



# North Los Angeles County Regional Center

15400 Sherman Way Ste. #170 - Van Nuys, C.A. 91406 - (818) 778-1900  
28470 Avenue Stanford, Ste. #100 - Santa Clarita, C.A. 91355 - (661) 775-8450  
43210 Gingham Avenue - Lancaster, C.A. 93535 - (661) 945-6761

## 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.**

The North Los Angeles County Regional Center (NLACRC) is mandated by law to maintain the privacy of your Protected Health Information (PHI). PHI is information that identifies you in any form (electronic, written, oral, etc.) collected, created, maintained, or received by NLACRC relating to your past, present or future physical/ mental health or condition. We are required by law to provide you, a NLACRC consumer, with this "Notice of Privacy Practices" explaining our legal duties and privacy practices concerning your PHI. We are also required to abide by the terms of the current version of this Notice. In this Notice, the terms "NLACRC", "we", "us", and "our" refer to the North Los Angeles County Regional Center.

### **WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU WITHOUT YOUR WRITTEN PERMISSION IN THE FOLLOWING SITUATIONS:**

**Treatment:** We may use and disclose your PHI for the provision, coordination and/or management of health care and related services. For example, we may disclose your PHI to case managers, doctors, health care providers, vendors, business associates, caregivers, family and other persons who are involved in taking care of you, both within and outside of NLACRC.

**Health Care Operations:** We may use and disclose your PHI for our Operations. For example, activities involving, but not limited to, case management, quality assessment and improvement, risk mitigation, oversight by state and federal agencies, audit, training, and advocacy. This may include sharing your information with the California Department of Developmental Services (DDS), and other California regional centers when required.

**Payment:** We may use your PHI to, for example, determine our responsibility to pay for, or to permit us to bill and collect payment for the treatment and health-related services that you receive.

**Appointment Reminders and Notification:** We may contact you about appointments or provide you with information that may be of your interest.

**Public Health Activities:** We may share your PHI for Public Health Activities, for example, when related to prevention of disease, injury or disability; for tracking and monitoring of certain medical products.

**Judicial Proceedings:** We may use or disclose your PHI for Judicial Proceedings, for example, as part of an administrative hearing, in response to an order of a court, or a subpoena.

**Law Enforcement:** We may share your PHI with Law Enforcement Agencies, for example, to respond to a search warrant or to report a crime.

**Research:** We may use or share your PHI for research approved by NLACRC and an Institutional Review Board, a committee that is responsible, under law, for reviewing and approving research to protect the safety of the participants and the confidentiality of PHI. Participation in any such research may also require your specific authorization.

**Serious Threat to Health or Safety or Disaster Relief:** We may use or share your PHI to prevent serious/ imminent threat to your or another person's health and safety.

**National Security:** We may share PHI with authorized federal officials for intelligence, and other national security activities authorized by Law.

**Coroners, Medical Examiners, Funeral Directors and Organ Donation:** We may share your PHI with these agencies, as applicable by law, to allow these individuals to perform their official duties; for example, to identify a deceased person.

**Correctional Institutions:** If you are under law enforcement custody, we may share your PHI with correctional institutions or law enforcement, as needed, for your health care.

**As Mandated by Law:** We will share your PHI when otherwise required by law.

### **OTHER USES OF PROTECTED HEALTH INFORMATION**

Other uses and disclosures of Protected Health Information not covered by this notice or the laws that apply to us will be made only with your written permission. The permission you provide us to use or disclose your PHI may be revoked in writing at any time. If you revoke your permission, this will stop any further use or disclosure of your PHI for the purposes 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. There are stricter requirements for the use and disclosure of certain types of PHI, for example, records about HIV/AIDS, mental health, drug and alcohol treatment. This type of information can only be released in accordance with those stricter laws.



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## YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION (PHI) INCLUDE:

**Right to Inspect and Copy your Records** You have the right to request in writing to inspect and copy your PHI in designated record sets. If we deny a request, we will do so in writing giving our reasons and you have the right to have that decision reviewed.

**Right to Request Amendments to your Records** If you feel that your PHI is incorrect or incomplete, you have the right to ask in writing that we amend it, stating why we should make the correction or addition. If we deny your request, we will do so in writing giving our reasons, and you may file a written statement of disagreement.

**Right to Request Restrictions** You have the right to request in writing a restriction or limitation of our use or disclosure of your PHI. You may request that your PHI not be shared with others, like a family member or friend. However, by law, we do not have to agree to your request.

**Right to Request Confidential Communications** You have the right to request in writing that we communicate with you in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. When we can reasonably or lawfully agree to your request, we will.

**Right to an Accounting of Disclosures** You have the right to request in writing an accounting of our disclosures of your PHI for up to 6 years before your request, but not for disclosures made before April 14, 2003. An accounting does not include disclosures to carry out Treatment, Health Care Operations, Payment, General Notification, Law Enforcement, National Security, and to Correctional Institutions as well as otherwise Mandated by Law. Additionally, an accounting does not include disclosures for which NLACRC had a signed authorization, disclosures to you, your care giver, or persons acting on your behalf.

**Right to a Paper Copy of this Notice** You have the right to receive a paper copy of this Notice upon request at any time. Copies can be downloaded from [www.nlacrc.org](http://www.nlacrc.org), provided by reception at any of our offices, or through your case manager.

**CHANGES TO THIS NOTICE** We reserve the right to change this Notice and our privacy practices at any time, as long as the change is consistent with state and federal law. Any revised Notice will apply both to the PHI we already have about you at the time of the change, and any PHI created or received after the change takes effect. A copy of the current Notice will be posted at all NLACRC offices in a clear and prominent location. If we change our Notice, you may obtain a copy of the revised Notice from the NLACRC web site, reception, or your case manager.

**QUESTIONS/COMPLAINTS** If you have questions regarding this Notice or our privacy practices, or if you are writing about your PHI, including requests for restrictions on its use or disclosure, or to make a complaint about our privacy practices, please write to NLACRC, Attn: HIPAA Privacy Officer, 15400 Sherman Way, Suite 170, Van Nuys CA 91406, or call 818-778-1900. If you believe your privacy rights have been violated, you may also notify the Secretary of the Department of Health and Human Services (HHS). You will not be penalized for filing a complaint.