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HIPAA Notice of Privacy Practices & Medi-Cal Subscriber Disclosures

This notice describes how medical information about you may be used and disclosed electronically and how you can get access to this information. Please review it carefully.

- 1. We have a legal duty to safeguard your **protected health information (PHI)** when we transmit information electronically. We are legally required to protect the privacy of your PHI, which includes information that can be used to identify you that we've created or received about your past, present or future health or condition, the provision of health care to you, or the payment of this health care.*
- 2. We must provide you with this Notice about our privacy practices, and such Notice must explain how, when and why we will "use" and "disclose" your PHI. A "use" of PHI occurs when we share, examine, utilize, apply, or analyze such information within our agency; PHI is "disclosed" when it is released, transferred, has been given to, or is otherwise divulged to a third party outside of our agency. With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made.*
- 3. By signing this notice you acknowledge we may use your PHI, but may not disclose your PHI without further written authorization by you. We do not keep separate treatment notes and psychotherapy notes; all of our notes can be found in the client file. Your PHI will not be disclosed for marketing purposes. If you pay for any service out-of-pocket, then you have the right to restrict disclosures of PHI to health plans from that service. If there is a breach of your unsecured PHI, you will receive notification.*
- 4. However, we reserve the right to change the terms of this Notice and our privacy policies at any time. Any changes will apply to the PHI on file with us already. Before we make any changes to our policies, we will promptly change this notice and post a new copy of it in our offices and on our website. You can also request a copy of this notice from us, or you can view a copy of it in our office or on our website. Please sign this Notice, stating that you acknowledge receipt of this Notice of Privacy Practices of Shine a Light Counseling Center.*
- 5. Your signature below indicates your consent to communication with Shine a Light Counseling Center through email and text. Please be aware that such forms of communication may be vulnerable to privacy violations. You can rescind this permission at any time.*

The following information pertains only to Insurance Plan subscribers

Carelon Behavioral Health asks us to include this description of your rights and responsibilities as a Medi-Cal subscriber::

Carelon Behavioral Health (and other Insurance plans) Member Rights and Responsibilities

Rights:

1. You have the right to receive information about your insurance plan's services, benefits, practitioners, providers, member rights and responsibilities and clinical guidelines. You have a right to receive this information in a manner and format that is understandable and appropriate to your condition.

2. You have the right to receive oral interpretation services free of charge for any materials in any language.
3. You have the right to be treated with respect as an individual in a manner that protects your privacy and dignity, regardless of race, gender, veteran status, religion, marital status, national origin, physical disabilities, mental disabilities, age, sexual orientation, or ancestry.
4. You have the right to have all communication regarding your health information kept confidential by insurance plan staff and contracted providers and practitioners, to the extent required by law.
5. You have the right to participate with practitioners and providers in your own treatment planning and decision making regarding your care, and to include family members when appropriate and/or requested. Treatment planning discussions may include all appropriate and medically necessary treatment options, regardless of benefit design and/or cost implications.
6. You have the right to decide who will make medical decisions for you if you cannot make them.
7. You have the right to give or refuse consent for treatment and give or refuse consent for communication of treatment information to your PCP and/or other behavioral health providers.
8. You have the right to obtain information regarding your own treatment record with signed consent in a timely manner and have the right to request an amendment or correction be made to your medical records.
9. You have the right to appeal an insurance company's authorization decision resulting in denial of any aspect of care or service.
10. You have the right to submit a complaint or concern (or have a designee do so on your behalf), verbally or in writing, about the care you have received.
11. You have the right to have questions or concerns answered completely and courteously by your providers and insurance plan staff.
12. You have the right to contact your insurance plan's Ombudsman to obtain a copy of your plan's member rights and responsibilities statement. You may make recommendations about the member rights and responsibilities statement to the Ombudsperson
13. You have the right to participate in the plan's Member Advisory Council (if applicable). You may make recommendations about the member rights and responsibilities statement to the council.

Responsibilities:

1. You are responsible for choosing a primary care provider and site for the coordination of all your medical care.
2. You are responsible for carrying your insurance member ID card and showing the card whenever you seek treatment.
3. You are responsible for understanding your benefits, what's covered and what's not covered.
4. You are responsible for understanding that you may be responsible for payment of services you receive that are not included in the Covered Services List for your coverage type.
5. You are responsible for providing information that is necessary to ensure effective behavioral healthcare for you, to the best of your ability, to your insurance plan and treating providers.
6. You are responsible, to the best of your ability, to understand your behavioral healthcare needs and participate in your treatment including developing, following and revising as necessary, mutually agreed upon treatment and aftercare plans.
7. You are responsible for contacting your Behavioral Health Provider, if you have one, if you are experiencing a mental health or substance abuse emergency.

Signature

Date