
TARZANA TREATMENT CENTERS, INC.
ACKNOWLEDGEMENT OF RECEIPT
Health Information Management

By signing this form, you acknowledge receipt of the *Notice of Privacy Practices* of Tarzana Treatment Centers, Inc. (TTC). Our *Notice of Privacy Practice* provides information about how we may use and disclose your protected health information. We encourage you to read it in full.

Our *Notice of Privacy Practices* is subject to change. If we change our notice, you may obtain a copy of the revised notice by retrieving it from our website at www.Tarzanatc.org or by calling 818-996-1051.

If you have any questions about our *Notice of Privacy Practices*, please contact:

Health Information Management Supervisor at 818.996.1051, x 3123.

I acknowledge receipt of the *Notice of Privacy Practices* of Tarzana Treatment Centers, Inc.

<i>Signature</i>	<i>Date</i>

INABILITY TO OBTAIN ACKNOWLEDGEMENT

To be completed only if no signature is obtained. If it is not possible to obtain the individual's acknowledgment, describe the good faith efforts made to obtain the individual's acknowledgment, and the reasons why the acknowledgment was not obtained:

<i>Signature of Provider Representative</i>	<i>Date</i>

Comments: _____



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTHCARE INFORMATION ABOUT YOU INCLUDING YOUR DRUG AND ALCOHOL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact:

**Tarzana Treatment Centers, Inc.
Attention: Health Information Management
18646 Oxnard Street
Tarzana, California 91356
(818)-996-1051 ext. 3123**

This notice describes Tarzana Treatment Centers, Inc. (TTC) practices and that of:

- Any health care professional authorized to enter information into your medical chart.
- All departments and units of TTC.
- Any member of a volunteer group we allow to help you while you are in TTC.
- All employees, staff and other TTC personnel.

All these entities, sites and locations follow the terms of this Notice. In addition, these entities, sites and locations may share healthcare information with each other for treatment, payment or operations purposes described in this Notice.

OUR PLEDGE REGARDING HEALTHCARE INFORMATION

We understand that healthcare information about you and your health is personal. We are committed to protecting healthcare information about you. We create a record of the care and services you receive at TTC. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated by TTC. Your hospital may have different policies or notices regarding the hospital or doctor's use and disclosure of your healthcare information created in the clinic or personal doctor.

This Notice will tell you about the ways in which we may use and disclose healthcare information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of healthcare information.

We are required by law to:

- Make sure that healthcare information that identifies you is kept private (with certain exceptions that are listed below);
- Make available to you this Notice of our legal duties and privacy practices with respect to healthcare information about you; and
- Follow the terms of the Notice that is currently in effect. (This Notice may change, in the manner described below under "CHANGES TO THIS NOTICE")

HOW WE MAY USE AND DISCLOSE HEALTHCARE INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose healthcare information. For each category of uses or disclosures, we provide examples, but not every use or disclosure in a category is listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment.** We may use healthcare information about you to provide you with healthcare treatment or services. We may disclose healthcare information about you to doctors, nurses, technicians, mental health professionals, or other hospital personnel who are involved in taking care of you at a hospital. 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. In addition, the doctor may need to tell the dietitian if you have

diabetes so that we can arrange for appropriate meals, Different departments also may share healthcare information about you among themselves, in order to coordinate the different things you need, such as prescriptions, lab work and X-rays. We also may disclose healthcare information about you to people outside the healthcare group who may be involved in your healthcare, such as family members or others we use to provide services that are part of your care.

- **For Payment.** We may use and disclose healthcare information about you so that the treatment and services you receive at TTC may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about surgery you received at a hospital so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive in order to obtain prior approval or to determine whether your plan will cover the treatment.
- **For Health Care Operations.** We may use and disclose healthcare information about you for TTC operations. These uses and disclosures are necessary to run TTC and ensure that all of our patients receive quality care. For example, we may use healthcare information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine healthcare information about many TTC patients to decide what additional services TTC should offer, what services are not needed, and whether certain new treatment are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other TTC personnel for review and learning purposes. We may also combine the healthcare information we have with healthcare information from other medical groups to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of healthcare information, so others may use it to study healthcare and healthcare delivery without learning whom the specific patient is.
- **Appointment Reminders.** We may use and disclose healthcare information to contact you as a reminder that you have an appointment for treatment or healthcare at TTC.
- **Treatment Alternatives.** We may use and disclose healthcare information to contact you and recommend possible treatment options or alternatives that may be of interest to you.
- **Health-Related Products and Services.** We may use and disclose healthcare information to tell you about health-related benefits or services that may be of interest to you.
- **Individuals Involved in Your Care or Payment for Your Care.** We may release healthcare information about you to a friend or family member who is involved in your healthcare only with your written permission.
- **Research.** Under certain circumstances, we may use and disclose healthcare information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of healthcare information, trying to balance the research needs with patient's need for privacy of their healthcare information. Before we use or disclose healthcare information for research being conducted, the project will have been approved through this research approval process. However, we may disclose healthcare information about you to people preparing to conduct a research project, for example, to help them look for patients with specific healthcare needs, so long as the healthcare information they review does not leave TTC. We will always ask for your specific information that reveals who you are, or will be involved in your care at TTC.
- **As Required By Law.** We will disclose healthcare information about you when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose healthcare 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. Any disclosure, however, would only be to someone able to help prevent this threat.
- **Special Situations.** We may also use and disclose healthcare information about you in the situations described under "SPECIAL SITUATIONS" below.

OTHER USES OF HEALTHCARE INFORMATION

An authorization is generally required for the following uses or disclosures, except in very limited circumstances: (1) uses or disclosures of psychotherapy notes; (2) uses or disclosures of protected health information for marketing purposes; and (3) disclosures of protected health information that constitute its sale.

Other new uses and disclosures of healthcare information not covered by this Notice or the laws that apply to us will be made only with your written authorization. A form for those authorizations, both those that you request and those that we request, is available from our Health Information Management Office at the location noted on the first page. If you give us an authorization, you may later revoke that permission in writing, at any time. If you revoke your permission, we will no longer disclose medical information about you for the reasons covered by your written authorization. In that case, however, we will be unable to take back any disclosures we have already made with your permission, and we will still be required to retain our records of the care that we provided to you.

SPECIAL SITUATIONS

Organ and Tissue Donation. If you are an organ donor, we may release healthcare information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, we may release healthcare information about you as required by military command authorities or, in some cases if needed to determine benefits, to the Department of Veterans Affairs. We may also release healthcare information about foreign military personnel to the appropriate foreign military authority.

Worker's Compensation. We may release healthcare information about you for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose healthcare information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect; elders and dependent elders
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities. We may disclose healthcare information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose healthcare information about you in response to a court or administrative order. We may also disclose healthcare information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or which may include written notice to you to obtain an order protecting the information requested.

Law Enforcement. We may release healthcare information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About criminal conduct at TTC; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, descriptions or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors. We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release healthcare information about patients of TTC to funeral directors as necessary to carry out their duties.

National Security, Intelligence and Federal Protective Service Activities. We may release healthcare information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law, and to authorized federal officials where required to provide protection to the President of the United States, other authorized persons or foreign heads of state or conduct special investigations.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release healthcare information, about you to the correctional institution or law enforcement official where necessary for the institution to provide you with healthcare; to protect your health and safety or the health and safety of others; or for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING HEALTHCARE INFORMATION ABOUT YOU

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

Right to Inspect and Copy. You have the right to inspect and copy healthcare information that may be used to make decisions about your care. Usually, this includes healthcare and billing records, but does not include psychotherapy notes that may be created by your provider that are separate from your medical record.

You must submit any request to inspect and copy your healthcare information to any of our Health Information Management office at the location noted on the first page of this Notice, in writing. If you request a copy of your information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request in certain very limited circumstances. If you are denied access to healthcare information, you may request that the denial be reviewed. Another licensed healthcare professional chosen by TTC will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of that review.

Right to Amend. If you feel that healthcare 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 or for TTC.

You must submit a request for an amendment to our Health Information Management office at the location noted on the first page of this Notice, in writing. Your written request must provide a reason that supports your request.

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 was not created by us, unless the person or entity that created the information is no longer available to make the amendment; is not part of the healthcare information kept by or for TTC; is not part of the information which you are permitted to inspect and copy; or is not accurate and complete.

Right to an Accounting of Disclosure. You have the right to request. An “accounting of disclosures.” This is a list of the disclosures we have made of healthcare information about you, with some exceptions. The exceptions are governed by federal health privacy law, and include (1) routine disclosure for treatment, payment and operations conducted pursuant to your signed consent form, and (2) disclosures to you.

You must submit any request for an accounting of disclosures to our Health Information Management office at the location noted on the first page of this Notice, in writing. Your written request must state a time period, which may not be longer than six (6) years and may not include dates before April 14, 2003, when current federal health privacy laws became effectively for TTC. Your request should indicate whether you want the report on paper or electronically. The first report you request within a 12-month period will be free. For additional reports, we may charge you for the costs of providing the report. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the healthcare 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 healthcare we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. Please note that we are not required to agree to your request. However, if we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

You must submit a request for restrictions to our Health Information Management office at the location noted on the first page of this Notice, in writing. Your written request 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.

Right to Request Confidential Communications. You have the right to request that we communicate with you about healthcare matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

You must submit any request for confidential communications restrictions to our Health Information Management office at the location noted on the first page of this Notice, in writing. Your written request must tell us how or where you wish to be contacted. We will not ask you the reason for your request. We will accommodate all reasonable requests.

Right to Request Restrictions to a Health Plan. You have the right to request a restriction on disclosure of your PHI to a health plan (for purposes of payment or health care operations) in cases where you paid out of pocket, in full, for the items received or services rendered.

You must submit a request for restrictions to our Health Information Management office at the location noted on the first page of this Notice, in writing.

Right to a Paper Copy of This Notice. You may ask us to give you a paper copy of this Notice at any time, even if you have agreed to receive this Notice electronically, by contacting our Health Information Management office at the location noted on the first page of this Notice. You may also obtain a copy of this Notice at our website: www.tarzanatc.org

BREACH OF UNSECURED PROTECTED HEALTH INFORMATION

If there is a breach of unsecured protected health information that affects you, Tarzana Treatment Centers is required to notify you of the breach.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice as well as our privacy policy and procedures. When we do, we may make the changed Notice effective for healthcare information we already have about you then as well as any information we receive in the future. We will post a copy of the current Notice in our Entrance Lobbies.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Tarzana Treatment Centers, Inc. or with the Secretary of the Department of Health and Human Services. To file a complaint with TTC, contact our Health Information Management office at the location noted on the first page of this Notice. All complaints must be submitted in writing. **YOU WILL NOT BE PENALIZED FOR FILING A COMPLAINT.**

TARZANA TREATMENT CENTERS, INC.

CONSENT FOR OUTPATIENT MEDICAL TREATMENT

All Facilities and Telehealth

CONSENT TO SERVICES

With my signature below I authorize **TARZANA TREATMENT CENTERS, INC. (TTC)**, its employees, and/or members of its employed or contracted medical staff (hereafter, staff) to perform upon the patient named below, in a face-to-face setting, via telephone or video conference, outpatient services including examinations, procedures, counseling, therapy, treatments, or other TTC services under the general and special instructions of qualified TTC staff. I understand treatments may include the prescribing of appropriate medications.

I authorize TTC staff to photograph me while under the care of the above institution, and agree that the photographic images may be used by TTC for identification purposes only.

RELEASE OF INFORMATION

TTC is subject to State and Federal Confidentiality Regulations. TTC adheres to all HIPAA rules for all patient information, and 42 CFR, Part 2 for drug and alcohol patient information. HIPAA rules permit sharing patient information with other patient care givers to aid in your care. However, if we release any drug and alcohol patient information we will obtain your consent to do so. In the event of an emergency, in a life threatening situation, all information regarding a patient's medical/physical and drug and alcohol status may be released to bona fide medical personnel. Medical records and/or other information may also be released pursuant to a Court Order.

I authorize that information contained in my medical record may be released to any member of my TTC team, for purposes of my care, while I am under treatment provided by TTC.

I authorize TTC to provide information about my treatment to the insurance companies, managed care companies, health plans, and government agencies that pay for or manage my care.

ASSIGNMENT OF BENEFITS AND FINANCIAL AGREEMENT

In the event the undersigned is entitled to benefits of any type whatsoever arising out of any policy of insurance insuring patient or any other party liable to the patient, said benefits are assigned to TTC for application on patient's bill, and it is agreed that the TTC may receive any such payment. Patient or patient's guarantor is responsible for charges not covered by this assignment.

I understand that all charges incurred during my treatment are my responsibility. I understand that, if my treatment is covered by insurance of any type, it is nevertheless my personal obligation to pay for all TTC charges not covered by insurance.

<i>Patient's Signature</i>	<i>Responsible Party Other Than Patient</i>	<i>Date</i>

PATIENT RIGHTS

TTC provides services to patients without regard to race, color, national origin, age, sex, gender identity, or handicap.

ACKNOWLEDGEMENT OF HIV/AIDS/HEPATITIS/TB RISK REDUCTION EDUCATION

I will receive HIV/AIDS / hepatitis / TB education regarding communicable diseases, safer sex and the dangers of injection drug use and HIV/AIDS/hepatitis. I consent to examinations, treatments, procedures and blood tests ordered by my physician and health care providers, including blood tests for HIV/AIDS, hepatitis, and tuberculosis. I understand that state law requires the reporting of certain positive results such as TB, hepatitis and the antibody for the AIDS virus to the health department. I understand that additional information is available upon request. All staff and patients receive considerable education and training regarding HIV and AIDS, and we view our treatment programs as one of the most progressive and comprehensive. Disclosure of certain information may result in positive emotional support from other patients, or negative statements or

discrimination by other patients. We recommend that you discuss with your provider any concerns you might have prior to self- disclosure of personal and medical information to other patients.

CHILD ABUSE REPORTING REQUIREMENT

Section 11166 of the Penal Code, requires any child care custodian, medical practitioner or employee of a child protective agency who has knowledge or observes a child in his or her professional capacity or within the scope of his or her employment whom he or she knows or reasonably suspects has been the victim of child abuse, to report known or suspected instances of child abuse to a child protective agency immediately or as soon as possible. It is the policy of Tarzana Treatment Center to report all cases of suspected child abuse. The Federal Confidentiality Regulations (42 CFR, Part 2) permits the reporting of suspected child abuse and neglect to appropriate State or local authorities in accordance with state law. (See 42 USC 290dd-3 and USC 290CC-3 for Federal Laws and 42 CFR Part 2 for Federal Regulations.)

ELDER ABUSE REPORTING

Senate Bill 3988 defines elder abuse as the abuse of adults by families, friends, or guardians. Elder abuse may include: physical abuse, neglect, mental abuse, or financial exploitation. Tarzana Treatment Center in compliance with Senate Bill 3988, shall report all known or suspected cases of Elder abuse to the Adult Protective Services as required by law.

DOMESTIC VIOLENCE REPORTING

Section 11160 of the Penal Code requires any health practitioner who observes or has knowledge of a patient with physical injuries that are a result of an abusive or assaultive conduct must make a report, both by telephone and in writing, to the local law enforcement agency.

<i>Signature of Patient</i>	<i>Signature of Patient's Agent or Representative</i>

	<i>Relationship</i>

<i>Home Address</i>	<i>Telephone</i>

<i>Witness' Signature</i>	<i>Date</i>	<i>Witness' Signature</i>	<i>Date</i>