



SAY San Diego NOTICE OF PRIVACY PRACTICES

SAY San Diego
Privacy Officer
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SAY San Diego is committed to maintaining the privacy and security of your Protected Health Information (PHI), as well as related Personally Identifiable Information (PII), such as your name, date of birth, and contact information. This notice describes how information about you and your health may be used and shared and how you can access this information. **Please review it carefully.**

Understanding Your Participant File/Health Record Information

Each time you visit or receive services from SAY San Diego, a record of your visit is made. Typically, this record contains your situation, treatment or services provided to you, and a plan for future care, as well as your health and mental health history, and diagnostic assessment, when appropriate. This information, often referred to at SAY San Diego as your “participant file” or “case file,” serves as a:

- Basis for planning your care and treatment.
- Means of communication among the professionals who contribute to your care.
- Legal document describing the care that you received.
- Means by which you or a third-party payer can verify your services if/when billed for them.
- A tool to assess and improve the quality of care we provide and achieve better participant outcomes.

Understanding what is in your record and how this information is used helps you to:

- Ensure its accuracy and completeness.
- Understand who, what, where, why, and how others may access your health information.
- Make informed decisions about authorizing disclosures of your information to others.

How We May Use and Disclose Your Protected Health Information

We may use and disclose your personal and/or protected health information without your written authorization for certain purposes as described below.

Help or treat you, receive payment, and run our organization

- We can use and share your information with other SAY San Diego staff or other professionals who are helping you.

Example: A case manager working with you may discuss your situation with another SAY staff member assigned to your case.

- We can use and share your information to receive payment if we bill for services.

Example: We may send a bill to your health insurance plan to pay for services we provided you.

- We can use and share your information to provide services, improve your care, and contact you when necessary.

Example: We may use your health information for training staff and for quality assurance.

How else can we use or share your information without your authorization?

We are allowed, and *sometimes required*, to share your information in other ways – usually in ways that contribute to the public good, such as public health, research, and to comply with the law. We must meet many conditions before we can share your information for these purposes, and, *when possible*, we will ask for your approval before sharing.

Help with public health and safety issues

- We can share information about you in certain situations such as:
 - Helping to prevent disease.
 - Helping with product recalls.
 - Reporting suspected abuse, neglect, or domestic violence.
 - Preventing or reducing a serious threat to anyone’s health or safety.
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Do research

- We can use or share your information for research when the research is approved by an institutional review board and there are protocols in place to ensure the privacy of your information.
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Comply with the law and legal requests

- We can use or share your personal or health information:
 - For workers’ compensation claims.
 - For law enforcement purposes or with a law enforcement official.
 - With oversight agencies for activities authorized by law or to ensure we are complying with state or federal privacy laws.
 - For special government functions, such as national security.
 - In response to a court or administrative order, or in response to a subpoena.
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Work with an emergency responder, medical examiner or funeral director

- We can share your information with an emergency responder, if you have a medical or other life-threatening emergency.
 - We can share your information with a coroner, medical examiner, or funeral director, if you die.
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Situations Requiring Your Written Authorization

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

If you have a clear preference for how we share your information, talk to us. Tell us what you want us to do, and we will do our best to follow your instructions.

If you give us permission to use or disclose information about you, you may later revoke that authorization in writing at any time. However, please understand that we are unable to reverse any disclosures we have already made with your permission. Additionally, when your information is shared, your information may be subject to redisclosure and no longer protected. For example, if you want us to share your information with a family member or another service agency, they may not keep your information private after it has been disclosed to them.

In these cases, you have both the right and choice to tell us to - or not to:

- Share information with your family, friends, or others involved in your care.
- Share information with other service providers or an Information Exchange (e.g., “HIE”, “CIE”).
- Share information in an emergency or disaster relief situation (*unless needed to lessen a serious and imminent threat to health or safety*).
- Contact you for fundraising efforts.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes, such as brochures and social media.
- Sale of your information. (We will **never** sell your information).
- Most sharing of psychotherapy notes. Notes recorded by a therapist documenting the contents of a counseling session (“progress or psychotherapy or mental health notes”) have additional protection under federal law and are not kept in your case file.
- Most sharing of substance use disorder (SUD) counseling notes. Notes recorded by a SUD counselor documenting the contents of a counseling session have additional protection under federal law and are not kept in your case file.

Your Rights

When it comes to information about you and your health, 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 record (case file)

- You can ask to see or get an electronic or paper copy of your record (i.e., case file), which includes the information about you that we have documented. Ask us how to do this.
 - We will provide a copy or a summary of your records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
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Ask us to correct your record (case file)	<ul style="list-style-type: none"> You can ask us to correct information about you that you think is incorrect or incomplete in your record. Ask us how to do this. We may say “no” to your request, but if we say no, we’ll tell you why in writing within 60 days.
Request confidential communications	<ul style="list-style-type: none"> You can ask us to contact you in a specific way (for example, by cell or office phone, text, or email) or to send you mail at a different address. We will say “yes” to all reasonable requests.
Ask us to limit what we use or share	<ul style="list-style-type: none"> You can ask us not to use or share certain information about you for services, treatment, or our operations. We are not required to agree with your request, and we may say “no” if it would affect your care or if the use is allowed or required by law.
Get a list of those with whom we’ve shared your information	<ul style="list-style-type: none"> You can ask for a list of the times we’ve shared your information for up to six years prior to the date you ask, who we’ve shared it with, and why. We will provide you with the list within 60 days of your request. We will include all the times we’ve shared your information, except for those related to treatment, our operations, and certain other disclosures (such as any you asked us to make). We’ll provide this list once per year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
Get a copy of this privacy notice	<ul style="list-style-type: none"> 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.
Choose someone to act for you	<ul style="list-style-type: none"> If you have given someone power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your personal and health information. We will make sure the person has this authority and can act for you before we take any action.
File a complaint if you feel your rights are violated	<ul style="list-style-type: none"> You can complain if you feel we have violated your rights by contacting SAY San Diego using the information at the top of page 1. 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., Room 509F HHH Building, Washington, D.C. 20201, calling 1-800-368-1019, emailing ocrcomplaint@hhs.gov, or visiting: https://ocrportal.hhs.gov We will not retaliate against you for filing a complaint.

Our Responsibilities

We are required by law to maintain the privacy and security of your protected health information and personally identifiable information.

- We will let you know promptly, as required by law, if a breach occurs that may have compromised the privacy or security of your information. As much as possible, we will mitigate (lessen the harm of) any breach of privacy that occurs.
- 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.
- For additional information about this Notice, contact SAY San Diego using the contact information at the top of page 1 of this Notice.

More information about privacy laws can be found by visiting:

- Federal: www.hhs.gov/hipaa/for-individuals/index.html
- State: www.oag.ca.gov/privacy/facts/medical-privacy/patient-rights

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 website: www.saysandiego.org

The effective date of this Notice is February 16, 2026