

## **James Morehouse Project**

**El Cerrito High School – Room A210 – Phone: (510) 965-4401**  
540 Ashbury Avenue, El Cerrito, CA 94530

### **Notice of Privacy Practices**

Effective July 1, 2009 (revised 6/27/2019)

***Students/Parents/Guardians: Please keep this for your records.***

*Purpose of Notice: This notice describes how we may use or disclose information about students who participate in services and programs at the James Morehouse Project (school health center, formerly called the ECHS Community Project) located at El Cerrito High School, and how you can get access to this information. Please review it carefully.*

#### **A. Description of the James Morehouse Project health center:**

The James Morehouse Project is a collaborative program located on the El Cerrito High School campus that provides direct medical services, counseling, health education and other supportive programs to ECHS students. The mission of the James Morehouse Project (JMP) is to work with the ECHS community to create positive change through health services, counseling, youth development, peer-to-peer programs, restorative programs, family and staff support, and the arts. Along with JMP staff, support services are provided by staff and interns from a range of community agencies and local universities, such as: Bay Area Community Resources, Cal State East Bay Social Work Program, Community Violence Solutions, Contra Costa County Health Services, Humboldt State University Department of Social Work, SF State University Department of Social Work & Department of Counseling, San Jose State University Department of Social Work, Smith College School for Social Work, STAND For Families Free of Violence, UC Berkeley School of Social Welfare, and others (partnerships may vary from year to year).

#### **B. Health Center Duties Related to Privacy and Confidentiality:**

The JMP is required by law to maintain the privacy and protect the confidentiality of the protected health information that you communicate to us. We are also required to give this notice to you, outlining the JMP legal duties and privacy practices with respect to protected health information. The rest of this notice describes the guidelines we are required to follow. If you have any questions about this, please talk to your counselor/health care provider or one of the JMP staff members.

#### **C. Privacy Practices:**

All student files are kept in locked file cabinets in the JMP. All correspondence about students is transmitted sealed or covered, so that the contents are not visible. We do not transmit identifiable student information via internet, unless it is through a secure log-in process. The JMP keeps student records locked for 12 years, and then they are destroyed. You MUST give written permission before we can exchange information about you with anyone outside of the JMP (exceptions are listed in section D below).

#### **D. Description of Situations When Private Information May Be Used or Disclosed Without Your Written Authorization:**

This section describes when and how private information from your child's file may be used without the parent or legal guardian's specific written authorization:

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1. **For Treatment:** At the JMP, a student may be seen by one of staff members, a counseling intern, or a health care provider or counselor from one of our partner agencies. JMP counseling interns are supervised by Masters' level or licensed social workers. These people work as a team, sometimes discussing your situation, to come up with the best possible plan to support you. We may inform your teacher that you are participating in a JMP program, but we do not share what is being talked about in counseling unless we have gotten specific written permission from you to do so. If there are any other counselors, doctors, case managers, etc. in the community, with whom you would like us to coordinate, you must sign a written "Authorization for Release of Health Information" giving us permission to discuss your situation.
2. **For Payment:** All JMP programs are provided free to the students of ECHS. Some of our partner agencies get reimbursed by Medi-Cal. In order to receive Medi-Cal funding, they have to submit billing information (i.e., what kind of services we are providing, to whom, when, how often, etc.) to the county health department that runs the Medi-Cal program. The county health department is accountable under the same strict privacy law that we are to keep this information confidential. Some of our programs are funded by grants, and sometimes the agency providing the grant wants to see the same kind of limited information.
3. **For Health Care Operations:** "Health care operations" refers to the things that we do to operate a high quality, responsible program. For example, the program supervisors review the information that our counselors collect from you to make sure that we are doing a good job. Some agencies that provide our funding review the records of some clients to make sure we are doing all the things that we are supposed to do to provide the best services possible to you. However, anyone who works with our files is required to maintain your confidentiality.
4. **Keeping You Safe (Exceptions to the Contract of Confidentiality):** There are six types of situations (usually when someone's health or safety is at risk) in which the law requires us to break confidentiality. These situations are:
  - a. If we learn that you have plans to hurt yourself, we are required by law to inform a parent/guardian, and are permitted to inform others as needed;
  - b. If we learn you plan to cause injury to another person(s), or have brought a weapon to school, we must alert the intended victim(s) and the appropriate authorities;
  - c. When we have suspicion or direct knowledge of neglect or abuse of a child or of an elderly or disabled person including physical, sexual or emotional abuse, we must report our concern to the appropriate authorities;
  - d. If we learn of intimate partner abuse or violence happening or being witnessed by the child in the child's home;
  - e. In the event of a medical emergency, we may disclose information as needed;
  - f. If a court of law orders disclosure of information, we must comply.
5. **Times When the JMP May Contact You:** The JMP may use your personal information to contact you for the following reasons:
  - a. To follow-up regarding a medical appointment or service received from the JMP;
  - b. To provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to the individual;
  - c. To discuss insurance billing or as a part of a fundraising effort for the JMP;

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d. To invite the student or family to a JMP event.

6. **Sharing Information Among Collaborative Partners in the JMP:** The JMP is a collaborative. Representatives of the James Morehouse Project, Contra Costa County Health Services and other collaborative partners may share protected health information with each other, as necessary to carry out treatment, payment, or health care operations relating to services occurring at the JMP.

### **E. Written Authorization to Share Private Health Information for Any Other Uses:**

Besides the reasons stated in section D, in order for the JMP to give any of your private health information to anyone outside the JMP collaborative we must have written authorization from you, and you have the right to revoke that authorization at any time. ("Authorization for Release of Health Information" Forms are available at the JMP).

### **F. Additional Rights Regarding Your Information:**

You have the following rights regarding the records that we keep about you.

1. **Right to Inspect and Copy:** You have the right to inspect and copy some of the information in our records. We may deny your request in certain circumstances. If you are denied access to information, you may request that the denial be reviewed as provided by law.
2. **Right to Amend:** If you feel that information we have about you is incorrect or incomplete, you may ask us to amend the information. (Request for Amendment form is available upon request.) You must provide a reason that supports your request. We are not required to make the amendment if we determine the existing information is accurate and complete. If there is an error, it will be corrected by adding, clarifying or supplementing information. We may deny your request if you ask us to amend information that:
  - a. Was not created by us, unless the creator of the information is no longer available to make the amendment;
  - b. Is not part of the information kept by or for our program;
  - c. Is not part of the information you would be permitted to inspect or copy.
3. **Right to Accounting of Disclosures:** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of information about your child in the 6 years prior to the date you request the accounting. The accounting will not include:
  - a. Disclosures that we made to you.
  - b. Disclosures that were made with your written authorization.
  - c. Certain other disclosures that we made as allowed or required by law.Your request must state a time period, which may not be longer than 6 years.
4. **Right to Request Restrictions:** You have the right to request a restriction or limitation on the information we use or disclose about you. We are not legally required to follow your request. If we agree to your request, we will follow it except in emergency situations. You cannot limit the uses or disclosures that we are required to make by law.
5. **Right to Request Confidential Communications:** You have the right to request that we communicate with you about your counseling in a certain way or at a certain location in order to maximize confidentiality. For example, you may ask that we contact you only at

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work or only by mail. We will not ask you for the reason for the request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

6. **Right to Obtain a Paper Copy if this Privacy Notice Upon Request:** Even if you already agreed to receive this privacy notice electronically, you also have the right to obtain a paper copy of this notice upon request.

If you wish to exercise any of the rights listed above, you must submit a request in writing or by using a form that we have prepared for that purpose. We may charge a reasonable fee for the costs of copying, mailing or other supplies associated with your request.

### **G. Changes to this Notice:**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for information we already have about you as well as any information we receive in the future. We will post a copy of the current notice at the James Morehouse Project office. The notice will contain the effective date of the revised notice. You may request a current notice at any time.

### **H. Complaints:**

If you believe your privacy rights have been violated, you may file a complaint with:

Director James Morehouse Project El Cerrito High School 540 Ashbury Ave., Room A210 El Cerrito, CA 94530 (510) 965-4401	OR	Secretary of U.S. Department of Health and Human Services Office for Civil Rights Attn: Regional Manager 50 United Nations Plaza, Room 322 San Francisco, CA 94102 (800) 368-1019
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All complaints must be submitted in writing. You will not be penalized, nor retaliated against for filing a complaint.

### **I. For Further Information on Anything Pertaining to this Notice of Privacy Practices, please contact:**

Director  
James Morehouse Project, ECHS  
540 Ashbury Ave., Room A210  
El Cerrito, CA 94530  
(510) 965-4401