

**NOTICE OF PRIVACY PRACTICES**

**ACKNOWLEDGEMENT OF RECEIPT**

The East Bay Agency for Children's Notice of Privacy Practices provides information about how we may use and disclose protected health information about you and/or your child. **By signing this form, you acknowledge receipt of the Notice of Privacy Practices of the East Bay Agency for Children.** We encourage you to read it in full.

In addition to the copy we will provide you, copies of the current notice are available on our website at [www.ebac.org](http://www.ebac.org). If you have any questions about our *Notice of Privacy Practices*, please contact our Director of Quality Assurance at (510) 268-3770.

I acknowledge that I have received the *Notice of Privacy Practices* of the East Bay Agency for Children.

Client's Name (Please Print): \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Authorized Representative or Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Parent/Representative

\_\_\_\_\_  
Relationship to Client

**WRITTEN ACKNOWLEDGEMENT NOT OBTAINED**

Please document your efforts to obtain acknowledgement and reason it was not obtained.

- Notice of Privacy Practices Given – Client/Client's Representative Unable to Sign
- Notice of Privacy Practices Given – Client/Client's Representative Declined to Sign
- Notice of Privacy Practices Mailed to Client/Client's Representative – Awaiting Signature
- Other Reason Client/Client's Representative did not Sign

\_\_\_\_\_  
Please describe the good faith efforts made to obtain the individual's acknowledgement:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of EBAC Representative

\_\_\_\_\_  
Date

Print Name: \_\_\_\_\_

# EAST BAY AGENCY FOR CHILDREN

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## NOTICE OF PRIVACY PRACTICES

Effective Date: 2/16/2026

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**  
***For purposes of this notice, "medical information" includes all mental health, medical, and substance use disorder (SUD) information maintained by East Bay Agency for Children regarding you and/or your child.***

If you have any questions about this notice, please contact EBAC's Director of Quality Assurance at (510) 268-3770.

### **WHO WILL FOLLOW THIS NOTICE**

This notice describes East Bay Agency for Children practices and that of:

- Any health care professional authorized to enter information into your chart.
- Any county, state or federal funders authorized to review charts and receive information about our service delivery statistics.
- All departments and units of the East Bay Agency for Children (EBAC).
- Any member of a volunteer group we allow to help you while you are in the East Bay Agency for Children.
- All employees, staff and other EBAC personnel.

East Bay Agency for Children has specialized therapeutic and educational services, school and community-based programs throughout Alameda County. All these entities, sites and locations follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or health care operations purposes described in this notice.

East Bay Agency for Children provides these services in a variety of locations and settings. All client care is overseen and supervised by appropriate mental health and medical providers and followed by a team of mental health care professionals. Post-graduate associate clinicians working towards licensure and graduate students of other mental health schools may participate in assessments and/or therapy in the care of our clients.

This Notice applies to information and records regarding you and/or your child's mental health and medical care maintained by the East Bay Agency for Children.

# EAST BAY AGENCY FOR CHILDREN

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## **Our Pledge Regarding You and/or Your Child's Medical and Mental Health Information**

EBAC is committed to protecting mental health and medical information about you and/or your child. We understand that information about you and the services you and your child receive at EBAC are personal. We create a record of the care and services you and/or your child receive at EBAC. We need this record to provide you with quality care and to comply with certain legal requirements.

This Notice tells you about the ways in which we may use and disclose mental health and medical information about you and/or your child. It also describes your rights and certain obligations we have regarding the use and disclosure of you and/or your child's mental health and medical information.

### **We are required by law to:**

- Make sure that you and/or your child's mental health and medical information is protected (with certain exceptions);
- Give you this Notice describing our legal duties and privacy practices with respect to mental health and medical information about you and/or your child;
- Notify you promptly in the event of a breach of you or your child's unsecured medical or mental health information; and
- Follow the terms of the Notice that is currently in effect.

### **How We May Use and Disclose Mental Health and Medical Information About You and/or Your Child**

The following sections describe different ways that we may use and disclose you and/or your child's mental health and medical information. For each category of uses or disclosures we will explain what we mean and give some examples. Not every use or disclosure will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the following categories. Some information such as certain drug and alcohol information, HIV information, and mental health information is entitled to special restrictions related to its use and disclosure. EBAC abides by all applicable state and federal laws related to the protection of this information.

**For Treatment.** We may use mental health and medical information about you and/or your child to provide you and/or your child with mental health and medical treatment or services. We may disclose mental health and medical information about you and/or your child to therapists, social workers, doctors, nurses or other EBAC personnel who are involved in taking care of you and/or your child. We may also share medical information about you and/or your child with other EBAC personnel or non-EBAC providers, agencies or facilities in order to provide or coordinate the different things you and/or your child need such as appointments, school placements, etc. For example, a psychiatrist treating you and/or your child may

## EAST BAY AGENCY FOR CHILDREN

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need to know about certain behavior changes so that medications can be adjusted. We may also disclose mental health and medical information about you and/or your child to people outside EBAC who may be involved in the continuing care after you and/or your child leave EBAC such as other health care providers, community agencies and family members.

### **Substance Use Disorder (SUD) Records**

#### **Special Protections for Substance Use Disorder (SUD) Records.**

Records regarding the identity, diagnosis, prognosis, or treatment of a client in a substance use disorder (SUD) program are protected by stricter confidentiality rules than standard medical records.

- **Restricted Use in Legal Proceedings:** We will not use or disclose your SUD Records—or any testimony describing the contents of such records—in any civil, criminal, administrative, or legislative proceedings against you (such as a law enforcement investigation or court case), unless you provide specific written consent or a court order is issued that meets the requirements of 42 CFR Part 2. **Note: A court order under these rules only authorizes us to release records; we will only do so if the order is accompanied by a subpoena or other legal mandate that compels the disclosure."**
- **Permitted Uses:** If we receive SUD Records from a Part 2 program for treatment, payment, or healthcare operations, we will only use or disclose them as permitted by your consent or as otherwise allowed by law.

**For Payment.** We may use and disclose mental health and medical information about you and/or your child so that treatment and services you and/or your child receive from EBAC or from other entities may be billed to and payment may be collected. For example, we may need to give your Health Plan information to a hospital if your child requires emergency treatment. We may also tell your health plan or mental health payer about a proposed treatment in order to obtain prior approval or determine whether your payer or health plan will cover the treatment.

**For Health Care Operations.** We may use and disclose mental health and medical information about you and/or your child for EBAC operations. These uses and disclosures are necessary to run the agency and make sure that all of our clients receive quality care. For example, we may use mental health information to review our treatment and services and to evaluate the performance of our staff in caring for you and/or your child. You and/or your child's mental health and medical information may also be used or disclosed to comply with law and regulation, for contractual obligations, client's claims, grievances or lawsuits, health care contracting, legal services, business planning and development, business management and administration, underwriting and other insurance activities and to operate the agency. We may also disclose information to therapists, clinicians, psychiatrists, and other agency personnel for quality improvement and educational purposes. We may remove information that identifies you and/or your child from this set of medical or mental

## EAST BAY AGENCY FOR CHILDREN

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health information so others may use it to study mental health care delivery without learning your identity.

**Appointment Reminders:** We may use and disclose medical information to contact you and/or your child as a reminder that you have an appointment for treatment.

**Treatment Alternatives:** We may use and disclose medical or mental health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you and your child.

**Health-Related Benefits and Services:** We may use and disclose medical or mental health information to tell you about our services which may be of interest to you and/or your child.

**Fundraising Activities:** In rare circumstances, we may use information about you to contact you to support EBAC and its operations. If you do not want East Bay Agency for Children to contact you for fundraising efforts, you may notify us in writing: Director of Quality Assurance, East Bay Agency for Children, 2828 Ford St, Oakland, CA 94601. For clients with Substance Use Disorder records, we will provide you with a clear and conspicuous opportunity to elect not to receive fundraising communications before your information is used for this purpose.

**Research:** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all clients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with clients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process. Written authorization will be obtained prior to your child or family participating in a program that is part of a research project.

**Individuals Involved in Care or Payment for You and/or Your Child's Care:** We will not release medical or mental health information about you and/or your child to a friend or family member without your prior written consent.

In addition, we may disclose medical or mental health information about you and/or your child to an entity assisting in a disaster relief effort so that your child's family can be notified of their condition, status and location.

**As Required by Law:** We will disclose mental health and medical information about you and/or your child when required to do so by federal, state or local law.

## EAST BAY AGENCY FOR CHILDREN

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**To Avert a Serious Threat to Health or Safety:** We may use and disclose mental health and medical information about you and/or your child when necessary to prevent or lessen a serious and imminent threat to you and/or your child's health and safety or the health and safety of other clients, the public or another person. Any disclosure would be to someone able to help stop or reduce the threat.

### SPECIAL SITUATIONS

#### **Disclosures Where We Are Not Required to Give You an Opportunity to Agree or Object**

In addition to the above situations, the law permits us to share your health information without first obtaining your permission. These situations are described next.

**Suspicion of Abuse or Neglect:** We will disclose your health information to appropriate agencies if relevant to a suspicion of child abuse or neglect and it is believed that disclosure is necessary to prevent serious harm to you, your child or others.

**Runaways:** In the event of a runaway, police may be called and given information about the client to help secure their safe return. This information might include such client information as a physical description, photographs, medication regimen, family names and contact information and emotional/behavioral history.

**Public Health Risks:** We may disclose medical information about you and/or your child for public health purposes. These purposes generally include the following:

- Preventing or controlling disease, injury or disability;
- To report births and deaths
- Reporting child abuse or neglect; abuse or neglect of elders and dependent adults;
- Notifying a person who has been exposed to a disease or may be at risk of contracting or spreading a disease or condition;
- Notifying the appropriate government authority if we believe a client has been the victim of abuse, neglect or domestic violence and make this disclosure as authorized or required by law.
- To report reactions to medications or problems with products
- To notify people of recalls of products they may be using.

**Mental Health and Health Oversight Activities:** We may disclose mental health and medical information to governmental, licensing, auditing and accrediting agencies as authorized or required by law.

**Lawsuits and Other Legal Actions:** In connection with lawsuits or other legal proceedings, we may disclose mental health and medical information about you and/or your child in response to a court or administrative order, or in response to a subpoena, discovery request, warrant, summons, or other lawful process, or in order to obtain an order protecting the information requested.

## EAST BAY AGENCY FOR CHILDREN

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**Law Enforcement:** If asked to do so by law enforcement, and as authorized or required by law, we may release mental health and medical 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 client's representative's agreement;
- About criminal conduct at EBAC;
- In case of a medical emergency, to report a crime and provide details of the crime, suspect, or victims;
- About a death we believe may be the result of criminal conduct;
- In response to a court order, subpoena, warrant, summons or similar process.

**Coroner, Medical Examiners and Funeral Directors:** We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about clients at our facilities in order to assist funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities:** We may release medical or mental health information about you and/or your child to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**For Special Government Functions:** We may use or disclose your health information to assist the government in its performance of functions that relate to you. For example, if you are a member of the armed forces we may share your information with appropriate military authorities. Your information may be disclosed to workers' compensation programs as permitted by law. If you are incarcerated, we may disclose your information to the correctional facility for certain security and health and safety purposes.

### **YOUR RIGHTS REGARDING MENTAL HEALTH AND MEDICAL INFORMATION ABOUT YOU AND/OR YOUR CHILD**

You have the following rights regarding medical and mental health information we maintain about you and/or your child.

#### **Right to Inspect and Copy**

You have the right to inspect and copy medical and certain mental health information that may be used to make decisions about the care of you and/or your child. Usually, this includes medical and billing records but may not include some mental health information. This does not include information that was not created by EBAC.

**To inspect and copy medical information that may be used to make decisions about the care of you and/or your child, you must submit your request in writing to:** Director of Quality Assurance, East Bay Agency for Children, 2828 Ford St, Oakland, CA 94601. If you request a

## EAST BAY AGENCY FOR CHILDREN

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copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to medical or mental health information, you may request that the denial be reviewed. Another licensed mental health or medical professional chosen by the agency will review your request and the denial. The person conducting the review will not be the person who denied your first request. We will comply with the outcome of the review.

***Mental Health treatment information is subject to different laws for disclosure in California and that the conditions described above may not apply to Mental Health treatment information about you and/or your child.***

### **Right to Request an Amendment or Addendum**

If you feel that medical or certain mental health information we have about you and/or your child is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the agency. To request an amendment, your request must be made in writing and submitted to: Director of Quality Assurance, East Bay Agency for Children, 2828 Ford St, Oakland, CA 94601. In addition, you must provide a reason that supports 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 no longer available to make the amendment;
- Is not part of the medical or mental health information kept by or for the agency;
- 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 amendment, you have the right to submit a written addendum, not to exceed 250 words, with respect to any item or statement in your record you believe is incomplete or incorrect. If you clearly indicate in writing that you want the addendum to be made part of you and/or your child's medical or mental health 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.

### **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 or mental health information about you and/or your child other than

## EAST BAY AGENCY FOR CHILDREN

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our own uses for treatment, payment and health care operations, (as those functions are described above) and with other expectations pursuant to the law.

To request this list of accounting of disclosures, you must submit a written request to: Director of Quality Assurance, East Bay Agency for Children, 2828 Ford St, Oakland, CA 94601. Your request must state a time period that cannot be longer than six 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 or electronically). The first list you request within a 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 involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

### **Right to Request Restrictions**

You have the right to request a restriction or limitation on the medical or mental health information we use or disclose about you and/or your child 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 with you and/or your child's care. For example, you could ask that we not use or disclose information about a surgery your child had.

***Except in the case of services paid for out-of-pocket in full (as described below), 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 and/or your child with emergency treatment.

We must agree to your request to restrict disclosure of your health information to a health plan if: (1) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; **and** (2) the medical information pertains solely to a health care item or service for which you, or someone on your behalf, has paid EBAC in full.

To request restrictions, you must make your request in writing to: Director of Quality Assurance, East Bay Agency for Children, 2828 Ford St, Oakland, CA 94601. 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.

***Mental Health information is subject to different laws for disclosure in California and the conditions described above may not apply to Mental Health treatment information about you and/or your child.***

### **Right to Request Confidential Communications**

## EAST BAY AGENCY FOR CHILDREN

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You have the right to request that we communicate with you about you and/or your child's medical or mental health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to: Director of Quality Assurance, East Bay Agency for Children, 2828 Ford St, Oakland, CA 94601. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

### **Right to a Paper Copy of this Notice**

You have a right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

To obtain a paper copy of this notice you may write to us at: Director of Quality Assurance, East Bay Agency for Children, 2828 Ford St, Oakland, CA 94601.

**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 medical or mental health information we already have about you and/or your child as well as any information we receive in the future. We will post a copy of the current notice in the agency. The notice will contain on the first page, at the top, the effective date. In addition, each time you and/or your child is registered or admitted to the agency for treatment we will offer a copy of the current notice in effect.**

### **Complaints**

If you believe you or your child's privacy rights have been violated, you may file a complaint with the agency or with the Secretary of the Department of Health and Human Services. To file a complaint with the agency all complaints must be submitted in writing to: Director of Quality Assurance, East Bay Agency for Children, 2828 Ford St, Oakland, CA 94601. For further information, the Director of Quality Assurance can be reached at (510) 268-3770.

**You will not be penalized for filing a complaint.**

### **OTHER USES OF MENTAL HEALTH AND MEDICAL INFORMATION**

Most uses and disclosures of psychotherapy notes, uses and disclosures of medical information for marketing purposes, and disclosures that constitute a sale of medical information require your written authorization.

## EAST BAY AGENCY FOR CHILDREN

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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. If you provide us permission to use or disclose medical or mental health information about you and/or your child, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical or mental health information about you or your child for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we will retain our records of the care provided to you as required by law.

### **Potential for Redisclosure**

Once we disclose your health information to a third party pursuant to your written authorization, that information may be subject to redisclosure by the recipient. In such cases, the information may no longer be protected by the HIPAA Privacy Rule or other federal privacy laws.

**Note for Substance Use Disorder Records:** Federal law (42 CFR Part 2) generally prohibits the redisclosure of SUD records without your specific written consent. **However**, if you have provided a single consent for treatment, payment, and health care operations (TPO), we may redisclose those records for those TPO purposes as permitted by HIPAA. Regardless of consent, these records may never be used in legal proceedings against you without a specific court order **and subpoena**.