

NOTICE OF PRIVACY PRACTICES

WELL.FAMILY

*8550 Balboa Blvd., Ste. 216, Northridge, CA 91325 * (818) 993.9311*

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.

If you have any questions about this notice, please contact us at WELL.Family, 8550 Balboa Blvd., Suite 216, Northridge, CA 91325 or at (818) 993.9311.

I. WHO WE ARE

This notice describes WELL.Family's (WELL.FAMILY) practices and that of:

- All volunteers, interns, employees, and consultants.
- All departments, sites and locations of the Child and Family Guidance WELL..

All these entities, sites, and locations follow the terms of this notice. In addition, these entities, sites and locations may share health information with each other for treatment, payment, or health care operations purposes described in this notice.

II. OUR PLEDGE REGARDING HEALTH INFORMATION

We understand that information about you and your health is personal. We are committed to protecting information about you. We create a record of the care and services you receive at WELL.Family. This information, often referred to as your health or medical record, is needed 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 the WELL.

This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of your health information (described herein as, "Protected Health Information" or "PHI").

We are required by law to:

- make sure that health information that identifies you is kept private (with certain exceptions as described herein)
- give you this notice of our legal duties and privacy practices with respect to health information about you and
- follow the terms of the notice that is currently in effect.

III. PERMISSIBLE USES AND DISCLOSURES WITHOUT YOUR WRITTEN AUTHORIZATION

In certain situations, which we will describe in Section IV below, we must obtain your written authorization in order to use and/or disclose your PHI. However, we do not need any type of authorization from you for the following uses and disclosures:

A. Uses and Disclosures for Treatment, Payment and Health Care Operations. We may use and disclose PHI in order to treat you, obtain payment for services provided to you, and conduct our “health care operations” as detailed below:

- **Treatment:** We may use health information about you to provide you with treatment or services. We may share health information about you with members of your WELL.FAMILY treatment team, including specialists and consulting staff at the WELL.. For example, your therapist may need to share information about you with a case manager in order to assist you with obtaining needed resources. In addition, we may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also disclose your health information to other providers involved in your treatment.
- **Payment:** We may use and disclose health information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about your treatment so your health plan will pay us or reimburse you. We may also tell your health plan about a treatment that you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- **Health Care Operations:** We may use and disclose your PHI for our health care operations, which include internal administration and planning and various activities that improve the quality and cost effectiveness of the care that we deliver to you. For example, we may use PHI to evaluate the performance of our staff in caring for you.

B. Use in a Directory/Schedule of Appointments. WELL.Family does not maintain a “directory”, but may use your name in a schedule of appointments that includes the name of the treating staff and the location of the office in which you are being seen. We may use or disclose this information to persons whom you designate, informing them of your location in the facility.

C. Disclosure to Relatives, Close Friends and Other Caregivers. We may use or disclose your PHI to a family member, other relative, a close personal friend or any other person identified by you when you are present for, or otherwise available prior to, the disclosure, if we (1) obtain your agreement; (2) provide you with the opportunity to object to the disclosure and you do not object; or (3) reasonably infer that you do not object to the disclosure.

If you are not present, or the opportunity to agree or object to a use or disclosure cannot practicably be provided because of your incapacity or an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure is in your best interests. If we disclose information to a family member, other relative or a close personal friend, we would disclose only information that we believe is directly relevant to the person’s involvement with your health care or payment related to your health care.

D. Fundraising Communications. We may use health information about you to contact you in an effort to raise money for the WELL.. For example, we may ask if you would be willing to share your experiences with our WELL. for purposes of fundraising or community outreach. We may also contact you to request a tax-deductible contribution to support important activities of the WELL.. You have the right to opt-out of such communications. If you do not want the WELL. to contact you for fundraising efforts, you must notify us in writing at Development Office, WELL.Family, 8550 Balboa Avenue, Suite 216, Northridge, CA 91325.

E. Public Health Activities. We may, or in certain circumstances are required to, disclose your PHI

for the following public health activities: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; (2) to report child abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports; (3) to report information about products and services under the jurisdiction of the U.S. Food and Drug Administration; and (4) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; and (5) to report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.

F. Victims of Abuse, Neglect or Domestic Violence. If we reasonably believe you are a victim of abuse, neglect or domestic violence, we are required to disclose limited PHI to a governmental authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence.

G. Health or Safety. We may use or disclose limited PHI about you when necessary to prevent or lessen a serious and imminent threat to a person's or the public's health or safety. If we reasonably believe you pose a serious threat of harm to self or are engaging in serious self-destructive activity, we are required to contact family members or others who can help provide protection or hospitalization. If you communicate a serious threat of bodily harm to another, we will be required to take protective actions, which include notifying the potential victim and the police and/or seeking appropriate hospitalization.

H. Health Oversight Activities. We may disclose your PHI to a health oversight agency that oversees the health care system and is charged with responsibility for ensuring compliance with the rules of government health programs such as Medicaid (Medi-Cal).

I. Judicial and Administrative Proceedings. We may disclose your PHI in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

J. Law Enforcement Officials. We may disclose your PHI to the police or other law enforcement officials as required or permitted by law or in compliance with a court order or a grand jury or administrative subpoena.

K. Research. Under certain circumstances, we may use and disclose health information about you for research purposes. For example, a research project may involve comparing the degree of improvement of all consumers who received one treatment approach to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of health information, trying to balance the research needs with consumer's need for privacy of their health information. Before we use or disclose health information for research, the project will have been approved through this research approval process, but we may, however, disclose health information about you to people preparing to conduct a research project, for example, to help them look for consumers with specific health needs, so long as the health information they review does not leave our premises.

L. National Security and Intelligence Activities. We may release information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

M. Protective Services for the President and Others. We may disclose health information about you to authorized federal officials so they may provide protection to the President or to other authorized persons or foreign heads of state.

N. Specialized Government Functions. We may use and disclose your PHI to units of the government with special functions, such as the U.S. military or the U.S. Department of State under certain circumstances.

O. Workers' Compensation. We may disclose your PHI as authorized by and to the extent necessary to comply with California law relating to workers' compensation or other similar programs.

P. As Required by Law. We may use and disclose your PHI when required to do so by any other law not already referred to in the preceding categories.

IV. USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

A. Use or Disclosure with Your Authorization. For any purpose other than the ones described above in Section III, we only may use or disclose your PHI when you grant us your written authorization [Authorization for Use or Disclosure of Health Information]. For instance, you will need to execute an authorization form before we can send PHI to your child's school.

B. Marketing. We must also obtain your written authorization prior to using your PHI for marketing purposes. We can provide you with marketing materials in a face-to-face encounter without obtaining your authorization. We are also permitted to give you a promotional gift of nominal value, if we so choose. In addition, we may communicate with you about products or services relating to your treatment, case management or care coordination, or alternative treatments, therapies, providers or care settings without your authorization.

C. Disclosures that constitute a sale of your Protected Health Information require your written authorization.

D. Uses and Disclosures of Your Highly Confidential Information. In addition, federal and California law requires special privacy protections for certain highly confidential information about you, including the subset of your PHI that: (1) is maintained in psychotherapy notes; (2) is about mental health and developmental disabilities services; (3) is about alcohol and drug abuse prevention and treatment; (4) is about HIV/AIDS testing, diagnosis or treatment; (5) is about communicable disease(s); (6) is about genetic testing; (7) is about child abuse and neglect treatment; (8) is about domestic and elder abuse treatment or (9) is about sexual assault treatment. In order for us to disclose your highly confidential information for a purpose other than those permitted by law, we must obtain your written authorization. In accordance with federal and California law, there are some highly specific situations in which highly confidential information may be released without the patient's authorization.

E. Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization.

V. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

A. For Further Information; Complaints. If you desire further information about your privacy rights, are concerned that we have violated your privacy rights or disagree with a decision that we made about access to your PHI, you may discuss this with your therapist, the Director of the Service, or the Privacy Officer (Director, Quality Assurance). You may file written complaints with WELL.Family and/or with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. Upon request, the Privacy Officer will provide you with contact information. We will not retaliate against you if you file a complaint with us or with the Department of Health & Human Services.

B. Right to Request Additional Restrictions. You may request restrictions on our use and disclosure of your PHI (1) for treatment, payment and health care operations, (2) to individuals (such as a family member, other relative, close personal friend or any other person identified by you) involved with

your care or with payment related to your care, or (3) to notify or assist in the notification of such individuals regarding your location and general condition. While we will consider all requests for additional restrictions carefully, we are not required to agree to a requested restriction. If you wish to request additional restrictions, please submit a completed Request for Special Restriction on Use or Disclosure of Protected Health Information form to your therapist or the Director of the Service. We will send you a written response.

C. Out-of-Pocket-Payments. If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

D. Right to Receive Confidential Communications. You may request, and we will accommodate, any reasonable request for you to receive your PHI by alternative means of communication or at alternative locations. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing [Request for the Restriction on the Manner/Method of Confidential Communications], and specify how or where you wish to be contacted. We will not ask the reason for your request.

E. Right to Revoke Your Authorization. If you provide us permission to use or disclose health information about you, you may revoke that authorization, in writing [Notice of Revocation of Authorization for Use or Disclosure of Health Information], at any time by notifying your therapist or the Director of the Service. If you revoke your permission, 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.

F. Right to Inspect and Copy Your Health Information. You have the right to inspect and copy health information that may be used to make decisions about your care. Usually, this includes the health and billing records, but may not include some mental health information. You should take note that, if you are a parent or legal guardian of a minor, certain portions of the minor's medical record will not be accessible to you (for example, records pertaining to health care services for which the minor can lawfully give consent and therefore for which the minor has the right to inspect or obtain copies of the record; or the health care provider determines, in good faith, that access to the patient records requested by the representative would have a detrimental effect on the provider's professional relationship with the minor patient or on the minor's physical safety or psychological well-being).

To inspect and copy information that may be used to make decisions about you, you must submit your request in writing [Access Request Form] to your therapist or the Director of the Service. If you request copies, we will charge you \$0.25 for each page, as well as additional reasonable clerical costs incurred in making the record, and postal costs.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another licensed mental health professional chosen by the WELL. will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

G. Right to an Electronic Copy of Electronic Medical Records. If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be

provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

H. Right to Amend Your Records. You have the right to request that we amend PHI maintained in your medical record file or billing records. If you desire to amend your records, please submit a completed Request to Amend Protected Health Information form to your therapist or the Director of the Service. We will comply with your request unless we believe that the information that would be amended is accurate and complete or other special circumstances apply. If we deny your request, in whole or in part, you may submit a Statement of Disagreement.

Even if we deny your request for amendment, you have the right to submit a written addendum, not to exceed 250 words, with respect to any item or statement in your record you believe is incomplete or incorrect. If you clearly indicate in writing that you want the addendum to be made part of your medical record, we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect.

I. Right to Receive An Accounting of Disclosures. Upon request [Request for an Accounting of Disclosures], you may obtain an accounting of certain disclosures of your PHI made by us during any period of time prior to the date of your request provided such period does not exceed six years and does not apply to disclosures that occurred prior to September 5, 2017. The accounting would include disclosures we made of health information about you other than our own uses for treatment, payment and health care operations, as those functions are described above. It also would not include any disclosures made for which you have provided a written authorization.

If you request an accounting more than once during a twelve (12) month period, we will charge you \$10. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

J. Right to Receive Notice of a Breach. You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

K. Right to Receive Paper Copy of this Notice. Upon request, you may obtain a paper copy of this Notice, even if you have agreed to receive such notice electronically.

VI. Effective Date and Duration of This Notice

A. Effective Date. This Notice is effective on September 5, 2017.

B. Right to Change Terms of this Notice. We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all Protected Health Information that we maintain, including any information created or received prior to issuing the new notice. If we change this Notice, we will post the new notice in the waiting areas of WELL.Family and on our website, www.well.family.

VII. Privacy Office. You may contact the Privacy Office at:

Privacy Office/Quality Assurance

WELL.Family
8550 Balboa Blvd.,
Suite 216
Zelzah Avenue
Northridge, CA 91325
Telephone Number: (818) 993-9311