



## Notice of Information and Privacy Practices

Bill Wilson Center is an equal opportunity service provider. Violation of the privacy of a client or staff member by disclosing confidential information about him/her to unauthorized persons is prohibited and will not be tolerated by Bill Wilson Center.

### Privacy Policy

At Bill Wilson Center we respect the personal dignity, confidentiality and privacy of our clients. We have safeguards in place that protect health information. Your provider will review confidentiality and your privacy rights, as outlined below.

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

### SUMMARY

#### **Your Rights:** You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we have 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

#### **Our Uses and Disclosures** We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement and other government requests
- Respond to lawsuits and legal actions



## Notice of Information and Privacy Practices

### YOUR RIGHTS

**You have the following rights regarding clinical/medical information we maintain about you:**

- **Right to get a copy of your paper or electronic medical record:** You have the right to inspect and receive copies of clinical/medical information that may be used to make decisions about your care. This includes medical and billing records.

To request and inspect a copy of the clinical/medical information that may be used to make decisions about you, please submit your request to the Program Director of the services you are receiving, or to: Bill Wilson Center's Privacy Officer, Bill Wilson Center, 3490 The Alameda, Santa Clara, CA 95050; Tel: (408) 289-5834; e-mail: [HIPAA@billwilsoncenter.org](mailto:HIPAA@billwilsoncenter.org). We will provide a copy or a summary of your health information, usually within 30 days of your request. If you ask for a copy of the information, we may charge a reasonable, cost-based fee for copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain, very limited circumstances. We may also ask you if a summary of your treatment could be provided, in place of the complete record. If you are denied access to your information, you may request that the denial be reviewed. Another licensed health care professional, chosen by Bill Wilson Center, will review your request and the denial. The person conducting the review will be a Clinical Director, not involved with the original details. We will comply with the outcome of the review.

Records must be maintained for a period of time, consistent with federal and state legislation. More detailed information regarding retention is included in Bill Wilson Center's Policies and Procedures.

- **Right to ask us to correct your clinical/medical record:** If you feel that clinical/medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Bill Wilson Center. To request an amendment, your request should be submitted to: Bill Wilson Center's Privacy Officer, 3490 The Alameda, Santa Clara, CA 95050; Tel: (408) 289-5834; e-mail: [HIPAA@billwilsoncenter.org](mailto:HIPAA@billwilsoncenter.org). We may deny your request, if you ask us to amend information that:

- Is accurate and complete



## Notice of Information and Privacy Practices

- Was not created by us, unless the person or entity that created the information is no longer available to act on the request
  - It is not part of the clinical/medical information kept by or for Bill Wilson Center, or it is not part of the information, which you would be permitted to inspect and copy
  - If we deny a request, we will provide an explanation within 60 days
- **Right to request confidential communications:** You have the right to request that we communicate with you about clinical/medical matters in a certain way or in a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, notify your clinician or contact: Bill Wilson Center's Privacy Officer, 3490 The Alameda, Santa Clara, CA 95050; Tel: (408) 289-5834. We will not ask you for the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **Right to ask us to limit what we use or share:** You have the right to request a restriction or limitation on the clinical/medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the clinical/medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. 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.

To request restrictions, contact: **Bill Wilson Center's Privacy Officer, 3490 The Alameda, Santa Clara, CA 95050; Tel: (408) 289-5834; e-mail: [HIPAA@billwilsoncenter.org](mailto:HIPAA@billwilsoncenter.org).**

In your request, please state:

1. What information you want to limit
2. Whether you want to limit our use, disclosure or both
3. To whom you want the limits to apply. For example, disclosures to your spouse or partner



## Notice of Information and Privacy Practices

- **Right to receive 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, health care operations and certain other disclosures (such as any you asked us to make). We'll provide one account a year for free but will charge a reasonable, cost-based fee, if you ask for another one within 12 months.

To request this list or accounting, submit your request to: Bill Wilson Center's Privacy Officer, 3490 The Alameda, Santa Clara, CA 95050; Tel: (408) 289-5834; e-mail: [HIPAA@billwilsoncenter.org](mailto:HIPAA@billwilsoncenter.org).

- **Right to a paper copy of this notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

- You may obtain a copy of this notice on our website: [www.billwilsoncenter.org](http://www.billwilsoncenter.org) (Open the "About Us" tab and click on "Privacy Policy")
- To obtain a paper copy of this notice, please contact:  
Bill Wilson Center's Privacy Officer  
3490 The Alameda Santa Clara, CA 95050  
Tel: (408) 289-5834  
E-mail: [HIPAA@billwilsoncenter.org](mailto:HIPAA@billwilsoncenter.org).

- **Right to 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.

- **Right to file a complaint if you feel that your rights are violated**

You can complain if you feel we have violated your rights by contacting: Bill Wilson Center's Privacy Officer, 3490 The Alameda, Santa Clara, CA 95050; Tel: (408) 289-5834; e-mail: [HIPAA@billwilsoncenter.org](mailto:HIPAA@billwilsoncenter.org).

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., Room



## Notice of Information and Privacy Practices

509F HHH Bldg. 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.**

### USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

#### ➤ **We Are Required By Law To:**

- Make sure that clinical information that identifies you is kept private
- Provide this notice of our legal duties and privacy practices with respect to clinical information about you
- Follow the terms of the notice that is currently in effect

#### ➤ **How We May Use and Disclose Information About You:**

The following categories describe different ways that we use and disclose medical and/or clinical information. We explain what we mean for each category of uses or disclosure and give some examples. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information fall within one of these categories.

- **For Treatment-** We may use clinical/medical information about you to provide you with treatment or services. We may disclose clinical/medical information about you to doctors, clinicians, interns, supervisors or other Bill Wilson Center personnel who are involved in treating you. For example, a clinician treating you for depression will need to know if you have ever attempted to harm yourself. With this information your treatment team may create a safety plan to protect you, if you were to start harming yourself. Your clinician may also wish to consult with a physician, who might prescribe anti-depression medication.
- **For Health Care Operations-** We may use and disclose clinical/medical information about you for Bill Wilson Center operations. These uses and disclosures are necessary to run Bill Wilson Center and ensure that all of our children and families receive quality care. For example, we may use clinical/medical information to evaluate our treatment and services. We may also combine clinical/medical information about Bill Wilson Clients to evaluate program effectiveness. We may share information with doctors, clinicians, interns and supervisors for review, quality improvement and training purposes. We may share information with representatives of organizations with



## Notice of Information and Privacy Practices

responsibility for oversight, compliance, quality assurance and funding purposes.

- **For Payment-** We may use clinical/medical information about you so that the treatment and services you receive at Bill Wilson Center may be billed to and payment collected from you, the County, an insurance company, or a third party. For example, we may need to provide information to your health plan so that your health plan will pay us for the services we provide.
- **Reminders-** We may use and disclose clinical/medical information to contact you as a reminder that you have an appointment to receive services at Bill Wilson Center or that you have missed an appointment.

### OTHER WAYS WE MAY USE OF SHARE YOUR HEALTH INFORMATION

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these 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).

- **For Public Health Epidemiology-** We may use and disclose clinical/medical information for the purpose of studying trends in health conditions, health status and to better understand health disparities. In this case, information will be combined with that of other individuals and identifying information will be removed.
- **To Avert a Serious Threat to Safety-** We may access, use and disclose information when necessary to prevent or reduce the risk of a serious threat to your safety or that of others. We will only share your information with a responsible party who is able to help prevent the threat.
- **For Research Purposes-** Under certain circumstances, we may use and disclose clinical/medical information about you for research purposes. We will always ask for your specific permission, if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at Bill Wilson Center.
- **To Comply with the Law-** We will access, use and share information when required to do so by federal, state or local law.



## Notice of Information and Privacy Practices

- **To Work with A Medical Examiner or Funeral Director-** We may release clinical/medical information to a coroner or medical examiner, when an individual dies. This may be necessary, for example, to identify a deceased person or to determine the cause of death.
- **To Address Workers' Compensation, Law Enforcement and Other Government Requests-** We may disclose clinical/medical information about you:
  - For workers' compensation claims
  - For law enforcement purposes or with a law enforcement official (for example: to respond to a court order, subpoena, warrant, summons or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; about the victim of a crime if, in certain limited circumstances, we are unable to obtain the person's agreement)
  - With health oversight agencies for activities authorized by law
  - For special government functions such as military, national security, and presidential protective services
- **To Respond to Lawsuits and Legal Actions-** If you are involved in a lawsuit or a legal action, we may disclose clinical/medical information about you in response to a court or administrative order or your signed authorization indicating it is appropriate for us to do so.

Other uses and disclosures of clinical/medical information not covered by this notice or the laws that apply to use will be made only with your written permission, for example: We will never share any substance abuse treatment records without your written permission. If you provide us permission to use or disclose clinical/medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose clinical/medical 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 record of the care that we provided to you.

**We never market or sell personal information.**

### OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and of your protected health information
- We will let you know promptly if a breach occurs that may have compromised the



## Notice of Information and Privacy Practices

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 may 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 contain its effective date on the first page in the top right-hand corner. It will be available upon request, in our office and on our website.

**Confidentiality:** Bill Wilson Center (BWC) protects the confidentiality of information about persons served and complies with all applicable legal requirements. BWC assumes a protective role regarding the disclosure of information about persons served and follows clearly stated procedures. BWC understands that individuals have the right to have all records and information maintained in a confidential manner, in accordance with applicable state and federal laws, rules, regulations, policy and ethical standards. This means safeguarding against personal information being given to anyone without absolute proper authorization and consent. BWC always provides access to personal information to the individual and his/her legal representatives.

Clients at BWC have the right to privacy and confidential handling of all information and communication within statutory and regulatory guidelines. No information about clients may be released to any other agency or individual without prior consent, unless otherwise required by law. Photographs and sound or video recordings for publicity purposes may not be made without written permission by the client.

As a client at the Bill Wilson Center, you have the right to access your record and all the information you provide in therapy sessions kept confidential or private. Exceptions to





## **Notice of Information and Privacy Practices**

confidentiality as defined in the Health Insurance Portability and Accountability Act (HIPAA) and State and Federal Laws include:

If you pose a risk of imminent harm to another person(s), we are obligated to inform that person(s) and/or the police.

1. When necessary, if you pose a serious threat to your own health and safety.
2. All instances of suspected child abuse must be reported.
3. All instances of suspected abuse of an elder/dependent adult must be reported.