



Your Information
Your Rights
Our Responsibilities

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.

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record.
- Correct your paper or electronic medical record.
- Request confidential communication.
- Ask us to limit the information we share.
- Get a list of those with whom we've shared your information.
- Get a copy of this privacy notice.
- Choose someone to act for you.
- File a complaint if you believe your privacy rights have been violated.
- Take medications prescribed by a licensed medical professional for medical, mental health, or substance use disorders.
- Cultural needs and preferences.
- Withdraw.
- Accessibility and alternative formats.
- Language and interpretation services.
- Second Opinions and Out-of-Network Access.
- Emergency Medical and Dental Care.
- Clear Grievance Procedure Information.
- Minor Consent Services
- Substance Use Disorder Records (SUD)
- Breach Notification (SUD)
- Complaints (SUD)

>See page 2-3 for more information on these rights and how to exercise them

You have choices in the way that we use and share information as we:

Your Choices

- Tell family and friends about your condition.
- Provide disaster relief.
- Include you in an agency directory.
- Provide mental health care.
- Market our services and/or sell your information.
- Raise funds.

>See page 3 for more information on these choices and how to exercise them

We may use and share your information as we:

Our Uses and Disclosures

- Treat you.
- Run our organization.
- Bill for your services.
- Help with public health and safety issues.
- Do research.
- Comply with the law.
- Work with a medical examiner.
- Address worker's compensation, law enforcement, and other government requests.
- Respond to lawsuits and legal actions.

>See pages 3&4 for more information on these uses and disclosures

Your Rights

When it comes to your health information, you have certain rights.
This section explains your rights and some of our responsibilities to help you.

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. Ask us how to do this. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
Ask us to correct your medical record	You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days.
Request confidential communications	You can ask us to contact you in a specific way (e.g. home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.
Ask us to limit what we use or share	You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, & we may say “no” if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.
Get a list of those with whom we’ve shared information	You can ask for a list of the times we’ve shared your health information for 6 years prior to the date you ask, who we shared it with, & why. We will include all the disclosures except for those about treatment, payment, & health care operations, & certain other disclosures (such as any you asked us to make). We’ll provide one list a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 mos.
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 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.
File a complaint if you feel your rights are violated	You can complain if you feel we have violated your rights by contacting the Compliance department at the address on page 1. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/ We will not retaliate against you for filing a complaint.
Medications that are prescribed by a healthcare professional	You have the right to make decisions about your healthcare & receive information about the risks/benefits. There are limitations, however, such as emergencies or if a person is deemed unable to make their own decisions.
Cultural Needs and Preferences:	Have your cultural needs respected and to be consulted about your preferences and involved in decision-making.
Withdraw	Withdraw from services at any time.
Accessibility and Alternative Formats	Receive written materials in alternative formats (e.g., braille, large print, audio) upon request.
Language and interpretation services.	Access oral interpretation services in your preferred language.
Second Opinions and Out-of-Network Access	Right to request a second opinion from a qualified healthcare professional and to access out-of-network medically necessary services when the required service is not available within the existing network.
Specific Mention of Non-discrimination:	Freedom from discrimination based on race, color, national origin, religion, gender identity, sexual orientation, disability, marital status, or other protected categories.
Ethical and Safe Treatment Environment:	Receive care in an environment free from abuse, exploitation, coercion, or inappropriate behaviors.
Emergency Medical and Dental Care	Be provided access to emergency medical or dental care.
Clear Grievance Procedure Information	File grievances and appeals, includes contact information for DHCS

Minor Consent Services	Minors have a right to consent to specific services as outlined in the participant rights document.
Substance Use Disorder (SUD)	We cannot disclose these records without your written consent unless the law allows it. If you sign a consent form allowing us to share these records for treatment, payment, or healthcare operations, your information may be further shared as permitted by HIPAA, but it cannot be used against you in civil, criminal, administrative or legislative proceedings without a separate court order or authorization
Breach Notification (SUD)	Revoke consent, request restrictions on the use of SUD information, and obtain an accounting of certain disclosures for up to 3 years.
Complaints (SUD)	You will be notified if your substance use disorder records are involved in a breach of unsecured information.
	If you believe your privacy rights under Part 2 or HIPAA have been violated, you may file a complaint with our Privacy Officer or with the U.S. Department of Health and Human Services. You will not face retaliation for filing a complaint.

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
- Include your information in a clinic directory

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.

In these cases we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again. i.e. you may opt out.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you	We can use your health information and share it with other professionals who are treating you.	Example: A doctor treating you for an injury asks another doctor about your overall health condition.
Run our organization	We can use and share your health information to run our practice, improve your care, and contact you when necessary.	Example: We use health information about you to manage your treatment and services.
Bill for your services	We can use and share your health information to bill and get payment from health plans or other entities.	Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information? We are allowed or required to

share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues	<p>We can share health information about you for certain situations such as:</p> <ul style="list-style-type: none"> • Preventing disease • Helping with product recalls • Reporting adverse reactions to medications • Reporting suspected abuse, neglect, or domestic violence • Preventing or reducing a serious threat to anyone's health or safety
Do research	We can use or share your information for health research.
Comply with the law	We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
Work with a medical examiner	We can share health information with a coroner or medical examiner when an individual dies.
Address workers' compensation, law enforcement, and other government requests	<p>We can use or share health information about you:</p> <ul style="list-style-type: none"> • For workers' compensation claims • For law enforcement purposes or with a law enforcement official • With health oversight agencies for activities authorized by law • For special government functions such as military, national security, and presidential protective services
Address workers' compensation, law enforcement, and other government requests	We can share health information about you in response to a court or administrative order, or in response to a subpoena.

We do not create and manage an agency directory of client names.

We do not create and maintain psychotherapy notes.

We will not share substance use treatment records without your written permission except as required by law.

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.

For more information see www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

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. The new notice will be available upon request, in our offices, and on our website.

Effective September 17, 2025

This Notice of Privacy Practices applies to the following organizations:

Buckelew Programs

Privacy Officer/Director of Quality & Compliance:

Grace Hernandez St. Clair, (415) 302-8556 or compliance@buckelew.org