



NOTICE OF PRIVACY PRACTICES

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.

I am required by law to maintain the privacy and security of your protected health information ("PHI") and to provide you with this Notice of Privacy Practices ("Notice"). I must abide by the terms of this Notice, and I must notify you if a breach of your unsecured PHI occurs. I can change the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be available upon request, in my office, and on my website.

Except for the specific purposes set forth below, I will use and disclose your PHI only with your written authorization ("Authorization"). It is your right to revoke such Authorization at any time by giving me written notice of your revocation.

Uses (Inside Practice) and Disclosures (Outside Practice) Relating to Treatment, Payment, or Health Care Operations Do Not Require Your Written Consent. I can use and disclose your PHI without your Authorization for the following reasons:

1. **For your treatment.** I can use and disclose your PHI to treat you, which may include disclosing your PHI to another health care professional. For example, if you are being treated by a physician or a psychiatrist, I can disclose your PHI to him or her to help coordinate your care, although my preference is for you to give me an Authorization to do so.
2. **To obtain payment for your treatment.** I can use and disclose your PHI to bill and collect payment for the treatment and services provided by me to you. For example, I might send your PHI to your insurance company to get paid for the health care services that I have provided to you, although my preference is for you to give me an Authorization to do so.
3. **For health care operations.** I can use and disclose your PHI for purposes of conducting health care operations pertaining to my practice, including contacting you when necessary. For example, I may need to disclose your PHI to my attorney to obtain advice about complying with applicable laws.

Certain Uses and Disclosures Require Your Authorization.

1. **Psychotherapy Notes.** I do keep "psychotherapy notes" as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:
 - a. For my use in treating you.
 - b. For my use in training or supervising other mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
 - c. For my use in defending myself in legal proceedings instituted by you.
 - d. For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.
 - e. Required by law, and the use or disclosure is limited to the requirements of such law.
 - f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
 - g. Required by a coroner who is performing duties authorized by law.
 - h. Required to help avert a serious threat to the health and safety of others.
2. **Marketing Purposes.** As a psychotherapist, I will not use or disclose your PHI for marketing purposes.
3. **Sale of PHI.** As a psychotherapist, I will not sell your PHI in the regular course of my business.

Certain Uses and Disclosures Do Not Require Your Authorization. Subject to certain limitations in the law, I can use and disclose your PHI without your Authorization for the following reasons:

1. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
3. For health oversight activities, including audits and investigations.
4. For judicial and administrative proceedings, including responding to a court or administrative order, although my preference is to obtain an Authorization from you before doing so.
5. For law enforcement purposes, including reporting crimes occurring on my premises.
6. To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.



8. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
9. For workers' compensation purposes. Although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers' compensation laws.
10. Appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.

Certain Uses and Disclosures Require You to Have the Opportunity to Object.

1. **Disclosures to family, friends, or others.** I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights with respect to your PHI:

1. **The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request, and I may say "no" if I believe it would affect your health care.
2. **The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full.** You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
3. **The Right to Choose How I Send PHI to You.** You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.
4. **The Right to See and Get Copies of Your PHI.** Other than "psychotherapy notes," you have the right to get an electronic or paper copy of your medical record and other information that I have about you. I will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and I may charge a reasonable, cost based fee for doing so.
5. **The Right to Get a List of the Disclosures I Have Made.**
You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost based fee for each additional request.
6. **The Right to Correct or Update Your PHI.** If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I may say "no" to your request, but I will tell you why in writing within 60 days of receiving your request.
7. **The Right to Get a Paper or Electronic Copy of this Notice.** You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

HOW TO COMPLAIN ABOUT MY PRIVACY PRACTICES

If you think I may have violated your privacy rights, you may file a complaint with me, as the Privacy Officer for my practice, and my address and phone number are: New Dawn's president 829 North A Street, Oxnard CA 93030

You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by:

1. Sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201;
2. Calling 1-877-696-6775; or,
3. Visiting www.hhs.gov/ocr/privacy/hipaa/complaints.

I will not retaliate against you if you file a complaint about my privacy practices.

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on September 20, 2013.



BEHAVIORAL HEALTH DEPARTMENT

Ventura County Behavioral Health Consumer Guide

Welcome to Ventura County Behavioral Health! We provide mental health services to clients with Medi-Cal, Medicare, private insurance, or no insurance. Our Mental Health Plan (**MHP**) provides mental health services for all Ventura County Medi-Cal clients. Services under Medi-Cal are authorized by the **MHP** and are provided by County System of Care Teams or Contracted Private Providers, depending on the level of need. Some services are available only by specific referral from other agencies, such as schools. For more information, please consult your school or other agency.

This brochure describes how to get mental health services, what types of services are offered, clients' rights and responsibilities, and how to get help in case there is a complaint or grievance about services.

HOW TO GET MEDI-CAL MENTAL HEALTH SERVICE

Please call the **MHP Medi-Cal Access Line** at **1-800-671-0887** to request service for a child, adult, or senior with mental illness or emotional disturbance who has Medi-Cal. The Access Line is answered 24 hours a day, 7 days a week by licensed clinicians who do brief screenings over the phone. If your condition or that of your child meets the Medi-Cal requirements for mental health services, you will be referred to a County System of Care Team or a **MHP** Private Provider. If you or your child do not meet the Medi-Cal requirements for treatment, you will be given other referrals.

If you have Medi-Cal and want services from a private mental health provider, your provider must join the **MHP** Panel and get treatment authorization from the **MHP**. Your provider can call the **MHP** at (805) 652-3275 to join the Panel. If your provider does not join the Panel, or does not want authorization, please call the **Medi-Cal Access Line** at **1-800-671-0887** to find a Panel Provider.

HOW TO GET MENTAL HEALTH SERVICE WITHOUT MEDI-CAL

If you or your child do not have Medi-Cal, please contact the County System of Care Clinic nearest you (See page 8 of this brochure). Staff at the Clinic will help with evaluation and intake at the Clinic, or referral to a provider in the community, as needed.

TREATMENT APPROACH

We use a "Client-Centered" or "Family-Centered" treatment approach as applicable. You tell us what you want or need for better mental health and quality of life. Successful treatment is a result of your commitment and hard work, as well as the dedication of your provider and significant others.

Most of our services are voluntary. You can end your relationship with us whenever you want. You have the right to request a second opinion as well as a change of provider. Your requests may not always be agreed to, but your point of view will be carefully considered.

We strive to serve clients in a culturally competent and age-appropriate manner at all times.

MENTAL HEALTH SERVICES MAY INCLUDE

Crisis / Emergency Services, intervention, assessment, referral.

Inpatient Services, intensive short-term hospital treatment for people who cannot be safely treated at another level of care.

Day treatment to prevent or shorten hospital stays and provide a therapeutic environment.

24- Hour Residential Services in both short- and long-term supervised living settings.

Outpatient Mental Health Services, assessment, evaluation, psychological testing, individual, family, and group psychotherapy, and rehabilitation.

Outpatient Medication Services, prescribing, administering, and monitoring of psychiatric medication and its effects.

Case Management, advocacy, linkage and monitoring of progress.

Specialized programs, including help with finding a job, services for clients with mental illness as well as substance abuse, parent support for child or adolescent clients, and consumer empowerment.

CONFIDENTIALITY

You have a right to Confidentiality. In most cases providers can't tell people outside the Behavioral Health Department or **MHP** information about you without your written permission unless a Judge requires it. Your provider will ask you to sign consent to allow him or her to talk to a family member or others about your treatment, or to release records to someone like your medical doctor, in order to deliver the best service possible.

In the following situations your right to Confidentiality is limited:

- If you threaten serious harm to yourself or another person or property;
- If we have reason to suspect that a child, dependent adult, or elderly person is being (or has been) neglected or physically or sexually abused;

- If you appear Gravely Disabled, or unable to provide for yourself, or utilize the necessities of life, including food, shelter, or clothing.

By law, mental health providers must take steps to protect people who are being harmed or may be harmed. This may include telling other people things you have told us.

YOU HAVE A RIGHT TO SERVICES THAT:

- Help or benefit you, and suit your individual needs.
- Respect your age, cultural and ethnic identity, religion, disability, gender, marital status and sexual preference.
- Are provided in a safe, clean place that protects your privacy and confidentiality.
- Are given by providers who are qualified, competent, and focused on your individual care.
- Involve you (and your family or significant others, if you agree) in designing and agreeing to a treatment plan based on your own clear goals.
- Honor your right to change your goals
- Encourage you to set goals that are important to you

YOU ALSO HAVE A RIGHT TO KNOW:

- Your diagnosis, treatment plan, and the costs of your services, in terms that you can understand.
- If you are a parent of a minor client, a conservator, or a legal guardian, you may have a right to specific information. Your involvement in treatment is essential to improvement in the condition of the client and family.
- Benefits and potential side effects of medications prescribed for you prior to signing informed consent for medications.
- Names and credentials of providers involved in your treatment.
- A second opinion if you disagree with decisions about your care.
- If your mental health services are denied, reduced or terminated.

IT IS YOUR RESPONSIBILITY TO:

- Please keep all appointments, or ask for help if you have difficulty keeping scheduled appointments.
- If you cannot keep an appointment, please call at least 24 hours before the appointment to give notice.
- Please be honest with feelings or ideas about your treatment.
- Please try to listen to your provider's therapy, and give it a chance.
- Please report changes in your condition to your provider and tell him/her if you have problems following the prescribed treatment.

- Please ask your provider to explain anything related to your care that you do not understand. Try to follow the provider's instructions.
- Please honor confidentiality and privacy, and respect the rights of other clients, providers, and staff.
- Please arrange your own transportation to appointments. If this is a problem, please discuss it with your provider, and ask for help if you need to.
- Please give financial and insurance information to your provider. If you have insurance, this will probably pay for services, but you may have a co-payment. You may receive a bill for your services. If you do not fully agree with your bill, please discuss it with your provider.

PROBLEM RESOLUTION PROCEDURE

Please discuss with us any complaints you have about our services. Most complaints are best resolved by talking to those directly involved. If you do not want to talk to your provider or his/her supervisor, you can authorize anyone to advocate or act on your behalf or help you during any part of the problem resolution process, including a friend, family member, Patients' Rights Advocate (805) 652-6774, Chief of Quality Management and Managed Care (805) 652-6784, or a representative of the local office of the National Alliance for the Mentally Ill (805) 641-2426.

INFORMAL COMPLAINTS

If you are dissatisfied with any aspect of our services, you have a right to file an Informal Complaint. Complaints are quickly addressed by parties directly involved or their supervisors, so that resolution can be reached as efficiently as possible. If you want to complain but do not want to identify yourself, you can fill out a "Message for the Supervisor" form (available in all Team waiting rooms), or write an anonymous note, and leave it for your provider or his/her supervisor, or mail it to the Quality Management Department.

If you are dissatisfied with how a Complaint is resolved, you can register a Formal Grievance at any time. If the Formal Grievance resolution is unsatisfactory to you, you can request a Mediation Panel Review.

If you are a Medi-Cal beneficiary, you have the right to request a State Fair Hearing for any reason and at any time before, during or within 90 days after completion of the beneficiary problem resolution process. You may also request a State Fair Hearing without going through lower levels of problem resolution first or having received a Notice of Action. You can ask anyone you want to help or represent you. You are entitled to request a State Fair Hearing at any time if your services are denied, reduced, or terminated and you disagree with this decision.

DEFINITIONS

Denial of Service. A refusal by the service provider or MHP to provide you with the type, kind or method of mental health service you feel you need or believe you are lawfully entitled to receive.

Reduction in Service. Any reduction in the type, method, frequency, or duration of service. This can refer to services that become limited because the location of the provider is too hard to reach, or the provider's office is not wheelchair accessible and the client requires wheelchair access.

Termination of Service. The stopping of any type of service you have been receiving due to a decision of the MHP or the provider.

Notice of Action. Formal written, and whenever possible, oral notification to you of any denial, termination, or reduction of treatment services. The notice should specify the proposed action and reasons for the action, effective dates of the action, and description of the informal complaint and formal grievance procedure available.

FORMAL GRIEVANCES

To file a Formal Grievance you or your representative must:

- Write a brief letter or complete a Problem Resolution Request Form. Forms and self-addressed, stamped envelopes are available in your provider's office waiting area.
- Please explain your Grievance in writing, identify the staff or providers involved, and include information or materials you feel will assist in resolving the matter.
- Sign a written Waiver allowing for release of information so that the grievance can be investigated.
- Submit the letter or form in person or by mail to your provider, to his/her supervisor, or to the Quality Management Department.
- The person receiving your Grievance sends a copy to the Chief of Quality Management and Managed Care immediately for review.
- Quality Management Staff notify you of the status of your Grievance within 5 days of receipt, and attempt investigation and resolution.
- If services are denied, reduced, or terminated, you are entitled to request a second professional opinion to support your position.
- The Chief of Quality Management and Managed Care will send a letter to you within 30 work days of receipt of the Grievance that summarizes the Decision and has information on further steps to take if you remain dissatisfied.

MEDIATION PANEL

If you are dissatisfied with the Formal Grievance Decision, you have the right to ask for a review by the Mediation Panel. The Mediation Panel will reach their decision within 30 calendar days of receipt of your Grievance. You will receive the Mediation Panel Decision in writing from the Chief of Quality Management and Managed Care. It will contain information on which the decision was based. The decision will be immediately binding on you, the provider, and the Department. If you are still dissatisfied, you have the right to seek other legal options.

URGENT COMPLAINT AND GRIEVANCE REVIEWS

If your written Grievance pertains to immediate health and safety concerns, or Medi-Cal funded

residential treatment services, it will be investigated and resolved within 3 working days. Unless you pose a threat to the other residents, you have the right to remain in the residential program until there is a response from the Quality Management Staff.

STATE FAIR HEARINGS

If you have Medi-Cal, you have the right to request a State Fair Hearing for any reason, and at any time, not just when services are terminated, reduced, or denied. You do not have to file a Complaint or Formal Grievance first, and you do not have to go through the Mediation Panel. You are entitled to request a

State Fair Hearing within 90 days of receiving a Notice of Action for denial, reduction, or termination of services. If you request a State Fair Hearing within 10 days of a Notice of Action, in certain situations, your mental health services may continue pending the outcome of the Hearing.

Grievance and State Fair Hearing forms and self-addressed envelopes are available at all provider office waiting areas. You or your representative can obtain them from your provider, from the Quality Management Department at (805) 652-6192, or from the Access Line toll free at 1-800-671-0887. You can call the toll free number of the State Public Inquiry and Response Unit at 1-800- 952-5253, or the toll free California Department of Mental Health Ombudsman Service at 800-896 4042, TTY 800-896-2512.

You must mail the completed State Fair Hearing Request form to:

Administrative Adjudications Division
State Department of Social Services
744 "P" Street, Mail Station 19-37
Sacramento, Ca. 95814

ASSISTANCE IN PROBLEM RESOLUTION

If you want help at any point in filing an Informal Complaint, filing a Formal Grievance, requesting a Mediation Panel review, or requesting a State Fair Hearing, you can authorize anyone to act on your behalf, including your friend, family member, provider, case manager, or your provider's supervisor. You can also request help from the **Patients' Rights Advocate (805) 652-6774**, the **Chief of Quality Management and Managed Care (805) 652-6784**, or a **representative of the local office of the National Alliance for the Mentally Ill (805) 641-2426**. Any of these people can help you at any point in the problem resolution process.

Quick Phone Reference Guide to Ventura County Behavioral Health Services

Medi-Cal Mental Health Plan Access Line	1-800-671-0887 (You may also request a list of providers through this number which includes alternatives and options for cultural and linguistic services)
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Crisis Teams

West Crisis Team	652-6727	East Crisis Team	371-8375
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Adult Mental Health Teams

*Ventura Hillmont	652-6768	*West Ventura	652-6838
*West Oxnard	385-8675	*Downtown Oxnard	240-2001
*Port Hueneme	385-9110	* Santa Paula	933-8485
*Simi Valley/Moorpark	584-4881	* Conejo Valley	777-3500

Child Options Mental Health Teams

*Ventura	658-4212	*Santa Paula	933-8489
*Oxnard	385-8673	*Conejo/Thousand Oaks	777-3505
*Simi Valley/Moorpark	582-7507		

Older Adult Mental Health Teams

*East County /Thousand Oaks	777-3500	*West County / Ventura	652-7820
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Specialty Mental Health Teams

Emergency Shelter Program and Homeless Program for the Mentally Ill	641-4460
*Adult Residential Services	289-3326
*FACT	654-5088

Alcohol and Drug Program Centers

Ventura	652-7823	Simi Valley	584-4878
Oxnard	385-1885	A New Start for Moms	385-4114

Drinking Driver Program Centers

Oxnard	385-1889	Simi Valley	584-4883
Ventura	658-4250	Conejo	777-3505

Other Key Phone Numbers

TDD Line 805-652-3365

Ventura County Medical Center Psychiatric Unit	652-6729
Clients' Rights Advocate – Mental Health	652-6774
Quality Management Department	652-6192
Chief of Quality Management and Managed Care	652-6784
National Alliance for the Mentally Ill - Local Office	641-2426
Clients' Rights Advocate – Alcohol and Drug Programs	658-4257

*** Services available include assessment, medication support, case management, individual and group therapy. All sites provide free language assistance services.**