



**MASONIC HOMES OF CALIFORNIA,
MASONIC CENTER FOR YOUTH AND FAMILIES (MCYAF)**

**NOTICE OF PRIVACY PRACTICES
FOR PROTECTED HEALTH INFORMATION**

*THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU AND YOUR TREATMENT MAY
BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO YOUR INFORMATION.*

PLEASE REVIEW THIS CAREFULLY.

INTRODUCTION

During the course of providing services to you, Masonic Homes of California doing business as Masonic Center for Youth and Families (MCYAF) gathers, creates, and retains certain personal information about you that identifies who you are and relates to your past, present, or future physical or mental condition, the provision of mental health services to you, and payment for your services. This personal information is characterized as your “protected health information.” This Notice of Privacy Practices describes how MCYAF maintains the confidentiality of your protected health information, and informs you about the possible uses and disclosures of such information. It also informs you about your rights with respect to your protected health information.

MCYAF RESPONSIBILITIES

MCYAF is required by federal and state law to maintain the privacy of your protected health information. MCYAF is also required by law to provide you with this Notice of Privacy Practices that describes MCYAF’s legal duties and privacy practices with respect to your protected health information. MCYAF will abide by the terms of this Notice of Privacy Practices.

MCYAF reserves the right to change this or any future Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that it maintains, including protected health information already in its possession. If the change reflects a material change in its privacy policies and procedures, MCYAF will provide the new Notice to you. In all other situations where MCYAF changes its Notice of Privacy Practices, it will post a revised notice on its website at www.mcyaf.org.

USE AND DISCLOSURE WITH YOUR AUTHORIZATION

MCYAF will require a written authorization from you before it uses or discloses your protected health information, unless a particular use or disclosure is expressly permitted or required by law without your authorization. MCYAF has prepared an authorization form for you to use that authorizes MCYAF to use or disclose your protected health information for the purposes set forth in the form. You are not required to sign the form as a condition to obtaining treatment or having your care paid for. If you sign an authorization, you may revoke it at any time by written notice.



MCYAF then will not use or disclose your protected health information, except where it has already relied on your authorization or as permitted or required by law.

HOW MCYAF MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION

Permissive Disclosures

MCYAF may, in its discretion, use or disclose your protected health without your written authorization in the following circumstances:

- Your Care and Treatment – MCYAF may use or disclose your protected health information to provide you with or assist in your treatment, care and services.
- De-Identified Health Information – MCYAF may “de-identify” your health information by either the statistical method or removal method and use the de-identified information.
- Billing and Payment –
 - Health Insurers. When we provide services to our clients, including residents of Masonic Homes, we may use their protected health information, or disclose their protected health information, to health insurers (including private insurers, HMOs, the VA, Medicare, and Medi-Cal), in order to bill and receive payment from those health insurers for services that you receive. The information on or accompanying our bill may include information that identifies you, as well as your diagnosis and treatment. If you request it, we will not disclose information to a health insurer regarding care paid for by you or someone else out of pocket.
 - Reimbursement from Public Agencies, Schools, and other Private and Public institutions. When we provide health care services to clients, we may use their protected health information, or disclose their protected health information to public and private school districts and schools, state, county and local governments and agencies, and other public and private institutions, in order to bill and receive reimbursement for the services that we provided. In such cases, the information we disclose may include information that identifies the client, as well as their diagnosis, and types of services provided by us.
- Health Care Operations – MCYAF may use your protected health information for MCYAF's health care operations. These uses and disclosures are necessary to manage MCYAF and to monitor our quality of services and care. For example, we may use your protected health information to review our services and to evaluate the performance of our staff in caring for you.
- Marketing Activities – MCYAF may use protected health information or disclose it to business associates in certain limited circumstances in order to encourage you to use a service or product. This includes, for example, making face-to-face communications with



you about the service or product, providing you with a promotional gift of nominal value, or communicating about drug refills. Otherwise, it will obtain a specific written authorization from you before using or disclosing protected health information for marketing purposes.

- **Licensing and Accreditation** – MCYAF may disclose your protected health information to any government or private agency, such as to the California Department of Public Health, responsible for licensing MCYAF so that the agency can carry out its oversight activities. These oversight activities include audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight.
- **Disaster Relief** – MCYAF may disclose your protected health information to a public or private entity authorized to assist in disaster relief efforts.
- **MCYAF Workforce** – MCYAF allows its Workforce to share protected health information with one another to the extent necessary to permit them to perform their legitimate functions on the behalf of MCYAF. At the same time, MCYAF will work with its Workforce to restrict unnecessary or extraneous communications.
- **Business Associates** – MCYAF may contract with certain individuals or entities, called “Business Associates,” to provide services on its behalf. Examples include data processing, quality assurance, legal, assessment administration and scoring, or accounting services. MCYAF may disclose your protected health information to a Business Associate, as necessary, to allow the Business Associate to perform its functions on MCYAF’s behalf. MCYAF will have a contract with each Business Associate that obligate the Business Associate to maintain the confidentiality of your protected health information.
- **Research** – MCYAF may disclose PHI for research purposes, provided that an outside Institutional Review Board overseeing the research approves the disclosure of the information without a written authorization.
- **Individuals Involved in Your Care** – Unless you specifically object, MCYAF may disclose to a family member, other relative, a close personal friend, or to any other person identified by you, all protected health information directly relevant to such person’s involvement with your care or directly relevant to payment related to your care. MCYAF may also disclose your protected health information to a family member, personal representative, or other person responsible for your care to assist in notifying them of your location, general condition, or death.
- **Fundraising** – MCYAF may use certain protected health information to contact you in an effort to raise money for MCYAF and its operations. MCYAF may disclose the protected health information to business associates or to related foundations that it uses to raise funds for its own benefit. The information to be used or disclosed for these purposes will be limited to certain demographic information, the dates of treatment, the department where services were provided, the treating physician, outcome information, and health insurance status. Each fundraising communication will provide a means by which you can opt out of receiving further such communications.

- Sale of Protected Health Information – MCYAF may receive remuneration in very limited circumstances for providing your protected health information to outside persons or entities. An example is reimbursement that it may receive from a governmental agency for its expenses in providing information for public health purposes. Otherwise, it will obtain written authorization from you or your personal representative before receiving reimbursement for using or disclosing your protected health information.
- Workers' Compensation – MCYAF may disclose your protected health information in order to comply with California workers' compensation laws.
- Preventing Danger to Identified Persons – MCYAF may disclose your protected health information to prevent an immediate, serious threat to the safety of an identified person.
- Hospital Peer Review – MCYAF may disclose your protected health information to hospital medical staffs to aid in the credentialing of applicants and in the peer review of members.

Mandatory Disclosures

MCYAF will disclose protected health information to outside persons or entities without your written authorization as required by law in the following circumstances:

- Court Order; Order of Administrative Tribunal – MCYAF will disclose protected health information in accordance with an order of a court or of an administrative tribunal of a government agency.
- Subpoena – MCYAF will disclose protected health information in accordance with a valid subpoena issued by a party to adjudication before a court, an administrative tribunal, or a private arbitrator. Reasonable efforts will be made to notify you of the subpoena, or of efforts to obtain an order or agreement protecting your protected health information.
- Law Enforcement Agencies – MCYAF will disclose protected health information to law enforcement agencies in accordance with a search warrant, a court order or court-ordered subpoena, or an investigative subpoena or summons. In addition, it may disclose such information as necessary to assist law enforcement officials investigating crimes involving clients.
- Coroner – MCYAF will disclose protected health information to a coroner where the coroner requests the information to identify a decedent; to notify next of kin; or to investigate deaths that may involve public health concerns, suspicious circumstances, child/elder abuse, or organ or tissue donation.
- Child / Elder Abuse Reporting – MCYAF will disclose protected health information about a client or member of his/her family who is suspected to be the victim of child/elder abuse to the extent necessary to complete any oral or written report mandated by law. Under certain circumstances, MCYAF may disclose further protected health information about the client and/or his/her family to aid the investigating agency in performing its duties. MCYAF will promptly inform the client or his/her parent or guardian about any disclosure unless MCYAF believes that informing the client or his/her parent or guardian would place the



youth in danger of serious harm, or believes informing his/her parent or guardian would not be in the youth's best interest.

- National Security and Intelligence Activities, Protected Services for the Youth and Others – MCYAF will disclose protected health information about a youth to authorized federal officials conducting national security and intelligence activities or as needed to provide protection to federal and foreign officials, or to conduct certain special investigations.
- Public Health Authorities – MCYAF may disclose your protected health information to any public health authority that is authorized by law to collect it for purposes of preventing or controlling disease, injury, or disability.
- Other Disclosures Required by Law – MCYAF will disclose protected health information about a client and/or his/her family when otherwise required by law.

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION

You have the following rights with respect to your protected health information. To exercise these rights, contact MCYAF at the following address: MCYAF, 1111 California Street, San Francisco, CA 94108, Attention: Privacy Officer.

- Right to Request Access – You have the right to inspect and copy your health records maintained by MCYAF. This includes the right to have electronic records made available in electronic format to you or to someone whom you designate. In certain limited circumstances, MCYAF may deny your request as permitted by law. However, you may be given an opportunity to have such denial reviewed by an independent licensed health care professional.
- Right to Request Amendment – You have the right to request an amendment to your protected health information maintained by MCYAF. If your request for an amendment is denied, you will receive a written denial, including the reasons for such denial, and an opportunity to submit a written statement disagreeing with the denial.
- Right to Request Restriction – You have the right to request restrictions on the use and disclosure of your protected health information for treatment, payment or operations, or providing notifications regarding your identity and status to persons inquiring about or involved in your care. MCYAF is not required to agree to your request, unless the disclosure is to a health plan for a payment or health care operation purpose and the medical information relates solely to a health care item or service for which we have been paid out-of-pocket in full. If MCYAF agrees to your request, it will comply with your request except in an emergency situation or until the restriction is terminated by you or MCYAF.
- Right to Request Confidential Communications – You have the right to request that MCYAF communicate protected health information to the recipient by alternative means or at



alternative locations.

- Right to an Accounting – You have the right to receive an accounting of disclosures of your protected health information created and maintained by MCYAF over the six (6) years prior to the date of your request or for a lesser period of time. MCYAF is not required to provide an accounting of certain routine disclosures or of disclosures of which you already are aware.
- Right to Receive a Copy of the Notice of Privacy Practices – You have the right to request and receive a copy of MCYAF's Notice of Privacy Practices for Protected Health Information in written or electronic form.

COMPLAINTS

If you believe that your privacy rights have been violated, you may file a complaint with MCYAF, 1111 California Street, San Francisco, CA 94108 Attention: Privacy Officer. You also have the right to submit a complaint to the U.S. Department of Health and Human Services Office for Civil Rights, 90 7th Street, Suite 4-100, San Francisco, CA 94103, Attn: Regional Manager; telephone: (800) 368-1019; Fax (415) 437-8311; TDD (800) 537-7697. **MCYAF will not retaliate against you if you file a complaint.**



FURTHER INFORMATION

If you have questions about this Notice of Privacy Practices or would like further information about your privacy rights, contact MCYAF, 1111 California Street, San Francisco, CA 94108 Attention: Privacy Officer.

Effective June 2018 and Updated June 2022 and July 2026.

I acknowledge receipt from MCYAF of a copy of its Notice of Privacy Practices for Protected Health Information effective on the date set forth above.

☐ **YOUTH:**

(Printed or typed name)

(Signature)

(Date)

☐ **PARENT/GUARDIAN:**

(Printed or typed name)

(Signature)

(Date)

(Relationship to Client)



MASONIC CENTER FOR YOUTH AND FAMILIES (MCYAF)

CONFIRMATION OF RECEIPT OF

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

Name of Youth: _____ DOB: _____

MCYAF provided:

- ☐ the above-named youth; or
- ☐ _____, the parent/guardian of the above-named youth

with a copy of its Notice of Privacy Practices for Protected Health Information on _____ *[Insert Date]*, and at the same time made a good faith effort to obtain a written acknowledgment of his/her receipt of such Notice of Privacy Practices.

- ☐ MCYAF received a written acknowledgement of receipt on the Notice of Privacy Practices.
- ☐ MCYAF did not receive a written acknowledgment of receipt because:

MCYAF Representative:

Signature: _____

Printed Name: _____

Title: _____

Date: _____