

**RUBICON PROGRAMS INC.
PROVIDER NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW CONFIDENTIAL HEALTH INFORMATION ABOUT YOU MAY
BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.**

Rubicon Programs is committed to protecting your confidential health information and following all state and federal laws related to the protection of your confidential health information. This notice tells you about the ways in which we may use and disclose confidential health information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of confidential health information.

How we may use and disclose confidential health information about you

FOR TREATMENT We may use confidential health information about you to provide you with treatment or services. We may disclose confidential health information about you to doctors, nurses, therapists, counselors, interns, or other health care personnel who are involved in taking care of you, including offering you medical advice, or to interpreters needed in order to make your treatment accessible to you. We also may disclose confidential health information about you to people outside our facilities who may be involved in your continuing medical care, such as treatment facilities, other health care providers, case managers, community agencies, family members, and affiliated pharmacies.

FOR PAYMENT We may use and disclose confidential health information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company, or a third party. We may also share your information, when appropriate, with other government programs such as MediCal, in order to coordinate your benefits and payments. We may use or disclose confidential health information about you to determine eligibility for programs, facilitate payment for the treatment and services you receive, determine responsibility for payment, and to coordinate benefits.

FOR HEALTH CARE OPERATIONS We may use and disclose confidential health information about you for certain health care operations. For example, we may use your confidential health information to review the quality of the treatment and services we provided, to educate our health care professionals, and to evaluate the performance of our staff in caring for you. We may also combine confidential health information about many patients to decide what additional services we should offer. Your confidential health information may also be used or disclosed

for licensing or accreditation purposes. Rubicon may use and disclose health information about you to carry out necessary operations activities. Examples include: conducting or arranging quality review, legal and audit services, fraud and abuse detection, business planning, management, and general administration.

FOR REMINDERS We may contact you to remind you that you have an appointment, or that you should make an appointment.

FOR TREATMENT ALTERNATIVES We may tell you about or recommend possible treatment options or alternatives that may be of interest to you.

TO FAMILY AND OTHERS WHEN YOU ARE PRESENT Sometimes a family member or other person involved in your care will be present when we are discussing your confidential health information. If you

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object, please tell us and we won't discuss your confidential health information, or we will ask the person to leave.

TO FAMILY AND OTHERS WHEN YOU ARE NOT PRESENT There may be times when it is necessary to disclose your confidential health information to a family member or other person involved in your care because there is an emergency, you are not present, or you lack the decision making capacity to agree or object. In those instances, we will use our professional judgment to determine if it is in your best interest to disclose your confidential health information. If so, we will limit the disclosure to the confidential health information that is directly relevant to the person's involvement with your health care. For example, we may leave a message with someone to have you call us.

FOR RESEARCH Research of all kinds may involve the use or disclosure of your confidential health information. Your confidential health information can generally be used or disclosed for research without your permission if an Institutional Review Board (IRB) approves such use or disclosure. An IRB is a committee that is responsible, under federal law, for reviewing and approving human subjects research to protect the safety and welfare of the participants and the confidentiality of confidential health information. Rubicon staff may also conduct follow-up contacts to assess your progress after you have completed services at Rubicon Programs.

AS REQUIRED BY LAW We will disclose confidential health 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 your confidential health information when necessary to prevent or lessen a serious and imminent threat to your health

or safety or someone else's. Any disclosure would be to someone able to help stop or reduce the threat.

FOR DISASTER RELIEF We may disclose your name, city where you live, age, sex, and general condition to a public or private disaster relief organization to assist disaster relief efforts, and to notify your family about your location and status, unless you object at the time.

FOR WORKER'S COMPENSATION We may release confidential health information about you to workers' compensation or similar programs, as required by law. For example, we may communicate your confidential health information regarding a work related injury or illness to claims administrators, insurance carriers, and others responsible for evaluating your claim for workers' compensation benefits.

FOR PUBLIC HEALTH DISCLOSURES We may use or disclose confidential health information about you for public health purposes. These purposes generally include the following:

- to prevent or control disease (such as tuberculosis), injury, or disability;
- to report suspected child abuse or neglect, or to identify suspected victims of abuse, neglect, or domestic violence;
- to report reactions to medications or problems with products or medical devices;
- 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; and
- to comply with federal and state laws that govern workplace safety.

FOR HMIS (HOMELESS MANAGEMENT INFORMATION SYSTEM) We may use and disclose your Protected Personal Information and your Protected Health

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Information if you participate in a program governed by HUD. Note that except for Rubicon's access to information and required disclosures for oversight and compliance auditing, all uses and disclosures for this purpose only, are permissive and not mandatory.

FOR HEALTH OVERSIGHT ACTIVITIES
As health care providers, we are subject to oversight by accrediting, licensing, federal, and state agencies. These agencies may conduct audits on our operations and activities, and in that process they may review your confidential health information.

FOR LAWSUITS AND OTHER LEGAL ACTIONS *In connection with lawsuits, or other legal proceedings, we may disclose confidential health information about you in response to a court or administrative order, or in response to a subpoena, discovery request, warrant, summons, or other lawful process. We may disclose your confidential health information to courts, attorneys, and court employees in the course of certain judicial or administrative proceedings. We may also use and disclose your confidential health information, to the extent permitted by law, without your consent to defend a lawsuit.*

FOR LAW ENFORCEMENT If asked to do so by law enforcement, and as authorized or required by law, we may release confidential health information:

- to identify or locate a suspect, fugitive, material witness, or missing person;
- about a suspected victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- about a death suspected to be the result of criminal conduct;
- about criminal conduct at one of our facilities; and

- in case of a medical emergency, to report a crime; the location of the crime or victims; or the identity, description, or location of the person who committed the crime.

TO CORONERS AND FUNERAL DIRECTORS We may release confidential health information to a coroner or medical examiner to identify a deceased person or determine the cause of death. We may also release confidential health information about patients to funeral directors as necessary to carry out their duties or for organ donation purposes.

INMATES If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release confidential health information about you to the correctional institution for certain purposes, for example, to protect your health or safety or someone else's. Note: Under the federal law that requires us to give you this Notice, inmates do not have the same rights to control their confidential health information as other individuals.

All other uses and disclosures of your confidential health information require your prior written authorization. Other uses and disclosures of confidential health information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose confidential health information about you, you may revoke that permission, in writing, at any time. Please note that the revocation will not apply to any authorized use or disclosure of your confidential health information that took place before we received your revocation.

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Your rights regarding your confidential health information

Your confidential health information is the property of Rubicon Programs Inc. You have the following rights, however, regarding your confidential health information, such as your medical and billing records. This section describes how you can exercise these rights.

RIGHT TO INSPECT AND COPY You have the right to see and receive copies of your confidential health information that was used to make decisions about your care, except for psychotherapy notes; information compiled in reasonable anticipation of legal action or proceeding; and confidential information related to certain laboratory tests. We may deny some or all of your request to inspect and copy your records in certain very limited circumstances. We may also give you a summary or explanation of your records instead of providing copies. If you are denied access to medical information, in most cases, you may have the denial reviewed. All requests for file access must be made in writing to the Rubicon Privacy Officer at 2500 Bissell Ave., Richmond, CA 94804. All written requests must include the following information:

- Participant's complete name (include the name used while attending the program)
- Participant's date of birth and/or social security number
- The approximate date of attendance in the program
- Indication of what portion of the record access to or copies are being requested

We may charge a reasonable fee for the costs of preparing a summary, copying, mailing, or other costs associated with your request. If we don't have the record you

asked for but we know who does, we will tell you whom to contact to request it.

RIGHT TO CORRECT OR UPDATE YOUR CONFIDENTIAL HEALTH INFORMATION

If you feel that your confidential health information is incorrect or important information is missing, you may request that we correct or add to (amend) your record. Please write to us and tell us what you are asking for and why we should make the correction or addition. Submit your request to Participant Records, 2500 Bissell Ave. Richmond, CA 94804. We may deny your request 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;
- is not a part of the confidential health information kept by or for us;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete in the record.

We will let you know our decision within 60 days of your request. If we agree with you, we will make the correction or addition to your record. If we deny your request, you have the right to submit an addendum, or piece of paper written by you, not to exceed 250 words, with respect to any item or statement you believe is incomplete or incorrect in your record. If you clearly indicate in writing that you want the addendum to be made part of your medical record, we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect. If we deny your request for amendment, you have the right to file a statement of disagreement with us, and your medical record will note the disputed information.

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RIGHT TO AN ACCOUNTING OF DISCLOSURES You have the right to receive a list of the disclosures we have made of your confidential health information. An accounting or list does not include certain disclosures, for example, disclosures to carry out treatment, payment, and health care operations; disclosures that occurred prior to April 14, 2003; disclosures which you authorized us in writing to make; disclosures of your confidential health information made to you; disclosures to persons acting on your behalf. To request this list or accounting of disclosures, you must submit your request in writing to: Participant Records, 2500 Bissell Ave. Richmond, CA 94804. Your request must state the time period to be covered, which may not be longer than six years and may not include dates before April 14, 2003. You are entitled to one disclosure accounting in any 12 month period at no charge. If you request any additional accountings less than 12 months later, we may charge a fee.

RIGHT TO REQUEST LIMITS ON USES AND DISCLOSURES OF YOUR CONFIDENTIAL HEALTH INFORMATION

You have the right to request a restriction or limitation on the confidential health information we use or disclose about you for treatment, payment, or health care operations. However, by law, we do not have to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in

writing to: Participant Records, 2500 Bissell Ave. Richmond, CA 94804. In your request, you 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. We are not required to agree to a restriction that you may request, but if we do agree, then we must act accordingly.

RIGHT TO CHOOSE HOW WE SEND CONFIDENTIAL HEALTH INFORMATION TO YOU

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only phone you at work or use a P.O. Box when we send mail to you. To request confidential communications, you must make your request in writing, specify how or where you wish to be contacted, and submit it to Participant Records, 2500 Bissell Ave. Richmond, CA 94804. We will accommodate reasonable requests. We will not request an explanation from you as to the basis for the request.

RIGHT TO A PAPER COPY OF THIS NOTICE You have the right to a paper copy of this Notice upon request. One way to obtain a paper copy of this Notice is to ask at the Front Desk, ask your counsel or make a request to Participant Records, 2500 Bissell Ave. Richmond, CA 94804. You may also obtain a copy of this Notice of Privacy Practices on our website at:

<http://www.Rubiconprograms.org>.

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Changes to this Notice

We may change this Notice and our privacy practices at any time, as long as the change is consistent with state and federal law. Any revised Notice will apply both to the confidential health information we already have about you at the time of the change, and any confidential health information created or received after the change takes effect. We will post a copy of our current Notice in all of Rubicon Programs Inc.'s facilities and on our website at: <http://www.Rubiconprograms.org>. The effective date of the Notice will be on the lower right hand corner of each page.

Questions

If you have any questions about this Notice, please contact the Privacy Officer for Rubicon Programs at 510-235-1516.

The Office for Civil Rights has established a toll free "privacy line" to enable the public to ask questions related to the privacy regulations. The privacy line can be reached at 1-866-627-7748.

Complaints

If you believe your privacy rights have been violated, you may file a complaint in writing to the Privacy Officer of Rubicon Programs Inc. 2500 Bissell Ave., Richmond, CA 94804.

You may file a written complaint with the secretary of the Department of Health & Human Services. Instructions on how to file a compliant can be found on the Office for Civil Rights website at: <http://www.hhs.gov/ocr/newfaq.html>. We will not take retaliatory action against you if you file a complaint about our privacy practices.