

SUMMARY OF OUR PRIVACY PRACTICES

Esta forma está disponible en Español

What you should know about Fresno County Superintendent of Schools All 4 Youth Notice of Information and Privacy Practices:

The attached notice explains your rights regarding your personal health information and how your health information is protected and maintained. It describes how your information may be used and disclosed and how you can get access to it. The law says that we must explain this notice and give you a copy. We must also request your signature acknowledging that we have done so.

How your information may be shared:

- We share it with people that work at Fresno County Superintendent of Schools (FCSS) All 4 Youth Behavioral Health Program to treat you, to secure payment for services, and to perform and improve our services.
- All individuals that work at FCSS All 4 Youth are committed to your privacy.
- Your information may be shared during telehealth due to an unintended breach in technological security or through the artificial intelligence utilized by your school district for safety reasons.
- We may share information with persons outside of FCSS All 4 Youth who are involved in your treatment, including school personnel.
- Occasionally companies and/or individuals that we contract with to run our business may have access to your information.
- All companies/individuals that we hire or contract with are committed in writing to protect your privacy.
- Sometimes we share information because the law requires us to do so.

What your rights are:

- You have the right to request a change or correction to your information.
- You have the right to request that we contact you in a specific way.
- You have the right to request access to your information.
- You have the right to request us to exclude someone from having access to your information.
- You have the right to request a list of certain disclosures of information that we have made.
- You have the right to submit a complaint if you are unhappy with the way we handle your information.
- You have the right to be informed if there is ever a FCSS known breach of your protected health information.

FCSS All 4 Youth has the right to review requests that you make. Sometimes we are unable to comply with your request, but we will provide you with an explanation if this happens.

This is a summary of our Privacy Practices. Please see Fresno County Superintendent of Schools All 4 Youth's entire Notice of Information and Privacy Practices for further details.

Please discuss any questions or concerns you may have with an FCSS All 4 Youth Workforce Member or contact the FCSS All 4 Youth Privacy Officer at (559) 443-4811.

Notice of Information and Privacy Practices Effective Date: 3/25/2021

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Fresno County Superintendent of Schools All 4 Youth: 1111 Van Ness Fresno, California
93721 Phone (559)443-4800 Fax (559)233-1080

**THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION 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 the Privacy Officer at (559) 443-4811.

OUR PLEDGE REGARDING PRIVATE HEALTH INFORMATION:

We understand that the information we maintain about you and your health is personal. We are committed to protecting this information. We create a record of the care and services you receive **at Fresno County Superintendent of Schools (FCSS) All 4 Youth**. We need this record 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 or available to our FCSS All 4 Youth workforce (which may include any health care professional who enters information into your health care record, volunteers, finance staff, information services staff, etc.).

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 health information.

We are required by law to:

- make sure that clinical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to clinical information about you; and 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. 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 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, nurses, clinicians, interns, or other **Fresno County Superintendent of Schools All 4 Youth Behavioral Health Program** personnel who are involved in treating you. For example, a clinician treating you for an anger disorder may need to know if you have physically acted out in the past. With this knowledge the treatment team may create a safety plan to protect you and the people around you when/if you or your child begins to act out. In addition, the clinician may need to tell a physician if your symptoms are not improving. Different FCSS departments and programs may share information about you in order to coordinate the different things you need, such as food, additional treatment, and medical attention. We also may disclose information about you to people outside

FCSS All 4 Youth who may be involved in your treatment, or as a part of coordinating follow up care. These people may include family members, social workers, school employees, neighbors, clergy, county employees, or others involved in providing services that are part of your care. Your information is protected by the Health Information Portability and Accountability ACT of 1996 and where applicable, by the Family Educational Rights and Privacy Act of 1974.

➤ **For Payment.** We may use and disclose medical/clinical information about you so that the treatment and services you receive at **Fresno County Superintendent of Schools All 4 Youth Behavioral Health Program** may be billed to and payment may be collected from you, the county, an insurance company, or a third party. For example, we may need to give your health plan information about treatment you received at FCSS All 4 Youth so your health plan will pay us or reimburse you for the treatment. We may also tell your health plan about treatment we are recommending, to obtain prior approval or to determine whether your plan will cover the treatment.

➤ **For Health Care Operations.** We may use and disclose clinical/medical information about you for FCSS operations. These uses and disclosures are necessary to run the All 4 Youth Behavioral Health Program and make sure that all of our children & families receive quality care. For example, we may use clinical/medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine clinical/medical information about many FCSS clients to decide what additional services we should offer, what services are not needed, and whether certain programs are effective. We may also disclose information to doctors, nurses, interns, clinicians, and other FCSS All 4 Youth personnel for review and learning purposes. We may provide information to representatives of organizations with responsibility for compliance, licensure, quality of care, and funding purposes.

➤ **Reminders.** We may use and disclose clinical/medical information to contact you in person or via technology as a reminder that you have/had an appointment to receive services at **Fresno County Superintendent of Schools All 4 Youth Behavioral Health Program.**

➤ **Treatment Alternatives.** We may use and disclose clinical/medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

➤ **Health-Related Benefits and Clinical Services.** We may use and disclose medical/clinical information to tell you about health-related benefits or services that may be of interest to you.

➤ **Fundraising Activities.** We may use clinical/medical information about you to contact you in an effort to raise money for **Fresno County Superintendent of Schools'** and its operations. We only would release contact information, such as your name, address and phone number and the dates you received treatment or services at FCSS All 4 Youth. If you do not want FCSS to contact you for fundraising efforts, you must notify The Foundation @ FCOE Executive Director in writing. Any disclosure of information for marketing or involving the sale of PHI requires your authorization.

➤ **Individuals Involved in Your Care or Payment for Your Care.** We may release clinical/medical information about you to a friend or family member who is involved in your clinical/medical care. We may also give information to someone who helps pay for your care. In addition, we may disclose clinical/medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

➤ **Research.** 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 **Fresno County Superintendent of Schools All 4 Youth Program.**

➤ **Business Associates.** There are certain individuals and/or companies that FCSS hires to perform tasks in lieu of permanent staff. FCSS has a contract with each individual or company that includes language to insure that the privacy/confidentiality of each child/family member that FCSS All 4 Youth treats is maintained. As an example, FCSS may hire temporary staff to perform clerical functions if a permanent staff member is out on medical leave.

THERE MAY BE OTHER SITUATIONS IN WHICH FRESNO COUNTY SUPERINTENDENT OF SCHOOLS WOULD BE REQUIRED AND PERMITTED TO RELEASE YOUR INFORMATION WITHOUT YOUR AUTHORIZATION OR CONSENT.

➤ **As Required By Law.** We will disclose clinical/medical information about you when required to do so by federal, state or local law (for suspected Child Abuse, Elder Abuse, etc.) or court order.

➤ **To Avert a Serious Threat to Health or Safety.** We may use and disclose clinical/medical 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.

➤ **Military and Veterans.** If you or your child are now, or in the future a member of the armed forces, we may release clinical/medical information about you as required by military command authorities. We may also release clinical/medical information about foreign military personnel to the appropriate foreign military authority.

➤ **Workers' Compensation.** We may release clinical/medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

➤ **Public Health Risks.** We may disclose clinical/medical information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury, condition or disability;
- to report births and deaths; abuse, neglect, or a victim of violence; reactions to medications or problems with products; or
- to notify people of recalls of products they may be using.

➤ **Health Oversight Activities.** We may disclose clinical/medical 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.

➤ **Lawsuits and Other 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.

➤ **Law Enforcement.** We may release clinical/medical information if asked to do so by a law enforcement official for the following reasons:

- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- to provide information about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- to provide information about a death we believe may be the result of criminal conduct;
- to provide information about criminal conduct at FCSS;
- and/or in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

➤ **Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

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

➤ **Protective Services for the President and Others.** We may disclose clinical/medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

➤ **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release clinical/medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING CLINICAL INFORMATION ABOUT YOU.

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

➤ **Right to Access Your Health Information.** Upon your written request, you have the right to view or receive paper/electronic copies of clinical/medical/billing information in a timely manner that is convenient for you (pick up, mail, fax, or electronic delivery). You may direct us to send your health and claims records to a third party. Ask your **Fresno County Superintendent of Schools All 4 Youth** clinic staff how to do this. We may deny your request to access your record in certain very limited circumstances. We may ask you if a summary of your treatment could be provided to you in lieu of the complete record. With your agreement in advance, we may charge a nominal fee for preparing a summary of treatment or for the costs of copying, mailing, or other supplies associated with your request.

If you are denied access to your information, you may request that the denial be reviewed. Another licensed health care professional chosen by FCSS All 4 Youth will review your request and the denial. The person conducting the review will be a licensed Agency Administrator or designee not involved with the original denial. We will comply with the outcome of the review.

Records are maintained for a period of time consistent with federal and state legislated retention periods. More detailed information regarding retention is included in our FCSS policy: "PHI-Information, Retention, & Storage".

Records are electronically stored on the FCSS server and in Electronic Health Record Systems. One of these systems is called AVATAR. AVATAR is a licensed Electronic Health Record System that is maintained collaboratively by Fresno County Department of Behavioral Health (DBH) and Fresno County Superintendent of Schools (FCSS) for youth enrolled in the All 4 Youth Behavioral Health Program. AVATAR access is limited and shared between FCSS and Fresno County DBH. There are also other behavioral health agencies who utilize AVATAR and who may view pieces of your electronic record. A written request to access your health information will be processed by FCSS in coordination with Fresno County DBH. **Please send written request to 2440 Tulare Suite 200 Fresno, CA. 93721 attention: Privacy Officer.**

➤ **Right to Request an Amendment.** 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 the FCSS ALL 4 Youth Behavioral Health Program.

To request an amendment, your request must be in writing and submitted directly to the Privacy Officer. Contact the Privacy Officer at (559) 443-4811 or mail your request to **Fresno County Superintendent of Schools All 4 Youth Behavioral Health Program, Attn: Privacy Officer: 2440 Tulare Suite 200 Fresno, California 93721 Phone (559)443-4811 Fax (559)233-1080.** In addition, you must provide a reason that supports your request.

If your health information is stored in the licensed Electronic Health Record System: AVATAR, please note that it is maintained in collaboration between Fresno County Department of Behavioral Health (DBH) and Fresno County Superintendent of Schools (FCSS) and a written request for an amendment to your health information will be processed by FCSS in coordination with Fresno County DBH.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that is accurate and complete; was not created by us or the person or entity that created the information is no longer available to act on the request to make an amendment; is not part of the clinical/medical information kept by or for our Agency; or is not part of the information which you would be permitted access.

➤ **Right to an Accounting of Disclosures.** You have the right to request an "accounting of certain disclosures". This is a list of the disclosures we made of clinical/medical information about you. We are not required to include disclosures that were made: for treatment, payment, or healthcare operations, to the individual/legal guardian regarding their own information, pursuant to an authorization, to person's involved in the client's care, etc.

To request this list or accounting of certain disclosures, you must submit your request in writing to **Fresno County Superintendent of Schools All 4 Youth Behavioral Health Program, Attn: Privacy Officer, 2440 Tulare Suite 200 Fresno, California 93721 Phone (559) 443-4811 Fax (559)233-1080.** Your request must state a time period, which may not be longer than six years and may not include dates before January 1, 2019. The first list you request within a 12-month period will be free. For additional lists, you will be charged 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.

➤ **Right to Request Restrictions.** 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. You have the right to restrict certain types of PHI from disclosure to your health plan in instances where you pay for services in full, out-of-pocket and request the restriction.

We are not required to agree to your request. If we do agree, 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 **Fresno County Superintendent of Schools All 4 Youth Behavioral Health Program**, Attn: Privacy Officer, **2440 Tulare Suite 200 Fresno, California 93721 Phone (559)443-4811 Fax (559)233-1080**. 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 parent if 18 years of age or older or an emancipated minor.

➤ **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 at a certain location. For example, you can ask that we only contact you at work or by mail. Ask your **Fresno County Superintendent of Schools' All 4 Youth** clinic staff how to request confidential communications. 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 Notification of a Breach of Your Confidential Information.** We will provide you with a written notification in a timely manner consistent with both state and federal notification requirements if there is an unauthorized disclosure of your protected health information.

➤ **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. To obtain a paper copy of this notice, please contact your **Fresno County Superintendent of Schools' All 4 Youth clinic** or mail your request to **Fresno County Superintendent of Schools All 4 Youth Behavioral Health Program: Attn: Privacy Officer, 2440 Tulare Suite 200 Fresno, California 93721 Phone (559)443-4811 Fax (559)233-1080**.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for clinical/medical 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 at all FCSS treatment sites. The notice will contain on the first page, at the top of the page, the effective and revision dates. In addition, each time you enroll or are admitted to FCSS All 4 Youth for treatment or health care services as an outpatient, we will offer you a copy of the current notice. You may also access an electronic copy of this notice at any time by visiting our web site at www.all4youth.fcoe.org.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with **Fresno County Superintendent of Schools** or with the Secretary of the Department of Health and Human Services. To file a complaint with FCSS All 4 Youth, contact the Privacy Officer at (559) 443-4811 or send your complaint to: **Fresno County Superintendent of Schools All 4 Youth Behavioral Health Program**, Attn: Privacy Officer, **2440 Tulare Suite 200 Fresno, California 93721 Phone (559)443-4811 Fax (559)233-1080**. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of Marriage and Family Therapists, Licensed Educational Psychologists, Clinical Social Workers, and Professional Clinical Counselors. You may contact the board online at www.bbs.ca.gov, or by calling (916) 574-7830.

OTHER USES OF CLINICAL/MEDICAL INFORMATION

Other uses and disclosures of clinical/medical 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 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 records of the care that we provided to you.