



## NOTICE OF PRIVACY PRACTICES

Effective date: 09/30/2025

### **Our Commitment to Your Privacy**

Stepping Stone of San Diego understands that your health information is personal. We are committed to protecting your privacy and the confidentiality of your treatment records in compliance with Health Insurance Portability and Accountability Act (HIPAA), The Confidentiality of Substance Use Disorder Patient Records regulations (42 CFR Part 2), and State laws, including Medi-Cal requirements.

This notice describes how medical information about you may be disclosed and how you can get access to this information. **Please review it carefully.**

### **How We May Use and Disclose Your Health Information**

We may use or disclose your protected health information (PHI) only as permitted by law:

**For Treatment** - We may share information with doctors, counselors, case managers, or other professionals involved in your care to provide coordinated treatment and services.

**For Payment** - We may use and disclose information to bill Medi-Cal or other payors for services you receive, confirm eligibility, or obtain prior authorization.

**For Health Care Operations** - We may use information for quality improvement, staff training, accreditation, licensing, and other administrative purposes.

**For Service Corroboration** - We may use or disclose basic information about you so that you do not have to provide information more than once. This sharing, only when you access one of the participating agencies, can help avoid duplication of services and referrals that you are already receiving.

**For Stepping Stone Operations:** We may use and disclose information about you for administrative operations. These uses and disclosures are necessary to run our agency and make sure that all our clients receive quality services. For example, we may use information to review our services and evaluate the performance of our staff in providing those services.

In the event of a disaster we may disclose your information to a housing disaster relief agency.

## Uses and Disclosures That Require Your Authorization

We will not share your information without your written permission except in limited situations permitted by law. Your authorization is required for:

- Most disclosures of substance use treatment records,
- Marketing purposes,
- Sharing psychotherapy notes.

You may revoke your authorization in writing at any time. We will not honor your revocation in circumstances where doing so would expose you or someone else to danger.

## Uses and Disclosures Without Your Authorization

We may disclose your health information without your authorization in certain situations, including:

- Medical emergencies to provide necessary treatment.
- Reporting suspected abuse or neglect as required by law.
- Public health and safety (to prevent serious threats of harm to you or others).
- Court orders or legal requirements (if a valid court order is issued).
- Audits and oversight by Medi-Cal, county, state, or federal agencies that fund or regulate our services.

Except for these limited situations, your written consent is required before releasing information about your treatment.

## OTHER USES OF YOUR INFORMATION

Other uses and disclosures of your information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to disclose your information, you may revoke that authorization, in writing, at any time.

If you revoke your authorization, we will no longer use or disclose your information for the reasons covered by the authorization, except that, we are unable to take back any disclosures we have already made when the authorization was in effect, and we are required to retain our records of the services that we provided to you

## Your Rights Regarding Your Health Information

You have the right to:

- ✓ **Access your records:** Request to see or get a copy of your treatment information.
- ✓ **Request corrections:** Ask us to correct information you believe is wrong or incomplete.
- ✓ **Request restrictions:** Ask us not to use or share certain information (we are not always required to agree).
- ✓ **Request confidential communications:** Ask us to contact you in a specific way (e.g., by mail instead of phone).
- ✓ **Receive an accounting of disclosures:** Request a list of disclosures of your information we have made, other than those for treatment, payment, or health care operations.
- ✓ **Receive a paper copy of this notice** at any time, even if you agreed to receive it electronically.

### Our Responsibilities

- We are required by law to keep your health information private.
- We must give you this notice and follow the terms of it.
- We will notify you if a breach of your information occurs.
- We will not use or share your information other than as described here unless you give us written permission.

### Changes to This Notice

We may change the terms of this notice at any time. The revised notice will apply to all records we maintain. The current version will always be available at our facility and on our website.

To obtain a copy of this notice you can go to our website at <https://steppingstonesd.org/>.

### Questions or Complaints

If you have questions about this notice or believe your privacy rights have been violated, you may contact:

Nicole S. Johnson, CADC-II  
Contract Compliance and Accounting Manager



Stepping Stone of San Diego  
3767 Central Avenue  
San Diego, CA 92105  
Phone: (619) 584-4010 Ext. 102

You may also file a complaint with the:

U.S. Department of Health and Human Services, Office for Civil Rights  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
Phone: 1-877-696-6775  
Website: [www.hhs.gov/ocr/privacy](http://www.hhs.gov/ocr/privacy)

You will not be penalized for filing a complaint.