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APPROVED BY:  Director	SUPERSEDES 500.04 02/15/2006	ORIGINAL ISSUE DATE 04/14/2003	DISTRIBUTION LEVEL(S) 1

PURPOSE

- 1.1 To establish Los Angeles County Department of Mental Health (LACDMH) responsibilities for the implementation of enhanced protection of medical records also known as protected health information (PHI), as defined by the Federal Health Insurance Portability and Accountability Act (HIPAA), Privacy Regulations. (HIPAA, 45 CFR Parts 160 and 164, Standards for Privacy of Individually Identifiable Health Information)
- 1.2 To assure all applicable County, State and Federal laws, rules and regulations pertaining to client rights to access their medical records and their rights to have those records kept private are appropriately incorporated into LACDMH operations and clearly explained to all LACDMH clients.
- 1.3 To assure all pertinent sources of information within the purview and responsibility of LACDMH are maintained and shared in accordance with all applicable medical records policies, State and Federal regulations and laws.

POLICY

- 2.1 LACDMH shall ensure and protect clients' right to privacy and confidentiality of all sources of their PHI, in accordance with all applicable County, State and Federal laws, policies and procedures, including, but not limited to:
 - 2.1.1 All information and records obtained in the course of providing services to voluntary and involuntary recipients of specified services, including mental health, community mental health, admissions and judicial commitments and mental institutions. (California Welfare and Institutions Code Section 5328)
 - 2.1.2 All PHI as specified in the HIPAA.



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- 2.2 All County workforce members shall receive HIPAA Privacy Awareness Training and orientation to new, revised policy and procedures and forms connected to the implementation of HIPAA Privacy regulations.
- 2.3 It shall be the responsibility of the program/unit manager to assure that distribution and efforts to communicate LACDMH Notice of Privacy Practices (Extensive version - Attachment 1) occurs at **first contact** with new clients and within 60 days for all currently enrolled clients. LACDMH Notice of Privacy Practices (Single Contact - Attachment 3) and LACDMH Acknowledgement of Receipt (Single Contact - Attachment 4, Form No. 601E (Single Contact)) may be used when appropriate for the following situations:
- Walk-in evaluations that do not result in on-going services at the site of evaluation.
 - Mobile evaluations that do not result in hospitalization or referral for on-going services at a clinic site.
 - Mobile evaluations that result in hospitalizations and the client will not be referred to the team’s clinic site (i.e., out of area client).
 - Face to face triage in which the primary activity with the client is interfacing with one or more other agencies to ensure and/or coordinate services.
- 2.4 LACDMH Notice of Privacy Practices (Extensive version - Attachment 1) shall be available to client upon request.
- 2.5 It shall be the responsibility of the Privacy Officer to assure that the Notice of Privacy Practices is re-released at least every three (3) years and after changes to the practices have been formalized by Federal, State and local law or policy.
- 2.6 At the direction of the program/unit manager, workforce members shall take personal responsibility within the scope of their job description to ensure clients receive and understand all parts of the LACDMH Notice of Privacy Practices. For purposes of this policy, the term “workforce member” is used broadly and is defined to mean any permanent or temporary employee, unpaid student, intern, volunteer, and any other person who represents LACDMH in the course of his/her work duties.



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2.7 It shall be the responsibility of the program/unit manager to ensure that students, volunteers, and interns are oriented to understand Notice of Privacy Practices and know how to use the forms associated with it.

PROCEDURE

3.1 LACDMH Responsibilities to Provide Clients with Adequate Notice of LACDMH Uses and Disclosures of Protected Health Information: (HIPAA Public Law 104-191; 45 CFR Sections 164.502 and 164.520)

3.1.1 Provide a printed or electronic copy of LACDMH Notice of Privacy Practices to all clients at “first contact” and every three (3) years after the first date of receipt.

3.1.2 Be prepared to consider alternative means of communicating LACDMH Notice of Privacy Practices to “special” populations, such as individuals who cannot read or who have limited English proficiency.

3.1.3 Use LACDMH approved forms to establish client acknowledgement of Receipt of LACDMH Notice of Privacy Practices (Attachment 2) for audit purposes.

3.1.4 Document in the client’s medical record any failure to obtain a client’s signed or initialed acknowledgement including the reason for not being able to obtain the client’s signed or initialed acknowledgement.

3.1.5 In an emergency treatment situation any delay in offering the LACDMH Notice of Privacy Practices must be documented and pursued at a reasonably practicable time after the emergency treatment situation is over.

3.1.6 Clinical staff admitting or completing an intake, either face to face or over the telephone, shall be prepared to review uses and disclosures of a client’s PHI that **do not** require an authorization from the client (listed below). (HIPAA Law Section 164.512)

3.1.6.1 Treatment, payment and healthcare operations



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- Treatment means
- Payment means
- Healthcare operations means

3.1.6.2 Required by law

3.1.6.3 Research

3.1.6.4 Workers' Compensation

3.1.6.5 Public health activities

3.1.6.6 Health oversight activities

3.1.6.7 Lawsuits and disputes

3.1.6.8 Law enforcement

3.1.6.9 Specialized government functions

3.1.7 Clinical staff admitting or completing an intake, either face to face or on the telephone shall be prepared to review uses and disclosures of a client's PHI that **do** require the client's authorization (listed below). (HIPAA Law Section 164.508)

3.1.7.1 Disclosing information to a family member, parent, or any other person identified by the client.

3.1.7.2 Disclosing PHI to other organizations or agencies that are not considered part of the client's treatment team or responsible for coordination of their care.

3.1.7.3 Disclosing PHI to another agency when a client changes his/her place of residence.



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4.1 LACDMH Responsibilities to Provide Clients with Adequate Notice of Their Rights Regarding Paper and Electronic Records of Their Protected Health Information: (HIPAA Public Law 104-191; 45 CFR Parts 160-164 Sections 164.522, 164.524, 164.526, and 162.528)

4.1.1 Clinical staff admitting or completing an intake, either face to face or on the telephone, must discuss with the client their right to restrict uses and disclosures of their PHI and specify how and where confidential communications shall take place. Use the following LACDMH approved forms for this procedure.

- Request for Restriction on the Manner/Method of Confidential Communications
- Client Request to Restrict Access to Their PHI
- Response to Request for Special Restriction on Use or Disclosure of PHI
- Client Request to Terminate Special Restrictions

4.1.2 Clinical staff admitting or completing an intake, either face to face first contact or on the telephone first contact, must discuss with the client their right to access their PHI. Use the following LACDMH approved forms for this procedure. (LACDMH Policy No. 501.01, Clients' Right to Access Protected Health Information and Confidential Data)

- Client Request to Inspect and/or Copy PHI.
- Response to Client Request to Inspect and/or Copy PHI.

4.1.3 Clinical staff admitting or completing an intake, either face to face first contact or on the telephone first contact, must discuss with the client their right to amend their PHI. Use the following LACDMH approved forms for this procedure.

- Client Request to Amend PHI.
- Response to Client Request to Amend PHI.
- Statement of Client Disagreement/Request to Include Amendment to PHI.
- Notification of Client Amendment to PHI Sent to All Agencies.



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4.1.4 Clinical staff admitting or completing an intake, either face to face first contact or on the telephone first contact with documentation, must discuss with the client their right to receive an accounting of all uses and disclosures of their PHI that have occurred after April 14, 2003. Exceptions to this rule are disclosures for treatment, payment, and healthcare operations and disclosure authorized by the client. Use the following LACDMH approved forms for this procedure.

- Client Request for Accounting of Disclosures of PHI.
- Response to Client Request for Accounting of Disclosure of PHI.

AUTHORITY

1. HIPAA, 45 CFR Parts 160 and 164, Standards for Privacy of Individually Identifiable Health Information
2. HIPAA, 45 CFR Sections 160.103 and 164.500
3. HIPAA Public Law 104-191
4. HIPAA, 45 CFR Sections 164.502 and 164.520
5. HIPAA, 45 CFR Section 164.512
6. HIPAA, 45 CFR Section 164.508
7. HIPAA, 45 CFR Parts 160 and 164 Sections 164.522, 164.524, 164.526, and 162.528
8. LACDMH Policy No. 501.01, Clients' Right to Access Protected Health Information and Confidential Data
9. California Welfare and Institutions Code Section 5328

ATTACHMENT (HYPERLINKED)

1. LACDMH Notice of Privacy Practices (Extensive version) [English](#)
([Available in Spanish](#))
2. LACDMH Acknowledgement of Receipt [English](#)
([Available in Spanish](#))
3. LACDMH Notice of Privacy Practices (Single Contact)* English Only
4. LACDMH Acknowledgement of Receipt (Single Contact) * English Only

* To access Attachment 3 and 4, contact LACDMH HIPAA Privacy Officer



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RESPONSIBLE PARTY

LACDMH Compliance, Privacy, and Audit Services Bureau