



HOTEL CALIFORNIA

By the Sea

HOTEL CALIFORNIA BY THE SEA, LLC.

2811 Villa Way, Newport Beach, CA 92663

www.hotelcaliforniabythesea.com

(800) 762-6717

NOTICE OF PRIVACY PRACTICES

HOTEL CALIFORNIA BY THE SEA, LLC.

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.

I. PRIVACY POLICY

HOTEL CALIFORNIA BY THE SEA, LLC., HOTEL CALIFORNIA BY THE SEA HUNTINGTON BEACH, HOTEL CALIFORNIA BY THE SEA BELLEVUE, HOTEL CALIFORNIA BY THE SEA CINCINNATI, and its facilities, employees, and all associates (*collectively* “*HCBS*”) are committed to providing you with high quality behavioral healthcare treatment and services for the disease of addiction, substances use disorders and mental health conditions. An important part of that commitment is protecting your health information in accordance with the applicable laws, rules, and regulations. PROTECTED HEALTH INFORMATION (“PHI”) is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical and/or behavioral health or condition; the provision of healthcare services; or the past, present, or future payment for the provision of treatment and services to you.

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.

II. YOUR RIGHTS

When it comes to your health information, you have certain rights.

This Section explains your rights and some of our responsibilities to help you.

Get an Electronic or Paper Copy of Your Medical Records

You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information, usually within 30 days of your request.

Choose Someone to Act for You

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

Ask Us to Correct Your Medical Record

You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request Confidential Communications

You can ask us to contact you in a specific way (*e.g., home phone, office phone, work email, personal email*) or to send mail to a different address. We will say “yes” to all reasonable requests.

Get a Copy of This Privacy Notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Ask Us to Limit What We Use or Share

You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.

If you pay for a service or health care item 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 say “yes” unless the law requires us to share that information.

Get a List of Those With Whom We’ve Shared Information

You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.

We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).

File a Complaint If You Feel Your Rights are Violated

You can complain if you feel we have violated your rights by contacting us directly by sending a letter to: Hotel California by the Sea, LLC. Attn: Privacy Officer, 2811 Villa Way, Newport Beach, CA 92663. You may also call us at (800) 762-6717.

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 for filing a complaint.

III. YOUR CHOICES

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us and tell us what you want us to do.

In These Cases, You Have Both the Right and Choice to Tell Us To:

- Share information with your mother, father, brother, sister, or other specified family members.
- Share information with your spouse or significant other.
- Share information with your close friends.
- Share information with your lawyer.
- Share information with your primary care physician.
- Share information with your other designated treatment providers.
- Share information with your employer and/or human resources representative.
- Share information with a probation officer or other supervisory official.
- Share information with anyone else specifically designated by you that is involved in your care.

You also have both the right and choice to specify the amount, level, degree, and/or nature of the information that is shared with the person(s) you have authorized.

- Unless an exception applies, we will not share your information with the above-stated people without your authorization.
- You have the right to revoke your authorization at any point in time.
- Any authorization that you provide for us to share your information will expire one (1) year after your signature. Thereafter, you will need to provide a new authorization in the event that you wish the authorization continue.

Voluntary Treatment and Services

All treatment and services that we offer and provide are voluntary. Treatment and services provided at HCBTS are your individual choice. HCBTS does not offer or provide involuntary treatment. You are free to terminate your treatment and services with us at any time.

We Do *Not* Share Your Information for marketing purposes, sale, or for fundraising purposes.

CONFIDENTIALITY OF SUBSTANCE USE DISORDER AND MENTAL HEALTH RECORDS

The confidentiality of substance use disorder and/or mental health records that we produce, use, and maintain are protected by Federal and State laws, rules, and regulations. HCBTS protects, preserves, secures, and maintains the privacy and security of our clients protected health information. HCBTS takes this responsibility very seriously and understands the importance of applying heightened protections, safeguards, and confidentiality to the substance use disorder and mental health records that we produce, use, and maintain in accordance with the applicable laws, rules, and regulations. HCBTS will not disclose the substance use disorder and/or mental health records without first obtaining the Client's specific written consent, except as otherwise specified herein or required by the governing laws, rules, and regulations. The written consent and request for release of records shall specify the person(s) or entity to whom the records are to be disclosed, the specific records to be disclosed, and the purpose for the disclosure.

Presence in Our Care For Treatment

Due to the fact that the disclosure of your presence in our care for treatment would in and of itself disclose protected health information (i.e., that you are receiving treatment for the disease of addiction, substance use disorder(s), and/or mental health conditions), we will not confirm your presence in our care unless you have authorized us to disclose this information to the person calling.

Confidentiality of Psychotherapy Notes, HIV/AIDS, Sexually Transmitted Disease Records

The confidentiality of Psychotherapy Notes and Records containing information regarding HIV/AIDS or Sexually Transmitted Disease status are protected by Federal and State laws, rules, and regulations. HCBTS protects, preserves, secures, and maintains the privacy and security of our clients protected health information. HCBTS takes this responsibility very seriously and understands the importance of applying heightened protections, safeguards, and confidentiality to the Psychotherapy Notes and Records containing information regarding HIV/AIDS or Sexually Transmitted Disease that we maintain in accordance with the applicable laws, rules, and regulations. HCBTS will not disclose the Psychotherapy Notes or Records containing information regarding HIV/AIDS or Sexually Transmitted Disease without first obtaining the Client's specific written consent, except as otherwise specified herein or required by the governing laws, rules, and regulations. The written consent and request for release of records shall specify the person(s) or entity to whom the records are to be disclosed, the specific records to be disclosed, and the purpose for the disclosure.

IV. OUR USES & DISCLOSURES

Provide Treatment and Services To You

We can use your health information and share it with other professionals who are treating you. (e.g., a doctor treating you for a behavioral health condition asks another doctor about your overall health condition). We may also use or disclose your PHI between or among personnel in connection with the performance of their duties that arise out of the provision of treatment, diagnosis, coordination of care, and/or other services provided to you. We can also use and disclose your protected health information to obtain authorization and/or certification from your insurance company (utilization review) in order to provide covered treatment and services to you.

Operate and Run HCBTS

We can use and share your health information to operate and run Hotel California by the Sea's business, organization, and practice. We can also use and share your information for coordination of care purposes, to improve your care, and to contact you when necessary. For example, we may use health information about you to manage your treatment and services. Another example of how we can use and share your information in order to conduct our healthcare business and to perform functions associated with our business activities is for the purposes of licensure, certification, and accreditation.

Billing and Payment for HCBTS Treatment and Services

We can use and share your information to bill and get payment from health plans or other entities responsible for payment. For example, we give information about you to your health insurance plan so it will pay for your services. Your PHI may also be used in connection with billing statements we send you and in connection with tracking charges and credits to your account. Your PHI can also be used to perform a verification of your insurance benefits to ensure you are eligible to receive treatment with us and to prepare claims for your insurance company where appropriate.

Reasonably Necessary to Prevent or Lessen a Serious and Imminent Threat to Your Health and/or Safety

We can use and share your information when reasonably necessary to prevent or lessen a serious and imminent threat to your health and/or safety. We may engage in communications and disclosures of information that we believe necessary in good faith to be reasonably necessary to prevent or lessen a serious and imminent threat to your health and/or safety. We may engage in communications and disclosures to a person or persons that we believe in good faith to be reasonably able to prevent or lessen a serious and imminent threat to your health and/or safety.

Minimum Necessary

We implement reasonable measures to limit our uses and disclosures of PHI to the minimum amount of PHI or records that are reasonably necessary to accomplish the intended purpose.

Audit and Evaluation Activities

We may use and share your information to persons conducting certain audit and evaluation activities, provided the person agrees to certain restrictions on disclosure of information.

Business Associates

We may use and share your PHI with Business Associates that are contracted by us to perform services on our behalf which may involve receipt, use or disclosure of your PHI. For example, we may use a Business Associate for billing and payment matters, who are subject to a Business Associate Agreement whereby they agree to terms, restrictions, and conditions regarding your PHI, which includes but is not limited to agreeing to protect the privacy and security of your PHI and to use and disclose PHI only for billing and payment services.

Compliance with Governing Federal and State Laws, Rules, and Regulations

We can use and share your health information:

- (1) To comply with the applicable governing Federal and State laws, rules, and regulations. This includes but is not limited to: 45 CFR Parts 160 and 164, and California Civil Code § 56 et. seq.;
- (2) If Federal or State laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy laws.
- (3) When we are required to report under state law incidents of suspected child abuse or neglect to the appropriate state or local authorities; however, we will not disclose original patient records under this circumstance without consent.
- (4) With a coroner, medical examiner, or funeral director in the event of death.
- (5) When legally required and/or with valid authorization in response to court or administrative order, or in response to a subpoena.
- (6) To disclose the minimum necessary information to law enforcement that is directly related to the commission of a crime on the premises, or against our personnel, or to a threat to commit such a crime.
- (7) To address workers' compensation matters.

CONTACT US ABOUT THIS NOTICE OF PRIVACY PRACTICES

HOTEL CALIFORNIA BY THE SEA, LLC.

Attn: Privacy Officer

2811 Villa Way

Newport Beach, CA 92663

Phone: (800) 762-6717

CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Last Revised: March 12, 2018.

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