

**RIVER OAK CENTER FOR CHILDREN**

**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***

River Oak Center for Children (“River Oak”) provides many types of social and behavioral health services. To provide these services to you, our staff will collect, create, use and disclose certain “protected health information” (“PHI” or “Health Information”) about you. PHI is information that identifies you and relates to your past, present or future physical or mental health condition; the provision of health care to you; or the payment of health care services delivered to you. By law, River Oak is required to maintain the privacy of your PHI, and River Oak takes this responsibility seriously.

River Oak is required to develop and distribute this Notice of Privacy Practices to provide you a clear explanation of River Oak’s legal duties and privacy practices with respect to your PHI. River Oak is required to abide by the terms of this notice currently in effect. If a breach of unsecured PHI was to occur, River Oak must notify those individuals affected by the breach.

**River Oak May Use and Disclose Health Information Without Your Specific Authorization for the Following Purposes:**

- \* **For Treatment.** River Oak may use or disclose your health information in order to provide you with the health care treatment and care you may need, and to coordinate or manage your health care and related services. For example, River Oak staff may share PHI with your primary care doctor in order to coordinate your care.
- \* **For Payment.** River Oak may use or disclose your health information to obtain payment for the services you received from an insurance company or another third-party payer. For example, River Oak may provide your PHI to Sacramento County Mental Health to receive payment for the treatment you were provided by River Oak.
- \* **Health Care Operations.** We may use and disclose your health information in connection with the health care and business activities of River Oak. For example, your PHI may be used to complete quality assessment and improvement activities; for administrative, financial and business functions; for reviewing the competence or qualifications of clinical staff and provider performance; for conducting training and educational programs; for accreditation purposes; and for certification, licensing or credentialing activities.

- \* **Communications with Family Members or Close Friends Involved in Your Care.** We may use and disclose your PHI to a family member, other relative or close personal friend who is involved in your care, but only if the disclosure is directly relevant to such person's involvement with your care. If you are present or otherwise available prior to such use or disclosure, we will only disclose your PHI if you agree to the disclosure or if we can reasonably infer from the circumstances that you do not object. For instance, we can reasonably infer that you do not object to the disclosure of your PHI to a parent who accompanies you into the treatment room. If you are not present or lack the capacity to make health care decisions, we will only disclose your PHI if we determine that the disclosure is in your best interest and the disclosure is directly relevant to your care or the payment for your care. For instance, in most cases River Oak will disclose a minor child's PHI with their parent(s), guardian(s) or others involved in their care.

However, in some situations we are required by law to deny a parent or guardian access to a minor child's PHI. An example of when we must deny such access is when a minor 12 years of age or older is seeking care for a communicable disease or condition. We are also required to deny a parent or guardian access to a minor's PHI when the minor has the right to make their own health care decisions. These individuals would include minors who are married or have a declaration of emancipation from a court.

- \* **Other.** We may also use and disclose your health information without your permission in the following circumstances, subject to all applicable legal requirements and limitations:
  - **Required by Law.** We may disclose your PHI if such disclosure is required by federal, state or local law.
  - **To Avoid Serious Threat to Health or Safety.** As required or permitted by law, we may share PHI in order to avoid a serious threat to your health and safety or the health and safety of another person or the public.
  - **For Research.** Research may involve the use and disclosure of your PHI. Your PHI will be used or disclosed for research only if you or a duly constituted Institutional Review Board or Privacy Board approves such use and disclosure.
  - **Law Enforcement.** We may disclose PHI to authorized officials for certain limited law enforcement purposes. For example, River Oak may be required by law to disclose PHI in order to respond to a search warrant, report crime or child abuse, or help identify or locate a missing person.
  - **Abuse and Neglect.** By law, we may disclose PHI to the appropriate authority to report suspected abuse or neglect or to identify suspected victims of abuse, neglect or domestic violence.
  - **Public Health Activities.** Public health activities cover many functions performed or authorized by government agencies to promote and protect the public's health and may require us to disclose your PHI. For example, we may disclose your PHI as a part of our

obligation to report to public health authorities certain diseases, injuries, conditions and vital events such as births. We may disclose your PHI to someone after if you are exposed to a communicable disease or may otherwise be at risk of getting or spreading the disease.

- **Business Associates.** We may contract with business associates to perform certain functions or activities on our behalf, such as payment for your treatment and health care operations or to archive client records. Business Associates are also required to safeguard your PHI.
- **Disclosure in Case of Disaster Relief or upon Death.** River Oak may disclose your health information to a public or private disaster relief organization to assist disaster relief efforts. River Oak may also share information with a coroner, medical examiner or funeral director.
- **Legal Proceedings and Workers' Compensation.** We may share health information about you in connection with judicial or other legal proceedings, in response to a court or administrative order, or in response to a subpoena, discovery request, warrant, summons or other lawful process. We may also disclose certain health information to in comply with workers' compensation laws.
- **Health Oversight.** As a behavioral health care provider, River Oak is subject to oversight conducted by federal and state agencies. We may disclose health information to such agencies for oversight activities authorized by law, including audits, investigations, inspections or licensure actions.
- **Military Activity and National Security.** River Oak may sometimes use or disclose the PHI of armed forces personnel to the applicable military authorities when they believe it is necessary to properly carry out their military mission. We may disclose your PHI to authorized federal officials as necessary for national security and intelligence activities, the protection of the President and other government officials and dignitaries, or related special investigations.
- **Inmates.** Under federal law, inmates do not have the same rights to control their PHI as other individuals. If you are an inmate of a correctional institution or in the custody of an enforcement official, we may disclose your PHI to the correctional institution or the law enforcement official for certain purposes, for example, to protect your health or safety or someone else's health and safety.
- **Fundraising.** We may use or disclose certain limited health information about you for fundraising purposes. With each fundraising request we make to you, we will give you an opportunity to opt-out of future fundraising communications. There is no condition for the provision of treatment, payment or eligibility for services related to fundraising.

## Your Rights Regarding Your Protected Health Information

- \* **A Right to See and Obtain Copies of Your Records.** With some exceptions, you have the right to look at or obtain copies of your PHI contained in your medical and billing records and any other records used to make decisions about you. You must put the request in writing by utilizing the form provided by River Oak. You may be charged a fee for the cost of copying your records. In circumstances, River Oak may deny some or all of your request to look at your records or receive a copy of your records. If River Oak denies your request, we will send you a letter that tells you why your request is being denied and how you can ask for a review of the denial.
- \* **A Right to Correct or Update Your Records.** If you believe the PHI about you is wrong or missing information, you can ask in writing that we correct or add information to your record. River Oak will provide you the forms necessary to make that request. River Oak may deny your request to correct or add information to the record if the information about you was not created or kept by River Oak, if we believe the record is complete and correct as written, or the record is not part of the Designated Record Set. If River Oak denies your request, it will send you a letter that tells you why your request is being denied and how you can ask for a review of the denial.
- \* **Right to Obtain a List of Disclosures.** You have the right to ask River Oak for a list of certain disclosures of your health information made in the six years prior to the date of your request unless your request is for a shorter time period. You are allowed one accounting of disclosures in any 12-month period of time. If you request any additional accounting in a period of time that is less than 12 months, River Oak may charge a fee to obtain those disclosures. An accounting does not include certain disclosures, for example, disclosures to carry out treatment, payment and health care operations; disclosures for which River Oak had a signed authorization by you; or disclosures of health information provided directly to you, your family or those individuals acting on your behalf.
- \* **Right to Request Limits on Uses or Disclosures of PHI.** You have the right to ask that River Oak limit how your information is used or disclosed. For example, you can request that we use or share medical information about you only with the persons involved in your care. You must make that request in writing and tell River Oak what information you want to limit or restrict and to whom you want the limits to apply. You must make this request in writing by using the form provided by River Oak. Under certain circumstances, River Oak is not required to agree to the restriction. If River Oak denies your request, we will send you a letter that tells you why your request is being denied and how you can ask for a review of the denial. You can also request in writing or verbally that the restrictions be terminated.
- \* **Right to Choose How We Communicate with You.** You have the right to ask that River Oak share information with you in a certain way or at a certain place. For example, you may ask River Oak to send information to your work address instead of your home address or to communicate with you by email or text. You must make this request in writing by using the form provided by River Oak. You do not have to explain the reason for your request.
  - **SMS Text Communications.** If you opt in to receive SMS text messages from River Oak Center for Children, you may receive appointment reminders, intake coordination, referral

follow-up, scheduling updates, service notifications, and other operational communications related to River Oak services.

- Message frequency varies but will not be more than 3–5 messages per day unless there is a notification event. Msg & Data rates may apply. Reply HELP for help. Reply STOP to opt out.
- **SMS SHARING DISCLOSURE:** No mobile information will be shared with third parties/affiliates for marketing/promotional purposes at any time. For more information, please review our SMS Terms & Conditions.

\* **Right to Obtain a Paper Copy of This Notice.** You have the right to receive a paper copy of this Notice of Privacy Practices at any time.

### **Facility Directory**

When you are a client at one of our facilities, we may create a directory that includes your name and room location. This information may be disclosed to a person who asks for you by name. You may object to the use or disclosure of some or all of this information. If you do, we will not disclose it to visitors or other members of the public.

### **Uses and Disclosures That Require Your Written Authorization**

River Oak will ask for your written authorization before using or disclosing your health information for any purpose not specifically referenced in this notice. If you give us an authorization, you may revoke and cancel the authorization at any time by sending your written request to the Privacy Officer at the address listed on this notice. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this notice.

### **Additional Restrictions**

Federal and state laws may require authorization from you before we can disclose certain categories of PHI, such as PHI related to mental health, HIV/AIDS, reproductive health, communicable diseases (including sexuality transmitted diseases), or alcohol or drug abuse. We may limit disclosures of PHI subject to these additional restrictions.

### **How to Contact River Oak About Your Privacy Rights Described Above**

You may contact the local River Oak office or the River Oak Privacy Officer at the address listed in this notice, to ask any questions you may have about our privacy practice or in order to exercise any of your privacy rights as described above.

If you believe your privacy rights have been violated or a breach involving your PHI has occurred, you may file a complaint with River Oak or with the Secretary of the U.S. Department of Health & Human Services. To file a complaint with River Oak, contact our Privacy Officer at the phone number or address listed in this

notice. You will not be penalized for filing a complaint, and your benefits and treatment will not be affected by any complaints you make.

**River Oak Center for Children – Privacy Officer**  
Karen Vang  
Privacy Officer  
5445 Laurel Hills Drive  
Sacramento, California 95841  
Phone: (916) 609-5100  
Email: [kvang@riveroak.org](mailto:kvang@riveroak.org)

**For More Information**

If you have any questions about this notice or need more information, please contact the Privacy Officer at River Oak.

We reserve the right to change River Oak’s privacy practices and this Notice of Privacy Practices as long as the change is consistent with state and federal law. We reserve the right to make the revised or changed notice effective for health information River Oak already has about you as well as any health information River Oak receives in the future. River Oak will post a copy of the then-current Notice of Privacy Practices at each River Oak facility and on our web site. You may also request the current Notice of Privacy Practices from any clinician. The notice will contain the effective date on the first page in the top right-hand corner. In addition, at any time you may request a copy of the current Notice of Privacy Practices in effect.