

# **RITTER CENTER SAFETY NET PROGRAM**

## **Notice of Privacy Practices**

### **Your Information. Your Rights. Our Responsibilities.**

We care about protecting your private information and supporting your rights. This is our new Notice of Privacy Practices which goes into effect on September 11, 2020. We hope you find it helpful and easy to understand. Please read it carefully. If you have any questions, you can contact our Privacy Officer via email [privacy@rittercenter.org](mailto:privacy@rittercenter.org) and we'll be happy to speak with you!

**This notice describes how substance use treatment information about you, including your health and behavioral health care information, may be used and disclosed. It explains your rights, and how you can get access to your information. Please review it carefully.**

### **Your Privacy**

**You are protected by federal law.**

As a client receiving substance use disorder (SUD) prevention and treatment services by our SUD treatment staff at the Ritter Center Safety Net Program, you have additional privacy protection under federal law.

Private information regarding your health and substance use disorder care is protected by two federal laws including HIPAA and 42 C.F.R Part 2 (usually shortened to "Part 2").

Part 2 includes specific confidentiality provisions relating to the access, use, and disclosure of substance use disorder patient records. These protections go above and beyond the protections described in the regular Ritter Center Notice of Privacy Practices.

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### **Your Rights**

**When it comes to your health information, you have certain rights.**

**We need your consent to disclose your protected health information in most situations.**

Under Part 2, you must give written consent before information identifying you as a patient who needs or is receiving substance use disorder prevention and treatment is disclosed to anyone outside of Safety Net, including to entities or individuals who are paying your insurance claims.

We ask you to help us support your treatment goals by providing a written consent that allows Safety Net staff to disclose your identity and exchange information with other treatment providers in order to provide you the care you need, to obtain payment for care and treatment, and to allow for communication with other professionals involved in your treatment or recovery.

**There are some situations in which we may disclose your information without your consent.**

Under federal law, we may disclose information about your care and treatment for substance use disorder services without your written consent for the following reasons:

- 1) The disclosure is allowed by court order.
- 2) The disclosure is made when there is a situation that poses an immediate threat to the health of any individual and requires immediate medical intervention.
- 3) The disclosure is made to appropriate authorities to report suspected child abuse or neglect.
- 4) The disclosure is made in connection with a suspected crime committed on the premises or a crime against any person who works for us or about any threat to commit such a crime.
- 5) The disclosure is made to a qualified service organization/business associate (for example: a person or organization that provides services to a Part 2 program, such as data processing, bill collecting, or legal, medical, accounting or other professional services).
- 6) The disclosure is made to qualified personnel for research (for example, comparing treatment outcomes of patients who received one type of treatment to those who received another) or an audit or program evaluation.

**There are situations in which we will help to protect individuals from harm to self or others.**

- 1) If we believe you present a serious and imminent risk to your own health and safety, we may call 911 or take other emergency actions as allowed by law.
- 2) If you make a serious threat to harm someone else or other people, we will notify or warn the person(s) and authorities within the limits of the law.

**Ritter Center participates in system-wide health care initiatives.**

- **The Marin Health Gateway Health Information Exchange (HIE).** We participate in a data-sharing and integration service through a secure and confidential HIE electronic system. The HIE enables the appropriate and secure exchange of health information among HHS staff, community clinics in Marin County, Marin General Hospital, Detention Health Services, the Medi-Cal Managed Health Plan and other external partners - assisting healthcare providers and health care officials to make informed decisions, improving coordination and quality of care.
- **You have a right to obtain a list of participating providers upon request.**  
You have a right to opt out of the HIE. Just ask us how and we'll help.
- **Redwood Community Health Center Coalition (RCHC).** We participate in an "organized health arrangement" with RCHC. Through this health arrangement Ritter Center participates in utilization reviews, quality assessments and improvement activities, and payment activities.

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**Additional Rights**

**This section explains other rights and how we will help you with them.**

If you need more information or assistance to complete a form or understand a process, contact our Privacy Officer. The contact information is on the last page of this notice.

**Get an electronic or paper copy of your medical record:**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Your request has to be in writing. Ask us for the form.
- We will provide a copy of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

**You can ask us to correct health information about you that you think is incorrect or incomplete:**

- Your request has to be in writing. We'll give you the form and help if you need it.
- If we say "yes" and agree with your request, we will amend the information in your record.
- We may say "no" to your request, but if so, we'll tell you why in writing within 60 days.

**Request confidential communications:**

- You can ask us to contact you in a specific way. For example, you may have a different number you want us to use to leave a message, or a different address to send mail.
- We will say "yes" to all reasonable requests.

**Get a list of those with whom we've shared information:**

- You can ask for a list (accounting) of the times we've shared your health information for up to two years prior to the date you ask, who we shared it with, and why. Just ask for the form.
- We will include all the disclosures except for treatment, payment, and health care operations (for which you've provided consent), and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**Get a copy of this privacy notice:**

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

**Choose someone to act for you:**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

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## **Your Choices**

**For certain health information, you can tell us your choices about what we share.**

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

**In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation.
- If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest.
- We may also share your information when needed to lessen a serious and imminent threat to health or safety.

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## **Your Right to File a Complaint**

If you feel your privacy rights have been violated and wish to file a complaint, or have any

questions or concerns about our privacy practices, please contact our Privacy Officer:  
[privacy@rittercenter.org](mailto:privacy@rittercenter.org) or call toll-free 888-368-4111

- Filing a complaint will not negatively affect the services you receive from Ritter Center.
  - You may also file a complaint directly with the USDH Office of Civil Rights  
200 Independence Avenue, S.W. Washington, D.C. 20201  
Ph: 877-696-775 [OCRMail@hhs.gov](mailto:OCRMail@hhs.gov) [www.hhs.gov](http://www.hhs.gov)
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## **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
  - We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
  - We must follow the duties and privacy practices described in this notice and give you a copy of it.
  - We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
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## **Full Description of Privacy Laws**

The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), 42 U.S.C. § 1320d et seq., 45 C.F.R. Parts 160 & 164, and the Confidentiality of Substance Use Disorder Patient Records, 42 U.S.C. § 290dd, 42 C.F.R. Part 2 (“Part 2”). Violation of Part 2 is a crime and suspected violations may be reported to appropriate authorities, including the US Attorney in the judicial district where the violation occurs.

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## **Changes to the Terms of This Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. If Ritter Center makes significant changes, you will be informed of the new Notice and offered a copy on your next visit for treatment. The new Notice will be posted on the Ritter Center website. The privacy practices listed in this Notice are effective September 11, 2020.

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## **Acknowledgement of Receipt of the Ritter Center Notice of Privacy Practices by Substance Use Patients**

I acknowledge that I have received and reviewed the Ritter Center Notice of Privacy Practices for Substance Use Patients, which includes particular information relating to the disclosure and use of information relating to substance use treatment (entitled Notice of Privacy Practice Substance Use Patients).

Name/DOB: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_