

**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.

**OUR PLEDGE REGARDING MEDICAL, MENTAL AND BEHAVIORAL HEALTH INFORMATION**

- We understand that information about you and your health is personal.
- We are committed to protecting information about you.
- We create a record of care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all records of your care generated by Oceanside Supported Living, Inc., whether made by its personnel or provider. Note that your outside provider may have different policies or notices regarding the use and disclosure of your information created in the outside provider's office or clinic.
- This notice will tell you about the ways in which we may use and disclose information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of your information.

**WE ARE REQUIRED BY LAW TO:**

- Make sure that information that identifies you is kept private (with certain exceptions);
- Give you this notice of our legal duties and privacy practices with respect to information about you;
- Post this notice in an obvious location for you to see, and make it available electronically through our website;
- Notify you regarding a breach of your health information;
- Not discriminate on the basis of race, color, religion, national origin, sex, sexual orientation, gender identity, age, or disability; and
- Follow the terms of the notice that is currently in effect.

**HOW WE MAY USE AND DISCLOSE MEDICAL, MENTAL AND BEHAVIORAL HEALTH INFORMATION ABOUT YOU**

The following categories describe different ways that we use and disclose information. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories. Uses and disclosures not described in this notice will be made only with your written authorization.

- 1) Disclosure at Your Request:** We may disclose information when requested by you. This disclosure at your request may require a written authorization by you.

- 2) For Treatment:** We may use information about you to provide you with medical treatment or services. We may disclose information about you to doctors, nurses, technicians, health care students, or other personnel who are involved in taking care of you.

For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process; a doctor treating you for a mental health condition may need to know what medications you are currently taking, because the medications may affect what other medications may be prescribed for you.
- 3) Incidental Uses and Disclosures:** There are certain incidental uses or disclosures of your health information that occur while we are providing services to you or conducting our business. For example, other individuals waiting in the same area may hear your name called. We will make reasonable efforts to limit these incidental uses and disclosures.
- 4) To Individuals Involved in Your Care or Payment for Your Care:** We may release information about you to the San Andreas Regional Center, Department of Developmental Services or person who is designated by you, or your legally authorized representative, to be involved in your care. In addition, we may disclose information about you to an organization assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.
- 5) As Required by Law:** We will disclose information about you when required to do so by federal, state or local law.
- 6) To Avert a Serious Threat to Health or Safety:** We may use and disclose information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

## **YOUR RIGHTS REGARDING YOUR MEDICAL, MENTAL/BEHAVIORAL HEALTH INFORMATION**

You have the following rights regarding information we maintain about you:

- 1) Right to Inspect and Copy:** We may disclose information by providing copies or access for inspection, when requested by you. Such disclosure to a third party, at your request, may require a written authorization by you.
- 2) Right to Amend:** If you feel that 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 us. 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:

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

- 3) 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 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 by law. Your request should indicate in what form you want the list (for example, on paper or electronically). In addition, we will notify you as required by law following a breach of your unsecured protected health information.
- 4) Right to Request Restrictions:** You have the right to request a restriction or limitation on the 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 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. To request restrictions, you must make your request in writing to Oceanside Supported Living. 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; and 3) to whom you want the limits to apply, for example, disclosures to your spouse.
- 5) 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.
- 6) Changes to this Notice:** We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the office. The notice will contain the effective date on the first page.

#### **OTHER USES OF MEDICAL AND MENTAL/BEHAVIORAL HEALTH INFORMATION**

Other uses and disclosures of information not covered by this notice of the laws that apply to us will be made only with your written permission.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE

Individual's Name: \_\_\_\_\_

By signing this form, you agree that you received a copy of the Notice of Privacy Practices of Oceanside Supported Living, Inc. Our Notice of Privacy Practices tells you how we may use and disclose your protected health information.

I, \_\_\_\_\_ received a copy of the Notice of Privacy Practices of OSL.  
Print Name

Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m./p.m. Signature: \_\_\_\_\_

Individual or Legal Representative

If signed by someone other than individual, indicate relationship: \_\_\_\_\_