclose your PHI directly to you.

### **Treatment**

We may use and disclose PHI about you to assist in providing treatment or services. Treatment means the provision, coordination, or management of health/mental health care and related services by one or more providers, including the following activities:

- Coordinating health/mental health care or related services by a provider with a third party
- Consultation between providers relating to a client
- The referral of a client from one provider to another

We may disclose health/mental health information about you to members of our treatment team involved in providing care

## **Payment**

We may use and disclose your PHI so that your treatment and services may be billed, and payment collected from an insurance company or a third party. For example, we may submit information about you and services rendered to you, to your health plan or a claims payor, so Orangewood Foundation can be reimbursed. Our billing department will use information on the claim submitted by your rendering provider.

## **Mental Health Care Operations**

We may use or disclose PHI to carry out health/mental health care operations. Health/mental health care operations include but are not limited to:

- Activities to analyze trends relating to improving mental health or reducing mental health care costs;
- Case management and coordination of mental health care;
- Quality assurance activities (including audits by third parties);
- Contacting you or your provider with information about other forms of care; and
- Activities related to learning purposes and quality improvement evaluation.

We may use and disclose your PHI for these or other activities that fall under this definition, such as preventive treatment programs or fraud detection and investigation.

## **Health Oversight Agencies**

We may disclose PHI to a health oversight agency for compliance activities authorized by law. Disclosures may occur for audits; investigations; inspections; licensure or disciplinary actions; or civil, administrative or criminal proceedings. Other disclosures may be necessary for the government to oversee the health care system, compliance of benefits programs, and compliance with civil rights laws. We will only disclose the minimum amount of PHI required by law.

## **Information Relating to the Treatment of Minors**

Information relating to the treatment of minors will be kept private according to federal and state laws. Under California law, minors, after age 12, may receive mental health and/or substance abuse treatment without permission from their parents. We follow all applicable laws that apply to the confidentiality of treatment for minors.

## **Lawsuits and Disputes**

If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to an order issued by a court or administrative tribunal. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only after efforts have been made to tell you about the request and you have time to obtain an order protecting the information requested.

## **Appointment Reminders**

We may use and disclose PHI to remind you of upcoming appointments.

## **Treatment Alternatives**

We may use and disclose PHI to let you know about other types of care that may be of interest to you. All such communications are handled in a manner that protects your privacy.

## **Research**

In certain circumstances, we may use/disclose your PHI for research purposes. For example, a research project may involve comparing the degree of improvement of all clients who received one treatment approach to those who received another, for the same condition.

## **Release of Information to Family Members**

In an emergency treatment circumstance, or if you are not able to provide permission, we may disclose limited information about your general condition or location to a family member, other relative, close personal friend, or any

other person identified by you if the PHI is relevant to that person's involvement with your care or payment of your health care.

### **Release of Information to the Armed Forces**

If you are or were previously a member of the armed forces, we will disclose your PHI to the armed forces as required by law. We will only disclose the minimum amount of PHI needed to carry out the purpose of the use or disclosure.

### **Release of Information to Workers' Compensation or Similar Programs**

We may disclose PHI as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law.

### **As Required or Permitted by Law for Public Safety**

We will use/disclose PHI when required or permitted to do so by law for public safety. Disclosures may be made to protect you from a serious threat to your health or safety or to protect the health or safety of another person. Disclosures may also be made when requested by federal officials for national security or intelligence activities or for the protection of public officials. We will also use/disclose your PHI when a law requires that we report information about suspected child abuse, dependent adult abuse, elder abuse and neglect, or domestic violence, and in response to a court order. We will only disclose the minimum amount of PHI needed and will follow specific legal guidelines.

### **Government Security Clearances**

We may disclose PHI when required by law for government security clearances. We will only disclose the minimum amount of PHI needed for the clearance.

### **Inmates**

If you are an inmate or are in the custody of law enforcement, we may disclose your PHI without your permission to the correctional institution or law enforcement official(s) having lawful custody of you. We will only disclose PHI if the correctional institution or law enforcement official represents that the PHI is necessary for your health/mental health care, for the health and safety of you or others, or the safety of, or further law enforcement on the property of the correctional facility.

### **Case Notes**

We rarely ask for notes or disclose notes to outside parties. Notes are defined as notes recorded (in any medium) by a health care provider who is documenting or analyzing the contents of a conversation during a private session or a group, joint, or family session and that are separated from the rest of the individual's medical record. We may use and disclose notes as required by law (for example, to prevent a serious threat to health or safety) or to defend ourselves against a lawsuit by you.

### **Other Uses and Disclosures**

Other PHI uses and disclosures not identified above will be made only with your authorization. You are permitted to discontinue such permission at any time in writing. Requests to discontinue permission to use or disclose information will be honored except when we have already taken action based on your permission to use or disclose the information. You have certain rights under federal privacy laws relating to your PHI, including the rights listed below. To exercise these rights, you must submit your request in writing to our Privacy Officer. The Privacy Officer can be contacted at:

### **Orangewood Foundation Privacy Officer and Compliance Department**

1575 E. 17th Street, Santa Ana, CA 92705

800-403-4617 or Email: [hotline@orangewoodfoundation.org](mailto:hotline@orangewoodfoundation.org)

### **Right to Request Restrictions on Uses and Disclosures**

You have a right to request limits on certain uses and disclosures of PHI for treatment, payment or health/mental health care operations. We will consider each request but we are not required to agree to any requested limits, unless the

disclosure is to a health plan for carrying out payment or health care operations and the PHI pertains only to a health care item or service for which the health care provider involved has been paid out of pocket in full. In certain cases, limits set on the disclosure of PHI may affect our ability to pay for your services. If you would like to request limits to the uses or disclosures of your PHI, you may contact the Privacy Officer listed above. In your request, you must tell us: 1) what information you wish to limit; and 2) to whom you want the limit to apply.

### **Right to Receive Confidential Communications**

You have a right to request that you receive confidential information relating to your PHI at an alternative location or by an alternative means if sending this information to your address in our file could put you in danger.

All such request must be made in writing by contacting the Privacy Officer listed above. All reasonable requests will be granted. If you have a situation that requires that notices of your PHI be sent in a different form or to a different address, you may contact the Privacy Officer.

### **Right to Inspect and Copy Protected Health Information**

You have a right to review and ask for a copy of your PHI that is part of our designated record set. This right does not apply to psychotherapy notes, information gathered to prepare for civil, criminal or administrative actions or proceedings, or where law does not permit the release. There are also circumstances where we may deny your request. For example, there are situations in which a licensed mental health care professional may determine that disclosing the information could have an adverse effect on you or another person. In such cases we will not disclose the information; however we may be able to disclose some information in our records. If we deny your request to access information, we will give you written reasons for the denial and explain any right to have the denial reviewed.

If you would like to receive a copy of your PHI, you must send your request in writing to the Privacy Officer. We will respond within 5 to 15 business days, depending on the nature of the request. As allowed by state law, we may charge a reasonable fee to copy, process and mail your information.

### **Right to Amend Protected Health Information**

You have the right to request that we change the information that we have in our records if you believe that the information is incorrect or incomplete. We may deny this request if we determine that the records are complete and accurate, that the information is not permitted to be disclosed, or that we did not create the information you are requesting to change. We may also deny the request if the information is not part of our official records or access is otherwise restricted by law. All requests to amend PHI must be made in writing and submitted to the Privacy Officer.

### **Right to Receive an Accounting of Disclosures**

You have a right to receive a listing of PHI disclosures that have been made in the six years prior to your request other than: (i) those made for treatment, payment, or health/mental health care operations; (ii) those made to you; (iii) those made for law enforcement or national security purposes; and (iv) those which we are not required to share by law. All requests to receive a listing of PHI must be made in writing and submitted to the Privacy Officer.

### **Right to Obtain a Paper Copy of this Notice**

You have a right to receive a paper copy of this notice even if you have received a copy of this notice electronically. To request a paper copy of this notice, please ask your rendering provider.

The law requires us to maintain the privacy of your PHI. The law also requires us to provide you with this notice of our legal duties and privacy practices with respect to your PHI. We are required to follow the terms of the privacy notice that is currently in effect. 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 facility and on our website [www.orangewoodfoundation.org](http://www.orangewoodfoundation.org). The Notice contains the effective date on the first page.

Your opinion about our services is very important to us. We want to make sure that you fully understand your privacy rights. If you want more information about Protected Health Information you can go to the Department of Health and

Human Services HIPAA Privacy web site, [www.hhs.gov/ocr/privacy/](http://www.hhs.gov/ocr/privacy/). If you have questions about this notice or your rights, contact our Privacy Officer.

You may file a complaint with us if you feel that your privacy rights have been violated. All complaints must be submitted in writing. To file a HIPAA-related complaint, contact the Privacy Officer. You may also complain to the US Secretary of Health and Human Services Office of Civil Rights at 1-800-368-1019 or visiting <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>. You may also file a complaint with the State Attorney General by visiting <http://oag.ca.gov/consumers/general>.

Orangewood Foundation honors your right to express concerns regarding your privacy. You will not be punished, threatened, or penalized for asking questions or for filing a complaint.

**Right to Receive Notice of a Breach.**

We are required to notify you following a breach of unsecured protected health information.

**Notice of Nondiscrimination**

Orangewood Foundation complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Orangewood Foundation does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Orangewood Foundation:

Provides free aids and services to people with disabilities to communicate effectively with us such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English such as:

- Qualified interpreters
- Information written in other languages

Let our staff know if you need these services.

If you have any difficulty obtaining these services, believe you have been discriminated against, or wish to file a grievance related to any of these services or policies, you can file a grievance by contacting the Privacy Officer.

I certify that I have received a copy of this privacy notice.