

JEWISH FAMILY AND CHILDREN'S SERVICES
Of San Francisco, the Peninsula Marin and Sonoma Counties

HIPAA NOTICE OF PRIVACY PRACTICES

Effective Date: December 2024

**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.**

If you have any questions about this Notice, please contact your healthcare provider or the Privacy Officer, whose contact information is located at the end of this Notice.

WHO WILL FOLLOW THIS NOTICE

In this Notice, terms such as “we”, “us” or “our” refer to Jewish Family and Children's Services (JFCS), and its health care providers, employees, staff, and other personnel. All of the sites and locations of JFCS follow the terms of this Notice.

DEFINITION

“Medical Information” means protected health information, as defined in the Health Insurance Portability and Accountability Act (“HIPAA”) 45 CFR 160.103.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that your Medical Information is personal and we are committed to protecting your Medical Information. We create a record of the care and services you receive from our health care professionals through our programs. 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 health care generated by our health care providers. Your personal doctor or other community-based providers may have different policies or notices regarding their use and disclosure of your Medical Information created in their offices, clinics, or facilities. This Notice will tell you about the ways in which we may use and disclose your Medical Information. We also describe your rights and certain obligations we have regarding the use and disclosure of Medical Information.

We are required by law to:

- Make sure that Medical Information that identifies you is kept private (with certain exceptions).
- Notify all affected individuals of a breach of unsecured Medical Information.

- Give you this notice of our legal duties and privacy practices with respect to your Medical Information; and
- Follow the terms of the Notice that is currently in effect.

If we significantly change our privacy practices, we will revise this Notice and make it available to you at your next appointment. We will also post the revised Notice on our website and in our facilities.

HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION

The following categories describe different ways that we use and disclose your Medical Information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose your Medical Information will fall within one of the below categories.

FOR TREATMENT

We may use and disclose your Medical Information to facilitate your treatment by various health care professionals. Treatment includes providing, coordinating, or managing your health care needs. Treatment can also include consultation and referrals on a need-to-know basis between providers. For example, if JFCS provides homecare services to you and our nurse needs to talk with your physician, JFCS can disclose your Medical Information to coordinate your care. Or your mental health provider may need to talk with your primary care physician about certain medications that have been prescribed. Different staff may also share Medical Information about you in order to coordinate services, such as prescriptions, lab work, and x-rays. We may use Medical Information to provide you with treatment options or alternative treatments or to tell you about health-related products or services. We may use and disclose your Medical Information to contact you as a reminder that you have an appointment for treatment or medical care at JFCS.

FOR PAYMENT

We may use and disclose your Medical Information so that the treatment and services you receive at JFCS may be billed to, and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about mental health services you have received so your health plan will pay us or reimburse us. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

FOR HEALTH CARE OPERATIONS

We may use and disclose your Medical Information for our health care operations, including efforts to improve our care. These uses and disclosures are necessary to run JFCS and make sure that all of our clients receive quality care. For example, we may use your Medical Information to review our treatment and services and to evaluate the performance of our staff in caring for you.

FUNDRAISING ACTIVITIES

JFCS may use your information for fundraising purposes. We may only disclose the following types of information about you: name, address, contact information, age, gender, date of birth. For example, JFCS may contact you in an effort to raise money for JFCS and its operations. With each fundraising communication, you will receive a clear method to elect not to receive further fundraising communications. If you do not want JFCS to contact you for fundraising efforts, you must notify the Privacy Office in writing.

TO INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE

We may disclose your Medical Information, to a friend or family member who is involved in your medical care or to someone who helps pay for your care. However, we will only disclose the Medical Information relevant to your friend or family member's involvement. You will be informed in advance prior to us disclosing your Medical Information to a friend or family member and will have the opportunity to agree, prohibit, or restrict this disclosure. If there is an emergency and it serves your best interest, we may disclose only the relevant Medical Information to your friend or family member. We may disclose your Medical Information to an entity authorized by law to assist in disaster relief efforts to coordinate notification of your location to a family member, personal representative, or another person who is responsible for your care. If you are no longer living, we may disclose your Medical Information to a friend or family member relevant to their involvement in your care, unless you expressed prior preference not to make such disclosure.

AS REQUIRED BY LAW, FOR JUDICIAL AND ADMINISTRATIVE PROCEEDINGS AND OVERSIGHT ACTIVITIES

We will disclose your Medical Information when required to do so by federal, state, or local law. We will limit this disclosure to the relevant requirements of such a law. We may disclose your Medical Information if subject to a court order, subpoena, or discovery request. We must also report certain information for public health activities, or for government health oversight activities, for example if the Medical Board of California is investigating a licensee, we may have to disclose information that could identify you as a patient at JFCS. We must provide information to the Department of Health and Human Services if there is an investigation to determine our compliance with federal privacy law.

FOR PUBLIC HEALTH ACTIVITIES, TO AVERT SERIOUS THREAT TO HEALTH OR SAFETY AND REGARDING VICTIMS OF ABUSE, NEGLECT, OR DOMESTIC VIOLENCE

We may use or disclose your Medical Information for certain situations such as: preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence, or preventing or reducing a serious threat to anyone's health or safety. We will limit this disclosure to the relevant information to protect public health and safety. Depending on the type of information or situation, we may still require your permission to make the disclosure.

FOR WORKER'S COMPENSATION, LAW ENFORCEMENT, OTHER GOVERNMENTAL REQUESTS

We can use or disclose your Medical Information for worker's compensation claims, law enforcement purposes or with a law enforcement official, and for special government functions, such as military, national security, and presidential protective services.

TO MEDICAL EXAMINERS OR FUNERAL DIRECTORS

We can disclose your Medical Information with a coroner, medical examiner, or funeral director when you are no longer living.

FOR ORGAN AND TISSUE DONATION REQUESTS

We can disclose your Medical Information with organ procurement organizations.

FOR RESEARCH

Under certain circumstances, we may use and disclose your Medical Information for health care research. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of Medical Information, trying to balance the research needs with patients' need for privacy of their Medical Information. Before we use or disclose Medical Information for research, the project will have been approved through this research approval process, but we may, however, disclose your Medical Information to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, as long as the Medical Information they review does not leave JFCS.

AUTHORIZATION REQUIRED

Except for the categories of use and disclosure described above, we will not use or disclose your Medical Information without receiving a written authorization executed by you or your personal representative. Certain types of Medical Information, such as HIV test results, mental health information, and drug and alcohol treatment program information, are subject to stricter rules and will be treated with even greater confidentiality in some situations. With certain exceptions, we cannot use or disclose psychotherapy notes, use, or disclose your Medical Information for marketing, or sell your Medical Information without obtaining a written authorization executed by you or your personal representative. You may revoke your authorization at any time, except such revocation will not affect any Medical Information previously used or disclosed by JFCS in reliance upon the authorization.

ATTESTATION REQUIRED

For the following categories of use and disclosure, JFCS may not use or disclose your Medical Information potentially related to reproductive health care without obtaining a written attestation executed by you: health oversight activities, judicial and administrative proceedings, law enforcement purposes, and to coroners and funeral directors.

PROHIBITED DISCLOSURE

We may not use or disclose your Medical Information to identify you for a criminal, civil, or administrative investigation for the mere act of seeking, obtaining, providing, or facilitating reproductive care. This prohibition applies if the reproductive health care is lawful in California and protected, required, or authorized by Federal law. We will presume that such reproductive care is lawful unless we have actual knowledge or substantial evidence to the contrary. For example, if an entity requested your Medical Information for an investigation to determine if there are legal consequences to you seeking birth control, then we would not disclose your Medical Information for the investigation because seeking birth control is legal in California and under federal law.

With certain limited exceptions, California law protects your rights regarding reproductive health by prohibiting:

- JFCS from disclosing reproductive health information which could identify you (including information about your reproductive health, menstrual cycle, fertility, pregnancy, pregnancy outcome, plans to conceive, or type of sexual activity collected by a reproductive or sexual health digital service) without a written authorization executed by you or your personal representative.
- JFCS from disclosing, sharing, or granting access to information in your electronic health records related to you seeking, obtaining, providing, supporting or aiding in the performance of a lawful abortion to an individual or entity from another state, without a written authorization executed by you or your personal representative.
- JFCS from responding to a subpoena or request from another state which intends to interfere with your privacy rights under California law, regarding information related to you seeking or obtaining an abortion.

REDISCLASURE

Any Medical Information disclosed may be redisclosed by the recipient. Such redisclosure is in some cases not prohibited by California law and may no longer be protected by HIPAA. However, California law prohibits the person receiving your Medical Information from making further disclosure of it unless another authorization is obtained or unless such disclosure is specifically permitted or required by law.

SPECIAL CATEGORIES OF INFORMATION

In some circumstances, your Medical Information may be subject to restrictions that may limit or preclude some uses or disclosure described in this notice. For example, there are special restrictions on the use or disclosure of certain categories of information, for example, tests for HIV or treatment for mental health conditions or alcohol and drug abuse. Government health benefit programs, such as Medicaid, may also limit the disclosure of beneficiary information for purposes unrelated to the program.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding the Medical Information we maintain about you.

RIGHT TO INSPECT AND COPY

You have the right to inspect and copy Medical Information that may be used to make decisions about your care. Usually, this includes medical and billing records but may not include some mental health information.

To inspect and copy Medical Information that may be used to make decisions about you, you must submit your request in writing to the JFCS Medical Records Department. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to Medical Information, you may request that the denial be reviewed. Another licensed health care professional chosen by JFCS will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review. If your request to see your mental health information is denied you may arrange to have a third-party professional person review the record on your behalf.

RIGHT TO AMEND

If you feel that 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 JFCS.

To request an amendment, your request must be made in writing and submitted to the JFCS Medical Records Department. In addition, you must provide a reason that supports your request.

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:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for JFCS;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

RIGHT TO AN ACCOUNTING OF DISCLOSURES

You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of Medical Information about you other than our own uses for treatment, payment, and health care operations (as those functions are described above), and with other exceptions pursuant to the law.

To request this list or accounting of disclosures, you must submit your request in writing to the JFCS Medical Records Department. Your request must state a time period which may not be

longer than six years prior to the date of your request. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you 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.

If we maintain records electronically, we can provide you with a list of all disclosures beginning in January 2011. This list may not be longer than three years prior to the date of your request and will only reflect electronic records maintained on or after January 1, 2011.

RIGHT TO REQUEST RESTRICTIONS

You have the right to request a restriction or limitation on the 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 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. For example, you could ask that we not use or disclose information about mental health treatment you might be receiving. We are not required to agree to your request for restrictions. If we do agree, we will comply with your request unless information is needed to provide emergency treatment. We are required to honor your request that we restrict disclosures to your health plan for services paid out of pocket in full.

To request restrictions, you must make your request in writing to the JFCS Medical Records Department. 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; 3) to whom you want the limits to apply, for example, disclosures to your spouse.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS

You have the right to request that we communicate with you about 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.

To request confidential communications, you must make your request in writing the JFCS Medical Records Department. 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 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.

You may obtain a copy of this notice at our website: www.jfcs.org

To obtain a paper copy of this notice please contact your provider or the Privacy Officer.

COMPLAINTS

If you believe your privacy rights have been violated, you may make a complaint to JFCS by calling or writing the Privacy Officer as follows:

Nancy Masters, Associate Executive Director
Jewish Family and Children's Services
2150 Post Street
San Francisco, CA 94115
(415) 419-3602
NancyM@jfcs.org

We will review your claim and take corrective action as needed. You also have the right to file a complaint with the Department of Health and Human Services (HHS) within 180 days of your discovery of the incident leading to your complaint. You can contact HHS by calling or writing:

U.S. Department of Health and Human Services
Office for Civil Rights
Attention: Regional Manager
90 7th Street, Suite 4-100
San Francisco, CA 94103
P – 800-368-1019 F 202-619-3818 TDD 800-537-7697

You will not be retaliated against 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, or professional clinical counselors). You may contact the board online at www.bbs.ca.gov, or by calling (916) 574-7830.

QUESTIONS

If you have any questions about this Notice and want further information, please contact Nancy Masters, Privacy Officer, Jewish Family and Children's Services (415) 419-3602.