



360 BEHAVIORAL HEALTH AFFILIATED COVERED ENTITY NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU OR YOUR CHILD/DEPENDENT MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

The Health Insurance Portability and Accountability Act (“HIPAA”) is a federal program that protects the privacy of your health care records and requires that all health care providers maintain confidentiality of medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, paper, or orally.

THIS NOTICE APPLIES TO

California Psychcare, Inc. DBA 360 Behavioral Health, Behavior Respite in Action, Inc. DBA 360 Behavioral Health – Support Services, 360 Behavioral Health, Inc. (registered as 360 Behavioral Horizons, Inc. in NE), and their Affiliated Agencies (other similar entities under common ownership that may be added from time to time) have organized themselves as a single Affiliated Covered Entity (ACE) for the purposes of the HIPAA Privacy Rule. This ACE will be referred to as the 360 Behavioral Health® ACE.

This notice describes the health information practices of the 360 Behavioral Health ACE. A complete listing of facilities and sites operating under this notice may be obtained by contacting 360 Behavioral Health ACE at (833) 227-3454 or through our website at www.360behavioralhealth.com.

This notice describes the practice of this ACE and those of:

1. Any healthcare professionals authorized to enter information into your record;
2. Any employee, staff, and other office personnel; and
3. Any volunteers, interns, or students working with you while you are a client of any practice in the 360 Behavioral Health ACE.

SUMMARY OF RIGHTS AND OBLIGATIONS CONCERNING HEALTH INFORMATION

The 360 Behavioral Health Affiliated Covered Entity (ACE) is committed to preserving the privacy and confidentiality of your health information, which is required both by federal and state law. We are required by law to provide you with this notice of our legal duties, your rights, and our privacy practices, with respect to using and disclosing your health information that is created or retained by the 360 Behavioral Health ACE. We have an ethical and legal obligation to protect the



privacy of your health information, and we will only use or disclose this information in limited circumstances.

1. You have the right to request restrictions on uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to all requested restrictions and we may say “no” if it may affect your care. However, we will agree not to disclose information to a health plan for purposes of payment or health care operations if the requested restriction concerns a health care item or service for which you or another person, other than the health plan, paid in full out-of-pocket, unless it is otherwise required by law. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
2. You have the right to a reasonable request to receive confidential communications of protected health information in a private and confidential manner, when feasible. For example, you may want to be contacted at an alternative telephone number.
3. You have the right to inspect and obtain copies of your protected health information that may be used to make decisions about you. Requests must be made in writing and an appropriate charge may be assessed for each page copied.
4. You have the right to request a change to your medical information that is used to make decisions about you if you believe there is an error, or the information is incomplete. You must submit a request in writing; including the information you believe should be changed and we will change your record, if appropriate. We reserve the right to deny the request to change your record if the change is not appropriate.
5. You have the right to receive an accounting of disclosures of protected health information, except disclosures made for the purposes of treatment, payment, and health care operations. Requests must be made in writing. You may receive one listing per calendar year without charge; any additional listings may be subject to a reasonable fee.
6. You have the right to obtain a paper copy of this notice from us upon request.

Personal Representative. If you have a personal representative, such as a legal guardian, we will treat that person as if that person is you, with respect to disclosures of your health information.

THE DUTIES OF THE 360 BEHAVIORAL HEALTH ACE

The 360 Behavioral Health ACE is required by law to maintain the privacy of your personal medical information and to provide you with notice of our legal duties and privacy practices with respect to that information. We are also required to abide by the terms of our current Notice of Privacy Practices.

USE AND DISCLOSE OF YOUR HEALTH INFORMATION FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS



Our use and disclosure of your information is subject to HIPAA as well as the requirements in 42 C.F.R. Part 2, as applicable, and other more strict applicable laws. As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your information and how we may use and disclose your health information, without your authorization. We may use and disclose your health information for treatment, payment, and health care operations.

1. Treatment means providing, coordinating, or managing health care and related services by one or more providers to assist in treating you. We may use and disclose your protected health information to provide, coordinate, and manage your care;
 - Please note that students/interns in health service-related programs work in our facility from time to time to meet their educational requirements or to get healthcare experience. These students may observe or participate in your treatment or use your health information to assist in their training. You have the right to refuse to be examined, observed, or treated by any student or intern. If you do not want a student or intern to observe or participate in your care, please notify your provider.
2. Payment means such activities as obtaining reimbursements for services, confirming coverage, billing and collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment. We may use and disclose your health information so that we may bill and collect payment for the services that we provided to you. We may release your health information to your health plans or other insurers that pay for your care, to review and assess your insurance, reimbursement, and coverage for services. Such information may include your name, age, gender, medical diagnosis, insurance identifiers, or medical providers you identify.
3. Health care operations include: the operational needs to run the business, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example of this would be an internal quality assessment review of the services provided to determine how we can improve our services.

As provided under 42 C.F.R. Part 2, a patient in a Part 2 program may provide a single consent for all future uses or disclosures for treatment, payment, and health care operations purposes. Records we receive pursuant your written consent for treatment, payment, and health care operations may be further disclosed by us without your written consent, to the extent the HIPAA regulations permit such disclosure.

We may create de-identified health information from your health information by removing all identifiers (such as your name, dates, zip code) from your health information. We may use or disclose de-identified information for any purpose.

DISCLOSURES OF YOUR HEALTH INFORMATION



We may also disclose your information to the following individuals for the following additional purposes:

1. **Family/Friends.** Our staff, using their professional judgment, may disclose to a family member, other relative, close personal friend, or any other person you identify, your health information to the extent it is relevant to that person's involvement in your care or payment related to your care. We will provide you with an opportunity to object to such a disclosure whenever we practicably can do so. We may disclose the health information of minor children to their parents or legal guardians unless such disclosure is otherwise prohibited by law.
2. **Appointment Reminders:** We may use and disclose your health information to contact you as a reminder that you have an appointment. We usually will call you at the home and/or call or text the cell phone number provided on the day before your appointment and leave a message for you on your answering machine or with an individual who responds to our telephone call. However, you may request that we call you only at a certain number or that we refrain from leaving messages, and we will endeavor to accommodate all reasonable requests. We may also contact you to give you information about treatment alternatives or other health related benefits, as well as services that may be of interest to you.
3. **Law Enforcement.** We may disclose your health information in response to a court order, subpoena, or warrant, summons, or similar process authorized under State or federal law. Some additional purposes include requests about criminal conduct, to identify or locate a suspect, fugitive, material witness, certain escapes and certain missing person, or for protection of elective constitutional officials.
4. **As Required by Law:** We may disclose your information when required to do so by federal, state, or local law.
5. **Avert a Threat to Health or Safety:** We may disclosure information about you when, in our professional judgement, disclosure is necessary to prevent a serious threat of harm.
6. **Research:** Under certain circumstances, we may use and disclose information about you for research purposes. All research projects, however, are subject to a special approval process.

Any other uses and disclosures will be made with only your written authorization, unless otherwise permitted by HIPAA and State law. You may revoke such authorization in writing, and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

SPECIAL SITUATIONS

1. **Public Health Activities.** We may disclose medical information about you for public health activities. Notifications are made to appropriate government authorities if we believe a client has been the victim of abuse, neglect, or domestic violence.

2. **Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose your health information in response to a court or administrative order. We may also disclose your health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if certain conditions are met. We may disclose your health information to courts, attorneys, and court employees in the course of conservatorship, and certain other judicial or administrative proceedings. Substance use disorder treatment records received from programs subject to 42 C.F.R. Part 2, or testimony relaying the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless based on written consent, or a court order after notice and an opportunity to be heard is provided to you or the holder of the record. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.
3. **Health Oversight:** We may disclose mental health information to a health oversight agency for activities authorized by law. These oversight 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 laws.
4. **Organ and Tissue Donation:** We may release your health information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
5. **Coroners and Medical Examiners:** We may be required by law to report the death of a client to a coroner or medical examiner.
6. **Advocacy Groups:** We may release health information to the statewide protection and advocacy organization if it has a client or client representative's authorization, or for the purposes of certain investigations.
7. **Department of Justice:** We may disclose limited information to the California Department of Justice for movement and identification purposes about certain criminal clients, or regarding persons who may not purchase, possess, or control a firearm or deadly weapon.
8. **Multidisciplinary Personnel Teams:** We may disclose your health information to a multidisciplinary personnel team relevant to the prevention, identification, management, or treatment of an abused child, the child's parents, or an abused elder or dependent adult.
9. **Senate and Assembly Rules Committee:** We may disclose your health information to the Senate or Assembly Rules Committee for purpose of legislative investigation.

OTHER SPECIAL CATEGORIES OF INFORMATION

Special legal requirements may apply under state law to the use or disclosure of certain categories of information — e.g., tests for the human immunodeficiency virus (HIV), treatment and services for alcohol and drug abuse, and certain mental health information. Some of these disclosures may be further restricted by state law governing the confidentiality of information.

**DATA BREACH NOTIFICATION**

We will promptly notify you if a data breach occurs that may have compromised the privacy or security of your Protected Health Information.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have any questions or believe that we have violated your right to privacy, you may contact us or file a formal complaint with the 360 Behavioral Health - Legal and Compliance Department at 16340 Roscoe Blvd, Suite 100, Van Nuys, CA 91406 (compliance@360bhmail.com) or to the Secretary of U.S. Department of Health and Human Services by sending a letter to 200 Independent Avenue, S.W., Washington, DC 20201, calling 1-877-696-6775, or visiting <http://www.hhs.gov/ocr/privacy/hipaa/complaints/>. You can also file a complaint with the California Department of Developmental Services (DDS) via phone at 1-916-654-1987 or by visiting the California DDS website at <https://dds.ca.gov/complaints/>. There will be no retaliation for filing a complaint.

CHANGES TO THIS NOTICE

We reserve the right to change our health information practices and the terms of our Notice of Privacy Practices, and to make the changes effective for all protected health information we maintain, including health information created or received before the effective date of the changes. In the event we change our health information practices, we will post the notice on our website and/or personally provide a revised Notice of Privacy Practices.

EFFECTIVE DATE

This notice was last updated 2/1/2026.