CHANGES TO OUR NOTICE OF PRIVACY PRACTICES

By law, we must abide by the terms of this Notice of Privacy Practices until we choose to change it. We reserve the right to change this notice at any time in compliance with and as allowed by law. If we change this Notice, the new privacy practices will apply to your medical information that we already have as well as to such information that we may generate in the future. If we change our Notice of Privacy Practices, we will post the new notice in our office, have copies available in our office, and post it on our Web site.

COMPLAINTS

You can complain if you feel we have violated your rights.
- 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 if you make a complaint. If you want to complain to us, send a written complaint to TMCC at the address or fax shown at the beginning of this notice.

CONTACT PRIVACY OFFICIAL

- Our Privacy Official is Marcy Kaplan and her email is mkaplan@tmcc.org and phone number is (310) 271-9999 X219.

EFFECTIVE DATE

This Notice is effective as of August 5, 2019.
GENERAL RULES

We take our legal responsibilities seriously, and care about your privacy. We are obligated by law to give you this Notice of Privacy Practices. It explains our privacy practices with respect to your medical information, which includes mental health information, billing information, demographic information, and other individually-identifiable health information.

TYPICAL USES AND DISCLOSURES

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

• To treat you (“treatment”) We can use your health information and share it with other professionals who are treating you.

Examples: We use this information to set up an appointment with you, and to communicate with your other health care providers. If we refer you to another doctor or clinic, we may also share your information in that case.

• To run our organization (“health care operations”) We can use and share your health information to run our center, improve your care, and contact you when necessary. Example: We use health information about you to manage your treatment and services.

• To bill for your services (“payment”) We can use and share your health information to bill and get payment from you, health plans, or other entities.

Example: We may give information about you to your health insurance plan so it will pay for your services.

Although not required, we may ask that you sign a consent form, expressly giving us permission to use and disclose your information for the purposes listed above, namely, treatment, health care operations, and payment.

APPOINTMENT REMINDERS

We may use your information to call to remind you of scheduled appointments. We may also call to notify you of other available treatments or services that might be helpful to you.

OTHER USES AND DISCLOSURES

We are allowed, or sometimes 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.

• 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.

• Address workers’ compensation, law enforcement, and 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.

Special Restrictions on Uses and Disclosures.

Unless you give us written permission, we will not use or disclose your medical information in these cases:

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

Fundraising. In the case of fundraising, we may contact you for fundraising efforts, but you can tell us not to contact you again.

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.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

The law gives you many rights regarding your mental health information. You can:

• Request a Restriction. Ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment) and payment of confidential care operations. We do not have to agree to do this, but if we agree, we must honor the restrictions that you want. If you pay for a service 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 accommodate this request unless a law requires us to share that information. To ask for a restriction, send a written request to TMCC at the address or fax shown on this notice.