BUCKELEW PROGRAMS
NOTICE OF PRIVACY PRACTICES & CLIENT RIGHTS

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(415) 457-6964 www.buckelew.org

Your Information ♦ Your Rights ♦ Our Uses/Disclosures

YOUR RIGHTS

You have the right to

A copy of your medical record in paper or electronically, including Substance Use Disorder records (SUD)	
Correct your medical record	Request confidential communication
Ask us to limit the information we share	Get a list of those with whom we have shared your information
Get a copy of this privacy notice	Choose someone to act for you
Clear grievance procedure information and SUD grievances	Take medications prescribed by a licensed medical professional for medical, mental health, or SUD
Your cultural needs and preferences	Withdraw from program
Accessibility and alternative formats	Language and interpretation services
Second opinions and out-of-network access	Receive services free from discrimination
Receive services in an ethical and safe environment	Emergency Medical and Dental Care
Minor consent services	Be notified of any breach (SUD)
To know if AI was used in the creation of clinical documentation contained in your health record	

YOUR CHOICES

You can choose in the way we use and share your information as we

Tell family and friends about your condition	Provide mental health care
Provide disaster relief	Market our services and/or sell your information
Include you in an agency directory (if applicable)	Raise Funds

Our Uses and Disclosures

We may use and share your information as we

Treat you	Run our organization	Bill for your services
Help with public health & safety issues	Do research	Comply with the law

Work with a medical examiner	Address worker's compensation, law enforcement, or other government requests
Respond to lawsuits and legal actions	

See page 2-3 for more information on these rights, choices, uses and disclosures

We do not create and manage an agency directory of client names
We do not create and maintain psychotherapy notes
We will not share SUD records without your permission except as required by law

Our Responsibilities

We are required by law to maintain the privacy and security of your protected health information (PHI)
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.

This Notice of Privacy Practices applies to the following organization: **Buckelew Programs**
Privacy Officer/Director of Quality & Compliance: Grace Hernandez, (415) 419-2222 or compliance@buckelew.org

Effective November 3, 2026

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 a copy of your medical record	You can ask us for your health record and other health information we have about you. We will provide a copy of your information within 30 days of your request. There may be a reasonable cost-based fee for a paper copy.
Ask us to correct your medical record	You can ask us to correct anything you think is incorrect or incomplete. We may say no, but we'll let you know why in writing within 60 days if we do.
Request confidential communication	You can ask us to contact you a specific way, e.g. home or office phone. Or ask us to send information to a different address. All reasonable requests will be granted.
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.
Clear grievance information including SUD	You can file a complaint at any time by contacting Buckelew's Compliance department at the address on page 1 or emailing compliance@buckelew.org. You can also file a grievance with your local county office or with the U.S. Government Office for Civil Rights. If you believe your privacy rights under Part 2 or HIPAA have been violated (SUD), you may file a complaint with our Privacy Officer or with the U.S. Department of Health and Human Services. Information about filing grievances is available at any time, just ask. 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.
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. You can revoke consent, request restrictions on the use of SUD information, and obtain an accounting of certain disclosures for up to 3 years.
Breach Notification (SUD)	You will be notified if your substance use disorder records are involved in a breach of unsecured information.
Use of AI	Buckelew implements reasonable safeguards to protect your information which includes appropriate human oversight. Upon request, you may ask if AI tools were used to generate portions of your health record.

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 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.		
We **never** share your information unless you give us written permission for marketing purposes, sale of your information, or most sharing of psychotherapy notes	We ***may*** contact you for fundraising efforts, but you can tell us not to contact you again i.e. opt out.	
How do we typically use or share your health information?		
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	We can share health information about you for certain situations such as: • 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 worker's compensation, law enforcement, or other government requests	We can use or share health information about you: • 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	
Respond to lawsuits and legal actions	We can share health information about you in response to a court or administrative order, or in response to a subpoena.	