



Office: 916-877-6904 | Cell: 530-401-6370 | Fax: 530-653-2419
Email: tj@seniorcareofsacramento.com

HIPAA NOTICE OF PRIVACY PRACTICES

I. 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.

II. OUR LEGAL DUTY

We are required by law to maintain the privacy of your Protected Health Information (PHI) and to provide you with this Notice of our legal duties and privacy practices. We must follow the privacy practices described in this Notice while it is in effect.

- **Breach Notification:** We are required by law to notify you following a breach of your unsecured PHI.
- **California Timeline:** For California residents, notification of a data breach will be made within **30 calendar days** of our discovery of the breach.

III. HOW WE MAY USE AND DISCLOSE YOUR PHI

We use and disclose PHI for treatment, payment, and healthcare operations (TPO).

- **Treatment:** We may disclose PHI to physicians, psychiatrists, and other licensed providers involved in your care.
- **Healthcare Operations:** We may use PHI for quality control, audits, and compliance with applicable laws.
- **Payment:** We may use PHI to bill and collect payment from your insurance company or health plan.
- **Substance Use Disorder (SUD) Records:** Federal law (42 CFR Part 2) provides extra protection for SUD records.
 - We will not disclose SUD records in any civil, criminal, administrative, or legislative proceedings against you without your specific written consent or a court order.
 - If we disclose information to a third party with your consent, it may be subject to **redisclosure** by the recipient and no longer protected by federal privacy law.
- **Fundraising:** We do not use PHI for fundraising. If we were to do so, you would have a clear right to opt out of such communications.

A. Certain Other Uses and Disclosures Do Not Require Your Consent. I may use and/or disclose your PHI without our consent or authorization for the following reasons:

- 1. When disclosure is required by federal, state, or local law; judicial, board, or administrative proceedings; or, law enforcement.** Example: I may make a disclosure to the appropriate officials when a law requires me to report information to government agencies, law enforcement personnel and/or an administrative proceeding.
- 2. If disclosure is compelled by a party to a proceeding before a court of an administrative agency pursuant to its lawful authority.**
- 3. If disclosure is required by a search warrant lawfully issued to a governmental law enforcement agency.**
- 4. If disclosure is compelled by the patient or the patient's representative pursuant to California Health and Safety Codes or to corresponding federal statutes of regulations, such as a Privacy Rule that requires this Notice.**
- 5. To avoid harm.** I may provide PHI to law enforcement personnel or persons able to prevent or mitigate a serious threat to the health or safety of a person or the public.
- 6. If disclosure is compelled or permitted by the fact that you are in such mental or emotional condition as to be dangerous to yourself or the property of others, and if I determine that disclosure is necessary to prevent the threatened danger.**
- 7. If disclosure is mandated by the California Child Abuse and Neglect Reporting law.** Example: If I have a reasonable suspicion of child abuse or neglect.
- 8. If disclosure is mandated by the California Elder/Dependent Adult Abuse Reporting law.** For example, if I have reasonable suspicion of elder abuse or dependent adult abuse.
- 9. If disclosure is compelled or permitted by the fact that you tell me of a serious/imminent threat of physical violence by you against a reasonably identifiable victim or victims.**
- 10. For public health activities.** Example: In the event of your death, if a disclosure is permitted or compelled, I may need to give the county coroner information about you.
- 11. For health oversight activities.** Example: I may be required to provide information to assist the government in the course of an investigation or inspection of a health care organization or provider.
- 12. For specific government function.** Example: I may disclose PHI of military personnel and veterans under certain circumstances. Also, I may disclose PHI in the interests of national security, such as protecting the President if the United States or assisting with intelligence operations.
- 13. For research purposes.** In certain circumstances, I may provide PHI in order to conduct medical research.
- 14. For Worker's Compensation purposes.** I may provide PHI in order to comply with Worker's Compensation laws.
- 15. Appointment reminders and health related benefits or services.** Examples: I may use PHI to provide appointment reminders. I may use PHI to give you information about alternative treatment options, or other health care services or benefits I offer.
- 16. If an arbitrator or arbitration panel compels disclosure,** when arbitration is lawfully requested by either party, pursuant to subpoena *deuces tectum* (e.g., a subpoena for mental health records) or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitration panel.
- 17. I am permitted to contact you, without our prior authorization to provide appointment reminders or information about alternative or other health-related benefits and services that may be of interest to you.**
- 18. If disclosure is required or permitted to a health oversight agency for oversight activities authorized by law.** Example: When compelled by U.S. Secretary of Health and Human services to investigate or assess my compliance with HIPAA regulations.
- 19. If disclosure is otherwise specifically required by law.**

B. Certain Uses and Disclosures Require You to Have the Opportunity to Object.

1. **Disclosures to family, friends, or others.** I may provide your PHI to a family member, friend, or other individual who you indicate is involved in your care or responsible for the payment of your health care, unless you object in whole or in part. Retroactive consent may be obtained in emergency situations.

C. Other Uses and Disclosures Require Your Prior Written Authorization. In any other situation not described in Sections IIIA, IIIB, and IIIC above, I will request your written authorization before using or disclosing any of your PHI. Even if you have not signed an authorization to disclose your PHI, you may later revoke that authorization, in writing, to stop any future uses and disclosures (assuming that I haven't taken any action subsequent to the original authorization) of your PHI by me.

IV. YOUR RIGHTS REGARDING YOUR PHI

- **Right to Access (California Timelines):** You have the right to inspect and receive copies of your PHI.
 - Under California law, we must allow you to **inspect** your records within **5 business days** of a written request.
 - We must provide **copies** within **15 calendar days** of a written request.
- **Right to Restrict Disclosures (Self-Pay):** If you pay for a service in full and out-of-pocket, you have the right to restrict disclosures of that information to your health plan for payment or operations.
- **Right to an Accounting:** You may request a list of certain disclosures we have made of your PHI during the **six years** prior to the date of your request.
- **Right to Amend:** If you believe your PHI is incorrect or incomplete, you may request an amendment in writing. We will respond within **60 days**.

A. The right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask that I limit how I use and disclose your PHI. While I will consider your request, I will put those limits in writing and abide by them except in emergency situations. You do not have the right to limit the uses and disclosures that I am legally required or permitted to make.

B. The Right to Choose How I Send Your PHI to You. It is your right to ask that your PHI be sent to you at an alternate address (for example, sending information to your work rather than your home address) or by an alternate method (for example, via email instead of by regular mail). I am obligated to agree to your request providing that I can give you the PHI, in the format your requested, without undue inconvenience.

C. The Right to Get This Notice by Email. You have the right to get this notice by email. You have the right to request a paper copy of it, as well.

V. HOW TO COMPLAIN

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer or the Secretary of the U.S. Department of Health and Human Services. We will take no retaliatory action against you for filing a complaint.

Privacy Officer: Therese Johnson

Phone: (530) 401-6370

Address: P.O. Box 4596, Auburn, CA 95603

EMPLOYEE ACKNOWLEDGMENT: HIPAA & PATIENT RIGHTS POLICIES

Provider: Senior Care of Sacramento

Privacy Officer: Therese Johnson

Employee Statement of Understanding

I, the undersigned employee, acknowledge that I have received, read, and been trained on the updated **HIPAA Notice of Privacy Practices** (effective February 16, 2026). I understand that protecting Patient Health Information (PHI) is a core legal duty of my employment.

Key Compliance Commitments

By signing this form, I agree to the following:

- **Substance Use Disorder (SUD) Protections:** I understand that records identified under 42 CFR Part 2 carry heightened protections and cannot be used in legal proceedings against a patient without specific consent or a court order.
- **Breach Notification:** I understand I must immediately report any suspected or actual privacy breach to Therese Johnson so that the practice can meet the **30-day California notification deadline**.
- **Patient Rights Execution:** I acknowledge that patients have the right to inspect records within **5 business days** and receive copies within **15 calendar days** under California law.
- **Self-Pay Restrictions:** I will honor patient requests to withhold information from health plans if the patient has paid for the service in full out-of-pocket.
- **Confidentiality:** I will only access the minimum necessary PHI required to perform my job duties.
- **Dignity and Respect:** I will treat all clients with personal dignity and respect their personal values and belief systems.

Acknowledgment of Responsibility

I understand that any violation of these privacy practices or the unauthorized disclosure of PHI may result in disciplinary action, up to and including termination of employment, and may also lead to personal civil or criminal legal penalties under HIPAA.

Employee Name (Print): _____

Employee Signature: _____

Date: _____

Supervisor/Privacy Officer Signature: _____

Client Rights and Responsibilities

- Clients have the right to be treated with personal dignity and respect.
- Clients have the right to care that is considerate and respects member's personal values and belief systems.
- Clients have the right to personal privacy and confidentiality of information.
- Clients have the right to receive information about Therese Johnson's services, clinical guidelines, quality improvement program, and patient rights and responsibilities.
- Clients have the right to reasonable access to care, regardless of race, religion, gender, sexual orientation, ethnicity, age or disability.
- Clients have the right to participate in an informed way in the decision making process regarding their treatment planning.
- Clients have the right to discuss with their providers the medically necessary treatment options for their condition regardless of cost or benefit coverage.
- Clients have the rights of clients' families to participate in treatment planning as well as the right of members over 12 years old to participate in such planning.
- Clients have the right to individualized treatment, including:
 - Adequate and humane services regardless if the source(s) of financial support,
 - Provision of services within the least restrictive environment possible,
 - An individualized treatment or program plan, and
 - An adequate number of competent, qualified, and experienced professional clinical staff to supervise and carry out the treatment or program plan.
- Clients have the right to participate in the consideration of ethical issues that arise in the provision of care and services, including:
 - Resolving conflict,
 - Withholding resuscitative services,
 - Forgoing or withdrawing life-sustaining treatment, and
 - Participation in investigational or clinical trials.
- Clients have the right to designate a surrogate decision-maker if the client is incapable of understanding a proposed treatment or procedure or is unable to communicate his or her wishes regarding care.
- Clients and their families have the right to be informed of their rights in a language they understand.
- Clients have the right to voice complaints or appeals about Senior Care of Sacramento, the care provider, or privacy practices.
- Clients have the right to request to inspect and obtain a copy of their Protected Health Information (PHI), to amend their PHI, to restrict the use of their PHI, and to receive an accounting of disclosures of PHI.
- Clients have the right to make recommendations regarding Senior Care of Sacramento patient rights and responsibilities policies.
- Clients have the right to be informed of rules and regulations concerning client's conduct.
- Clients have the responsibility to give their provider and Senior Care of Sacramento information needed in order to receive care.
- Clients have the responsibility to follow the agreed upon treatment plan and instructions for care.
- Clients have the responsibility to participate, to the degree possible, in understanding their behavioral health problems and developing with their provider mutually agreed upon treatment goals.

I understand all clients of Senior Care of Sacramento are entitled to the above HIPAA Notice of Privacy Practices and I will adhere to these practices for their clients:

Print Name

Signature