



Monterey County Behavioral Health Notice of Privacy Practices

THIS NOTICE DESCRIBES:

- **HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED**
- **YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION**
- **HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION**
- **YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH MONTEREY COUNTY QUALITY IMPROVEMENT DEPARTMENT AT 831-755-4545/TTY: 831-796-1788 OR VIA E-MAIL AT 415-QA@COUNTYOFMONTEREY.GOV**

If you have any questions about this notice, please contact:

MCBH Quality Improvement
1611 Bunker Hill Way Suite 120
Salinas, CA 93906
Phone Number: 831-755-4545/TTY: 831-796-1788

WHO WILL FOLLOW THIS NOTICE

This notice describes the Monterey County Behavioral Health (MCBH)'s practices and that of:

- Any health care professional authorized to enter information into your chart.
- All departments and units of Monterey MCBH.
- Any member of a volunteer group we allow to help you while you are here.
- All employees, contractors, staff and other MCBH personnel.

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

OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION (PHI)

We understand that information about your mental health and substance use disorder treatment and related health care services (mental health/substance use disorder information) is personal. We are committed to protecting health information about you. We create a record of the care and service you receive at MCBH. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to your mental health and substance use disorder information generated by MCBH and its contracted providers, whether made by MCBH personnel, contracted provider personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your mental health and substance use disorder information created in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose mental health and substance use disorder information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of your protected health information.

We are required by law to:

- Make sure that mental health and substance use disorder information that identifies you is kept confidential (with certain exceptions);
- Give you this notice of our legal duties and privacy practices with respect to mental health and substance use disorder information about you; and
- Follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION (PHI) ABOUT YOU

The following categories describe different ways that we use and disclose your protected health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For substance use disorder treatment services, please see document titled “Substance Use Disorder Treatment Programs Disclosure Summary” at the end of this document.

DISCLOSURE AT YOUR REQUEST

We may disclose information when requested by you. This disclosure at your request may require a written authorization by you. Any such written authorization may be revoked by you orally or in writing at any time.

FOR TREATMENT

We may use mental health information about you to provide you with medical or mental health treatment or services. We may disclose mental health information about you to doctors, nurses, technicians, health care students, or other MCBH personnel who are involved in taking care of you at MCBH. For example, a doctor treating you for a mental health condition may need to know what medications you are currently taking, because the medications may affect what other medications may be prescribed for you. In addition, the doctor may need to tell the MCBH’s food service (when applicable) if you are taking certain medications so that we can arrange for appropriate meals that will not interfere or improperly interact with your medication. Different programs of MCBH also may share mental health information about you in order to coordinate the different things you need, such as prescriptions, lab work, and X-rays.

We also may disclose mental health information about you to people outside MCBH who may be involved in your medical or mental health treatment, such as skilled nursing facilities, home health agencies, and physicians or other practitioners. For example, we may give your physician access to your health information to assist your physician in treating you. Stricter laws apply to information about treatment you may receive from our substance abuse treatment program and that information cannot be released to staff outside your treatment program without your permission, except in an emergency.

FOR PAYMENT

We may use and disclose mental health information about you so that the treatment and services you receive at MCBH 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 information about treatment you received at MCBH to your health plan so it will pay us or reimburse you for the treatment. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We will get your permission before we bill a health plan for services you receive from a substance abuse treatment program.

FOR HEALTH CARE OPERATIONS

We may use and disclose mental health information about you for health care operations. These uses and disclosures are necessary to run MCBH and make sure that all of our members receiving care receive quality services. For example, we may use mental health information to review our treatment and services and to evaluate the performance of our staff in caring for you.

We may also combine mental health information about many MCBH people receiving care to decide what additional services MCBH should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, health care students, and other MCBH personnel for review and learning purposes.

We may also combine the mental health information we have with mental health information from other programs to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of mental health information so others may use it to study health care and health care delivery without learning who the specific member in care is.

FUNDRAISING ACTIVITIES

We may contact you for fundraising efforts. You have the right to opt out of receiving fundraising communications at any time. Each fundraising communication will include clear instructions on how to opt out, such as by phone, e-mail, or written request to MCBH Quality Improvement. If you receive a fundraising communication, it will include clear instructions on how to opt out, such as by phone, e-mail or written request to MCBH Quality Improvement.

FAMILY MEMBERS OR OTHERS YOU DESIGNATE IF YOU ARE IN THE HOSPITAL

These disclosures apply primarily in inpatient or hospital settings and are subject to your consent unless disclosure is otherwise permitted or required by law.

Upon request of a family member and with your consent, we may give the family member notification of your diagnosis, prognosis, medications prescribed and their side effects and progress if you are in the hospital. If a request for information is made by a spouse, parent, child, or sibling and you are unable to authorize the release of this information, we are required to give the requesting person notification of your presence in the hospital, except to the extent prohibited by federal law. Upon your admission, we will make reasonable attempts to notify your next of kin or another person you designate, unless you instruct us not to do so. We may also notify such person of your release, transfer, serious illness, injury, or death, consistent with applicable law and your preferences.

RESEARCH

Under certain circumstances, we may use and disclose mental health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all people in care who received one medication 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 mental health information, trying to balance the research needs with the person in care's need for privacy of their mental health information. Before we use or disclose mental health information for research, the project will have been approved through this research approval process, but we may, however, disclose mental health information about you to people preparing to conduct a research

project, for example, to help them look for people in care with specific mental health needs, as long as the mental health information they review does not leave MCBH.

AS REQUIRED BY LAW

We will disclose mental health information about you when required to do so by Federal, State or local law.

TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY

We may use and disclose mental health information about you when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

SPECIAL SITUATIONS

1) ORGAN AND TISSUE DONATION

We may release mental health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

2) PUBLIC HEALTH ACTIVITIES

We may disclose mental health information about you for public health activities. These activities may include, without limitation, the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report regarding the abuse or neglect of children, elders and dependent adults;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a member has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law;
- To notify emergency response employees regarding possible exposure to HIV/AIDS, to the extent necessary to comply with state and federal laws.

3) HEALTH OVERSIGHT ACTIVITIES

We may disclose mental health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

4) LAWSUITS AND DISPUTES

If you are involved in a lawsuit or a dispute, we may disclose mental health information about you in response to a court or administrative order. We may also disclose mental health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested.

We may disclose mental health information to courts, attorneys and court employees in the course of conservatorship, and certain other judicial or administrative proceedings.

5) LAW ENFORCEMENT

We may release mental health information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, missing person, or certain escapee; About a death we believe may be the result of criminal conduct;
- About criminal conduct at MCBH;
- When requested by an officer who lodges a warrant with the inpatient facility, and
- When requested at the time of a member's involuntary hospitalization.

6) CORONERS AND MEDICAL EXAMINERS

We may be required by law to report the death of a member to a coroner or medical examiner.

7) PROTECTION OF ELECTIVE CONSTITUTIONAL OFFICERS

We may disclose mental health information about you to government law enforcement agencies as needed for the protection of federal and state elective constitutional officers and their families.

8) INMATES

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release mental health information about you to the correctional institution or law enforcement official. Disclosure may be made when required, as necessary to the administration of justice.

9) ADVOCACY GROUPS

We may release mental health information to the statewide protection and advocacy organization if it has a member or member's representative's authorization, or for the purposes of certain investigations.

We may release mental health information to the County Patients' Rights Office if it has a member or member's representative's authorization, or for investigations resulting from reports required by law to be submitted to the Director of Mental Health.

10) DEPARTMENT OF JUSTICE

We may disclose limited information to the California Department of Justice regarding members who may not purchase, possess or control a firearm or deadly weapon.

11) MULTIDISCIPLINARY PERSONNEL TEAMS

We may disclose mental health information to a multidisciplinary personnel team relevant to the prevention, identification, management, or treatment of an abused child, the child's parents, or an abused elder or dependent adult.

12) SENATE AND ASSEMBLY RULES COMMITTEES

We may disclose your mental health information to the Senate or Assembly Rules Committee for

purpose of legislative investigation.

13) OTHER SPECIAL CATEGORIES OF INFORMATION

Special legal requirements may apply to the use or disclosure of certain categories of information — e.g., tests for the human immunodeficiency virus (HIV) or treatment and services for alcohol and drug abuse. In addition, somewhat different rules may apply to the use and disclosure of medical information related to any general medical (non-mental health) care you receive.

California law provides additional protections for reproductive health information and certain sensitive services. We comply with applicable California confidentiality laws, including those related to reproductive health information and consumer privacy protections.

PSYCHOTHERAPY NOTES

Psychotherapy notes means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. Psychotherapy notes excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

We may use or disclose your psychotherapy notes, as required by law:

- For use by the originator of the notes
- In supervised mental health training programs for students, trainees, or practitioners
- By the covered entity to defend a legal action or other proceeding brought by the individual
- To prevent or lessen a serious and imminent threat to the health or safety of a person or the public
- For the health oversight of the originator of the psychotherapy notes
- For use or disclosure to coroner or medical examiner to report a member's death,
- For use or disclosure necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public
- For use or disclosure to the Secretary of Department of Health and Human Services (DHHS) in the course of an investigation

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION (PHI) ABOUT YOU

You have the following rights regarding mental health and substance use disorder information we maintain about you:

RIGHT TO INSPECT AND COPY

Subject to certain exceptions, you have the right to inspect or get a copy of your protected health information that we maintain in records related to your care, decisions about your care, or payment for your care.

To inspect and obtain a copy of your protected health information, please contact:

MCBH Quality Improvement
1611 Bunker Hill Way Suite 120
Salinas, CA 93906

Phone Number: 831-755-4545/TTY: 831-796-1788

Effective: 02/01/2026

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If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and obtain a copy in certain very limited circumstances. If you are denied access to your records, you may request that the denial be reviewed. Another licensed health care professional chosen by MCBH 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.

RIGHT TO AMEND

If you feel that protected health 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 MCBH.

To request an amendment, please send us a written request explaining why you believe the information should be changed and submit it to:

MCBH Quality Improvement
1611 Bunker Hill Way Suite 120
Salinas, CA 93906
Phone Number: 831-755-4545/TTY: 831-796-1788

In addition, we may deny your request if you ask us to amend information that:

- Was not created by MCBH, unless the member provides a reasonable basis to believe that the originator of protected health information is no longer available to act on the requested amendment
- Is not part of the designated record set kept by or for MCBH;
- Is not part of the information which you would be permitted to inspect and copy;
- Is accurate and complete.

Even if we deny your request for amendment, you have the right to submit a written addendum 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 mental health 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.

RIGHT TO AN ACCOUNTING OF DISCLOSURES

You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made about your protected health information other than our own uses for treatment, payment and health care operations (as those functions are described above), and with other exceptions pursuant to the law.

To request this list or accounting of disclosures, you must submit your request in writing to:

MCBH Quality Improvement
1611 Bunker Hill Way Suite 120
Salinas, CA 93906
Phone Number: 831-755-4545/TTY: 831-796-1788

For substance use disorder records, you have the right to receive an accounting of disclosures for all disclosures that were made with your consent in the three years prior to the date of your request. For all other types of records, you have the right to receive an account of disclosures for all disclosures in the six years prior to the date of your request. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. 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.

In the event of a breach of your unsecured protected health information, we will notify you without unreasonable delay and no later than 60 days following discovery of the breach, as required by law.

RIGHT TO REQUEST RESTRICTIONS

You have the right to request a restriction or limitation on the protected health 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 protected health 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. For example, you could ask that we not use or disclose information about a type of therapy you had.

We may use secure electronic systems, including electronic health records, health information exchange platforms, data analytics tools, and clinical decision-support technologies (including artificial intelligence tools), to assist with treatment, care coordination, quality improvement, and health care operations. These technologies are subject to privacy and security safeguards required by law.

We are not required to agree to your request, except to the extent that you request us to restrict disclosure to a health plan or insurer for payment or health care operations purposes if you, or someone else on your behalf (other than the health plan or insurer), has paid for the item or service out of pocket in full. Even if you request this special restriction, we can disclose the information to a health plan or insurer for purposes of treating you.

If we agree to another special restriction, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to:

MCBH Quality Improvement
1611 Bunker Hill Way Suite 120
Salinas, CA 93906
Phone Number: 831-755-4545/TTY: 831-796-1788

In your request, you must tell us:

- 1) what information you want to limit;
- 2) whether you want to limit our use, disclosure, or both; and
- 3) to whom you want the limits to apply, for example, disclosures to your spouse.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS

You have the right to request that we communicate with you about your protected health information in a certain way or at a certain location. 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 to:

MCBH Quality Improvement
1611 Bunker Hill Way Suite 120
Salinas, CA 93906
Phone Number: 831-755-4545/TTY: 831-796-1788

We will not ask you 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 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 at our website:

<https://www.countyofmonterey.gov/government/departments-a-h/health/behavioral-health/quality-improvement/clinical-documentation/printable-documents>



To obtain a paper copy of this notice, you can request a copy from your MCBH provider, any MCBH clinic location, or through:

MCBH Quality Improvement
1611 Bunker Hill Way Suite 120
Salinas, CA 93906
Phone: 831-755-4545/TTY: 831-796-1788

TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for protected 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 MCBH facilities. The notice will contain the effective date on the first page. In addition, each time you register at or are admitted to the MCBH for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with MCBH or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with the MCBH, please

contact:

MCBH Quality Improvement
1611 Bunker Hill Way Suite 120
Salinas, CA 93906
Phone: 831-755-4545/TTY: 831-796-1788

You will not be penalized for filing a complaint.

OTHER USES OF PROTECTED HEALTH INFORMATION

Other uses and disclosures of mental health and substance use disorder information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose mental health and substance use disorder information about you, you may revoke that permission at any time. If you revoke your permission, this will stop any further use or disclosure of your mental health and substance use disorder information for the purposes covered by your written authorization, except if we have already acted in reliance on your permission. 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.

Substance Use Disorder Treatment Programs Disclosure Summary

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

General Information

Information regarding your substance use disorder treatment, including your presence in a substance use disorder treatment program, and payment for those services, is protected by federal laws: the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), 42 U.S.C. § 1320d *et seq.*, 45 C.F.R. Parts 160 and 164, and the federal substance use disorder confidentiality law and regulations found at 42 U.S.C. §290dd-2 and 42 C.F.R. Part 2. State law also protects health information in California. Part 2 privacy notice requirements and breach notification requirements are aligned with the HIPAA Notice of Privacy Practices and HIPAA Breach Notification Rule, as applicable. MCBH and its contracted providers are required to abide by the terms of this notice currently in effect and by law to maintain privacy of records, to provide members with notice of its legal duties and privacy practices with respect to records, and to notify affected members following a breach of unsecured records.

In certain circumstances, federal law permits a single written consent for future uses and disclosures for treatment, payment, and health care operations purposes consistent with HIPAA. Once disclosed with your consent, information may be redisclosed in accordance with HIPAA regulations.

Under these laws, your substance use disorder treatment program (“Program”) may not tell a person that you attend or receive services from the Program, nor may Program disclose any information identifying you as a substance use disorder treatment member, or disclose any other protected information, except as permitted by federal law.

Records, or testimony relaying content of records, shall not be used or disclosed in any civil, administrative, criminal, or legislative proceedings against you unless based on specific written consent or a court order. In addition, a court order authorizing use or disclosure must be accompanied by a subpoena or other similar legal mandate compelling disclosure before the record is used or disclosed.

Records that are disclosed pursuant to your written consent for treatment, payment, and health care operations may be further used or disclosed by a Part 2 program, covered entity, or business associate as permitted by applicable law and the HIPAA Privacy Rule, including the Part 2 provisions governing redisclosure.

Program must obtain your written consent before it can disclose information about you for payment purposes. For example, Program must obtain your written consent before it can disclose information to your health insurer in order to be paid for services. Additionally, a single consent may be used for all future uses or disclosures for treatment, payment, and health care operations purposes.

Program is also required to obtain your written consent before it can sell information about you or disclose information about you for marketing purposes.

Generally, you must also sign a written consent before Program can share information with other healthcare

providers outside of Program. However, federal law permits Program to disclose information *without* your written permission within the Program treatment team itself for treatment purposes, and with the entity that has administrative control over the Program. Program also may disclose information *without* your written permission as follows:

1. Pursuant to an agreement with a qualified service organization/business associate;
2. For research, audit, or evaluations;
3. To report a crime on the premises or against personnel, or a threat to commit such a crime;
4. To medical personnel to the extent necessary to meet a *bona fide* medical emergency, when your prior informed consent cannot be obtained;
5. To appropriate authorities to report suspected child abuse or neglect;
6. As allowed by a court order.

Before Program can use or disclose any information about your health in a manner which is not described above, it must first obtain your specific written consent allowing it to make the disclosure. Any such written consent may be revoked by you orally or in writing at any time.

Complaints and Reporting Violations

Violation of the federal law and regulations by a Part 2 Program is a crime and suspected violations may be reported by calling or contacting:

MCBH Quality Improvement
1611 Bunker Hill Way Suite 120
Salinas, CA 93906
Phone Number: 831-755-4545/TTY: 831-796-1788

You also have the right to file a complaint directly to the Secretary of the United States Department of Health and Human Services (DHHS) at:

U.S. Department of Health and Human Services (HHS)
Region IX Office for Civil Rights
90 7th St. Suite 4-100
San Francisco, CA 94103
Phone Number: (800) 368-1019/TDD: (800) 537-7697
Fax: (202) 619-3818
E-mail: ocrmail@hhs.gov

You may also file a complaint online through the HHS OCR Complaint Portal.

The complaint must be filed in writing and sent by mail, fax, or electronically by e-mail and within 180 days of when you found out the violation occurred.

Note: You will not be retaliated against for filing a complaint.

Acknowledgement

Acknowledgement of receipt of this Notice is requested but not required as a condition of treatment.

I hereby acknowledge that I received a copy of this notice.

Name (Print): _____

Signature: _____

Date: _____