

## HOW TO FILE A COMPLAINT OR REPORT A PROBLEM

You may contact either of the people listed below if you want to file a complaint or report a problem with how Mental Health has used or disclosed information about you.

Your benefits will not be affected by any complaints you make.

Behavioral Health and recovery Services cannot retaliate against you for filing a complaint, cooperating in an investigation, or refusing to agree to something that you believe to be unlawful.

**Privacy Officer**  
**Mendocino County**  
**Behavioral Health and Recovery Services**  
**1120 S. Dora St. Ukiah, CA 95482**  
**Phone: 1-866-791-9337**

Or

**Office of Civil Rights**  
**Department of Health Care Services**  
**P.O. Box 997413, MS 0009**  
**Sacramento, CA 95899-7413**  
**Phone: (916) 440-3770 TTY/TTD: 711**

Revised 12/2025

## Behavioral Health and Recovery Services Mental Health Plan



## MEDI-CAL NOTICE OF PRIVACY PRACTICES

Sí Usted Habla Español. Esta información está disponible en español, por favor vea la

**This notice describes how medical information about you may be used and disclosed and how you can get access to this information.**

**Please read it carefully.**

Mendocino County Mental Health Plan (MHP) offers free Language Line, interpreter assistance, American Sign Language, and California Relay Services (TTY/TDD) for beneficiaries requesting or accessing services.

возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-800-555-5906 (линия ТТУ: 711). Такие услуги предоставляются бесплатно.

### **Español (Spanish)**

ATENCIÓN: si necesita ayuda en su idioma, llame al 1-800-555-5906 (TTY: 711). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1-800-555-5906 (TTY: 711). Estos servicios son gratuitos.

### **Tagalog (Filipino)**

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-800-555-5906 (TTY: 711). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa 1-800-555-5906 (TTY: 711). Libre ang mga serbisyong ito.

### **Українська (Ukrainian)**

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-800-555-5906 (ТТУ: 711). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер 1-800-555-5906 (ТТУ: 711). Ці послуги безкоштовні.

### **Tiếng Việt (Vietnamese)**

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-800-555-5906 (TTY: 711). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số 1-800-555-5906 (TTY: 711). Các dịch vụ này đều miễn phí.

**ພາສາລາວ (Laotian)**

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທ ຫາເບີ 1-800-555-5906 (TTY: 711). ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະ ການບໍລິການສໍາລັບຄົນພິການ ຄຸ້ນເອກະສານທີ່ເປັນອັກສອນນູນແລະ ມິໂຕເພີມໃຫຍ່ ໃຫ້ໂທຫາເບີ 1-800-555-5906 (TTY: 711). ການບໍລິການ ເຫຼືອ ວ່າຍ້ອນສ່ວນໃຊ້ຈ່າຍໃດໆ.

**Mien**

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiex longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux 1-800-555-5906 (TTY: 711). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzungc-pokc bun hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx 1-800-555-5906 (TTY: 711). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

**ภาษาไทย (Thai)**

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1-800-555-5906 (TTY: 711) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และ เอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่ หมายเลข 1-800-555-5906 (TTY: 711) ไม่มีค่าใช้จ่ายสำหรับ บริการเหล่านี้

**ਪੰਜਾਬੀ (Punjabi)**

ਧਿਆਨ ਧਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਧ ਿੱਚ ਮਿ-ਿ ਿ-ੀ ਲੇੜ ਰੈ ਤਾਂ ਕਾਲ ਕਰੋ 1-800-555-5906 (TTY: 711). ਅਪਾਰਜ ਲਕਾ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇ ਾ ਾਂ, ਪਸ ਿੱਚ ਖੋਲ ਖੋਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਧ ਿੱਚ ਿਸਤਾ ੇਜ, ੀ ਉਪਲਬਧਿ ਹਨ। ਕਾਲ ਕਰੋ 1-800-555-5906 (TTY: 711). ਇਹ ਸੇ ਾ ਾਂ ਮੁਫਤ ਹਨ।

**Русский (Russian)**

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру 1-800-555-5906 (линия ТTY: 711). Также предоставляются средства и услуги для людей с ограниченными

Mendocino County Behavioral Health and Recovery Services (BHRS) provides many types of services. In order to provide our services we must collect information about you. The information BHRS collects about you and your health is private and we are required to protect this information by Federal and State law. **We call this information “Protected Health Information” or PHI.**

This Notice of Privacy Practices will tell you how BHRS may use or disclose information about you. Not all situations will be described. BHRS is required to give you a notice of our Privacy Practices for the information we collect and keep about you. BHRS is required to follow the terms of the notice currently in effect.

**Behavioral Health and Recovery Services may use and disclose medical information about you.** The following categories describe different ways that we use and disclose medical information. The following categories listed for use or disclosure will have an example of what we mean. **Not every use or disclosure in a category will be listed.** However, all of the ways we are permitted to use and disclose will fall within one of the categories.

**For Treatment:** We may share information about you to create and carry out a plan for your treatment, for example with doctors, nurses, and other personnel involved in taking care of you or such as inpatient hospitals or skilled nursing facilities for coordination of care.

**For Payment:** We may use or disclose information to get payment or to pay for the services you receive. For example, providing PHI to bill your health plan or State for services pro-

vided to you.

**Appointment Reminders:** We may disclose medical information when making contact to remind you of your appointment for service at one of our locations to the extent of identifying only the provider with whom you have an appointment.

**As Required by Law:** BHRS will disclose PHI about you as required by Federal, state, or local law.

**For Health Care Operations:** We may use or disclose information about you for health care operations. These uses and disclosures are necessary to run the department and make sure that all of our beneficiaries receive quality care. For example, we may disclose medical information about you during certain Quality Assurance reviews that evaluate the types of services rendered and offered to insure proper treatment. We may also disclose medical information about you for statistical reporting requirements to State and Federal Agencies. We may disclose information about you with contractors and providers to conduct outreach, enrollment, care coordination, case management and administer our programs.

**Worker's Compensation:** We may release medical information about you for worker's compensation or similar programs. These programs provide benefits for work related injuries or illnesses.

**Research:** Under certain circumstances, we may use or disclose medical information about you for research purposes. All research projects are subject to a special approval process. This process evaluates a proposed research project and its us-

## فارس (Farsi)

توجه: اگر میخواهید به زبان خود کمک دریافت کنید، با 1-800-555-5906 (TTY: 711) تماس بگیرید. کمکها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. 1-800-555-5906 (TTY: 711) تماس بگیرید. این خدمات رایگان ارائه میشوند.

## हिंदी (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो 1-800-555-5906 (TTY: 711) पर कॉल करें। अशक्तता वाले लोगों के लिये सहायता और सेवाएँ, जैसे ब्रेल और बड़े लरेंट में भी दस्तावेज़ उपलब्ध हैं। 1-800-555-5906 (TTY: 711) पर कॉल करें। ये सेवाएँ लन: शुल्क हैं।

### Hmoob (Hmong)

TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-800-555-5906 (TTY: 711). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau 1-800-555-5906 (TTY: 711). Cov kev pab cuam no yog pab dawb xwb.

## 日本語 (Japanese)

注意日本語での対応が必要な場合は 1-800-555-5906 (TTY: 711)へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。 1-800-555-5906 (TTY: 711)へお電話ください。これらのサービスは無料で提供しています。

## 한국어 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 1-800-555-5906 (TTY: 711) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1-800-555-5906 (TTY: 711) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

**English**

ATTENTION: If you need help in your language call 1-800-555-5906 (TTY: 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-800-555-5906 (TTY: 711). These services are free of charge.

**العربية(Arabic)**

يُرج الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ 1-800-555-5906 (TTY:711). (711:TTY). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريلا والخط الكبري. اتصل بـ 1-800-555-5906 (TTY:711) هذه الخدمات مجانية.

**Հայերեն (Armenian)**

Ուշադրութեամբ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք 1-800-555-5906 (TTY: 711): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Չանգահարեք 1-800-555-5906 (TTY: 711): Այդ ծառայություններն անվճար են:

**ខ្មែរ (Cambodian)**

ចំណាំ: បើ អ្នក ត្រូវ ការជំនួយ ជាភាសា រ ស្តី សូម ទូរស័ព្ទ លេខ 1-800-555-5906 (TTY: 711)។ ជំនួយ និង ប្រសិទ្ធភាព ផ្សេងៗ ទៀត រួមមាន ការជំនួយ ដល់ កុមារ ឬ ជនពិការ ដូចជា ឯកសារ សរសេរ ជា អ្នក ជំនួយ ផ្សេងៗ ទៀត រួមមាន ការជំនួយ ដល់ កុមារ ឬ ឯកសារ សរសេរ ជា អ្នក ជំនួយ ផ្សេងៗ ទៀត ក៏ អាច រក បាន ផង ក្នុង ទូរស័ព្ទ ក រ លេខ 1-800-555-5906 (TTY: 711)។ ប្រសិទ្ធភាព ផ្សេងៗ ទៀត ទាំង នេះ មិន គិត ថ្លៃ ឡើយ។

**繁體中文 (Chinese)**

请注意：如果您需要以您的母语提供帮助，请致电 1-800-555-590 (TTY: 711)。另外还提供针对残疾人士的帮助和服务，例如盲文和需要较大字体阅读，也是方便取用的。请致电 1-800-555-5906 (TTY: 711)。这些服务都是免费的。

es of medical information, trying to balance the research needs with beneficiaries need for privacy of their medical information. We will almost always ask for your specific permission if the researcher has access to your name, address or other information that reveals who you are, or will be involved in your care.

**Health Oversight Activities:** We may disclose medical information to health oversight agency for Activities authorized by law. These activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights.

**To Avert a Serious Threat to Health or Safety:** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosures are made in compliance with current regulations.

**Public Health Risks:** BHRS may disclose information about you for public health activities. These Activities generally include the following:

- To prevent or control disease, injury or disability.
- To report the abuse or neglect of children, elders and dependent adults.
- To report reactions to medications or problems with products.
- To notify people of recalls of products that they may be using.
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a dis-

ease.

- To notify the appropriate government authority if we believe a patient had been the victim of abuse, neglect, or domestic violence. We will only make disclosure if you agree or when required or authorized by law.

**Lawsuits and Disputes:** We may disclose medical information in response to a court or administrative order and in response to subpoena or discovery request to the extent permissible by law. Requests must be reviewed on a case-by-case occurrence.

**Law Enforcement:**

- We may release medical information if asked to do so by a law enforcement official.
- In response to a court order, subpoena, warrant, summons or similar process.
- To identify or locate a suspect, fugitive, material witness, or missing person.
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement.
- In emergency circumstances to report a crime, the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**Apply for Full Scope Medi-Cal:** If you are applying for a full scope Medi-Cal, we may share your information U.S. Citizenship and Immigration Services.

**Appeal a DHCS Decision:** We may disclose your information if

that person has this authority and can act on your behalf before we take any action.

**Privacy Officer Contact Information:**

**Privacy Officer**

**Mendocino County Behavioral Health and Recovery Services  
1120 South Dora Street  
Ukiah, CA 95482**

**OTHER USES OF MEDICAL INFORMATION:** Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission.

your request.

We may deny your request for an amendment 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, unless the person or entity that created the information is not available to make the change.
- Is not a part of the medical information kept by or for the Department.
- Is not part of the information which you would be permitted to inspect and copy; or is accurate and complete.

Even if we deny your request for an amendment, you have the right to submit a written addendum, not to exceed 250 words, with respect to any item or statement in your records you believe is incomplete or incorrect. If you clearly indicate in writing that you want the addendum to be made a part of your medical record we will attach it to your records and include it whenever we make a disclosure or the item or statement you believe to be incorrect or incomplete.

**Get a Copy of This Privacy Notice:** You can ask a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you a paper copy promptly.

**Choose Someone to Act For You:** If you have given someone authorization to act on your behalf for behavioral health needs and that person can exercise your rights and make choices about your health information. We will make sure

you or your provider appeal a DHCS decision about your health care.

**Join A Managed Care Plan:** We may disclose your information if you are joining a managed care plan for reasons such as care coordination and to make sure that you can get services on time.

**Comply With Special Laws:** We will obey the stricter laws when they are stricter than information in this notice.

**Sign in Sheet:** We may use and disclose medical information about you by having you sign in when you arrive for services. We may also call out your name when we are ready to see you.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

The Mendocino County BHRS maintains medical information about treatment and services relating to your mental health. You have the following rights regarding the medical information we maintain about you:

**Right to Inspect and obtain Copies:** With certain limitations you have the right to inspect and obtain copies of medical information that may be used to make decisions about your care. Usually this includes medical and billing records but limits some mental health information and usually we provide information within 30 days of your request. We may deny your request to inspect and obtain copies in certain circumstances. If you are denied access to medical information you

may request that denial be reviewed. Your request and the denial will be forwarded to the Medical Director of the Mendocino County BHRS for review. The decision of the Medical Director will be followed. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer, Mendocino County BHRS Department. There will be a charge per page for copies of information.

**Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matter in a certain way or at a certain location. For example, you can ask the we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to: Privacy Officer, Mendocino County BHRS Department. Forms are available upon request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

**We are not required 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: Privacy Officer, Mendocino County BHRS. Forms are available upon request. In your request, you must tell us:

- what information you want to limit;
- whether you want to limit our use, disclosure or both; and
- to who you want the limits to apply.

**Right to an Accounting of Disclosures:** You have the right to request an “accounting of disclosures”. This is a list of the disclosures we made of medical information about you other than our own uses for treatment, payment and health care operations, and with other expectations pursuant to the law. To request this list or accounting of disclosures, you must submit your request in writing to: Privacy Officer, Mendocino Behavioral Health and Recovery Services. Forms are available upon request. Your request must state a time period, which may not be longer than six (6) years and may not include dates before April 14, 2003.

Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within 12-month period will be free. For additional lists we may charge you for the costs of providing the list. We will notify you of the cost additional lists we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any cost are incurred.

**Right to Amend:** If you feel that medical information about you is incorrect or incomplete, you may ask us to amend the information. You have a right to request an amendment for as long as the information is kept by or for the Department. To request an amendment, your request must be made in writing and submitted to: Privacy Officer, Mendocino County Behavioral Health and Recovery Services. Forms are available upon request. In addition, you must provide a reason that supports