United American Indian Involvement (UAII)

Welcome

Serving the American Indian/Alaska Native Community in Los Angeles since 1974
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**Who are we?**

We are a non-for-profit 501 (c)3 private organization providing a wide array of health and human services to American Indian / Alaska Native’s (AIAN) living throughout the Los Angeles County. UAII has grown from a small community-based organization providing social services to AIAN living in the Skid Row area within the City of Los Angeles, to a multi-disciplinary comprehensive service center meeting the multiple needs of AIAN countrywide.

**Vision**

**UAII, Inc. will provide quality physical and behavioral health, education and social support services that promote healthy lifestyles and individual responsibility in order to strengthen American Indian/Alaska Native communities, now and for future generations. All services will integrate traditions, practices and beliefs, be culturally sensitive and respectful of American Indian/Alaska Native tribal affiliation.**

Adopted: United American Indian Involvement, Inc.
Board of Directors
January 15, 2015

**Mission**

**To promote and support the physical, behavioral and spiritual wellbeing of American Indian/Alaska Native Nations in the urban Los Angeles area by providing comprehensive, integrated services that focus on all age groups and incorporate American Indian/Alaska Native cultures and traditions.**

Adopted: United American Indian Involvement, Inc.
Board of Directors
January 26, 2015
# Services/Hours of Operation

1125 W. 6th Street Ste. 103 Los Angeles, CA 90017

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<th>Health Component</th>
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| 4th Floor        | UAII Community Clinic  
Primary Healthcare Services | Monday 8:30 am - 5:00 pm  
Tuesday 10:00 am - 4:00 pm  
Wednesday, Thursday & Friday 8:30 am - 4:00 pm  
Last appointment at 3:30 and closed on Holiday’s |
|                  | Los Angeles American Indian Health Project  
Public Health / Case Management / Health Insurance Access | Monday - Friday 8:00 am - 5:00 pm |
| Substance Abuse & Social Services Component | Robert Sundance Family Wellness Center  
Substance Abuse Counseling / Adult Mental Health / Senior Program and Social Services | Monday - Friday 8:00 am - 5:00 pm |
| 3rd Floor        |                     |                    |
| Behavior Health Component | Seven Generations Child & Family  
Counseling Services /Family Support/Violence Prevention | Monday - Friday 9:00 am - 6:00 pm |
| Ground Level     |                     |                    |
| Youth Services (5-17 years) | Los Angeles American Indian Clubhouse  
Central High School - UAII Branch | Monday - Friday 10:00 am - 5:00 pm |
| East end of building - Suite 160 |                     |                    |
Informed consent and disclosure of services

United American Indian Involvement (UAII) provides services in the form of direct services as well as referral and linkage services.

The direct services listed below are provided free of charge to all qualified UAII clients. UAII staff will work with the clients to secure services and funding available from various resources outside of UAII. Neither UAII nor any UAII programs guarantee payment for services that are referred to an appropriate health or substance abuse treatment provider.

**UAII PROVIDES THE FOLLOWING SERVICES AS APPROPRIATE TO EACH CLIENT:**

- Substance Use/Abuse Services
- Case Management Services
- Employment Services
- Social Services (Housing, Nutrition, Transportation)
- Senior Activities
- Cultural/Spiritual Activities
- Medical Services
- Benefits Coordination
- Mental Health Services
- Referral to Medical Services
- Referral to Dental Services
- Referral to Residential Treatment/Detox
- Referral to Sober Living
- Referral to Traditional Practitioners

Upon qualification to any UAII program, service, referral or linkage I understand that this consent acknowledges my participation in the services provided by UAII & required the discussion of my health conditions and health needs with a UAII staff member.

- I authorize UAII staff to provide the necessary or advisable health screening, assessments and evaluations for the purpose of providing direct services and linkage/referral services for myself or my children.
- I understand that some or all of my or my child’s personal health information may be shared among UAII Professional Staff and outside Service Provider’s in order to link me or my child to the appropriate services and to provide active case management services.
- I understand that UAII and any UAII programs are not responsible for fees to outside service providers unless I obtain a written referral/authorization for payment from my Case Manager prior to the service.

*This is your copy. Consent form will follow.*
Client’s Bill of Rights

The client has the right to receive services and to exercise the following rights without regard to gender, culture, ethnic group identification, economic status, education level, disability, age, creed, religion or sexual orientation. This statement shall not preclude UAII from emphasizing services for the American Indian/Alaska Native community:

The client has the right to:

- **Receive** considerate and respectful care and to be accorded dignity in contact with staff, volunteers, board members and other persons.
- **Be free from** verbal, emotional, physical abuse and/or inappropriate sexual behavior.
- **Expect** that all communications and records pertaining to his/her care be treated as confidential except in cases of threat to self or others, child abuse, elder or dependent elder abuse or court order. The client’s written permission shall be obtained before their records can be made available to anyone not directly concerned with their care. UAII shall assure confidentiality in accordance with Title 42, Code of Federal Regulations, Part 2.
- Know the name of the provider who has primary responsibility for coordinating their care and the names and professional relationships of other providers who will see them.
- Obtain complete and current information concerning their diagnosis, treatment, and prognosis in terms that the client can be reasonably expected to understand.
- Participate in decisions regarding their care unless the health or safety of self or others is being compromised or the client is in an altered state.
- Refuse treatment to the extent permitted by law, and to be informed of the health care consequences of the action.
- Be accorded access to his or her record in accordance to law.
- Leave the premises even against the advice of their providers.
- Expect that United American Indian Involvement will make reasonable response to all requests for services and provide clear explanations for any services that cannot be provided.
- Expect reasonable continuity of care and to know in advance the time and location of appointments.
- Know what the program rules and regulations are that apply to his/her participation in the program.
Clients Bill of Rights - Continued

- Be advised if the provider proposes to engage in research or perform experimentation that in any way affects their care. The client has the Right to refuse participation in Experimental Research.
- Be accorded safe, healthful and comfortable accommodations to meet his or her needs.
- The clients rights will be extended to and apply to any person who is identified to have legal responsibility to make decisions regarding the care of the client.
- To appeal a discharge or file a complaint with the Program Director according to the grievance procedure.*

Clients Have the Responsibility To:

- Provide accurate and complete information concerning your health history, financial status and/or any other information that is required by UAII in order to provide services.
- Inform UAII and/or referring facilities if you are not able to keep any appointments 24 hours prior to the scheduled appointment.
- Request further information concerning anything you do not understand.
- Speak with the Program Director if you are having difficulty with any staff member.
- Treat the staff and other clients in a respectful and courteous manner.
- Follow all rules and guidelines for program participation and use of the UAII facilities.

UAII Has the Right To:

- Refuse service to any client who is verbally or physically abusive or threatening to any staff member or client (on the phone, through electronic communication and in person).
- Refuse service to any client who is under the influence of alcohol, drugs or other substances.
- Suspend or terminate services of any client who does not comply with the guidelines or rules that are outlined for use of UAII programs or facilities.

This is your copy. Consent form will follow.
RE: SEX OFFENDERS

For all using UAI1I services,

We at United American Indian Involvement, Inc. strive to keep a safe environment for everyone, while utilizing our services. Due to the fact that we have a high school at our facility, and that we provide services to children, youth and families, we require any person who is registered as a sex offender to voluntarily disclose their status when present at our facility or when receiving services.

If you are a registered sex offender, please make an appointment to see me with the proper documentation specifying your restrictions, so we can try to accommodate your service needs. Information received will be kept confidential or utilized on a need to know basis for relevant staff members. Disclosures of a sex offender status will not result in a refusal of services. However, the time, place, and manner of providing services may be regulated and scheduled to ensure the safety of UAI1I employees and other clients.

If you are a registered sex offender and you are identified through public information such as the Megan’s Law Website, and you do not self-report, UAI1I has the right to refuse service.

Respectfully,

[Signature]

Jeremy Billy
Chief Executive Officer

Acknowledged by Applicant: ___________________________ Date: ____________

Staff Initials: _______ Revised: September 21, 2015
Notice of Privacy Practices

Effective November 11th, 2013

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

THIS NOTICE OF PRIVACY PRACTICES (THIS “NOTICE”) DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS AGENCY) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR PROTECTED HEALTH INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY

A. OUR COMMITMENT TO YOUR PRIVACY

Each time you visit our agency, a record of your visit is made. Typically, this medical record contains your symptoms, examination and test results, diagnosis, treatment, a plan for future care or treatment, and billing-related information. This Notice applies to all identifiable protected health information (PHI) in the medical records of your care generated by our agency. United American Indian Involvement, Inc. (UAII) is dedicated to maintaining the privacy of your PHI. We are required by law to maintain the confidentiality of PHI that identifies you. We also are required by law to provide you with this Notice of our legal duties and the privacy practices that we maintain in our agency concerning your PHI. By federal and state law, we must follow the terms of the Notice that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

• How we may use and disclose your protected health information;
• Your privacy rights in your protected health information; and
• Our obligations concerning the use and disclosure of your protected health information.

The terms of this Notice apply to all records containing your PHI that are created or retained by our agency. We reserve the right to revise or amend this Notice. Any revision or amendment to this Notice will be effective for all of your records that our agency has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our agency will post a copy of our current Notice in our offices in a
B. IF YOU HAVE ANY QUESTIONS, CONCERNS, REQUESTS, OR COMPLAINTS ABOUT THIS NOTICE AND RELATED INFORMATION INCLUDED IN THIS NOTICE, PLEASE CONTACT:

United American Indian Involvement
Attention: Jerimy Billy, HIPAA Compliance Officer
1125 West 6th Street, Suite 103
Los Angeles, CA 90017
(213) 202-3970

C. WE MAY USE AND DISCLOSE YOUR PHI IN THE FOLLOWING WAYS:

Your Protected Health Information

We collect PHI from you through treatment, payment and related health care operations, the application and enrollment process, and/or healthcare providers or health plans, or through other means, as applicable. Your PHI broadly includes any past, present and future healthcare information. Your PHI includes any information that is created or received through oral, written or electronic communications by certain health care entities, including health care providers, such as physicians and hospitals, as well as, health insurance companies or plans. The law specifically protects health information that contains data consisting of identifiers described in the HIPAA Privacy Rule including but not limited to your name, address, social security number, date of birth and others that could be used to identify you as the individual patient who is associated with the health information.

Uses or Disclosures of Your Protected Health Information

The following describe the different ways in which we may use and disclose your PHI.

1) **Treatment.** We may use your PHI for common treatment, perform laboratory tests, or to write prescriptions either within UAII or with our providers we have written agreements with such as local laboratories, pharmacies, or other special care. UAII employees involved in your care may use or disclose your PHI in order to treat you or to assist others in your treatment, such as your spouse, children or parents with written authorization.

2) **Payment.** UAII may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. We may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may
provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as your family members. Also, we may use your PHI to bill you directly for services and items.

3) **Health Care Operations.** UAII may use and disclose your PHI for our business operations such as evaluating the patient’s quality of care, conduct cost-management and/or conduct business-planning activities.

4) **Release of Information to Family/Friends.** Our agency may release your PHI with written authorization to a friend or family member that is involved or who assists with your care. The parent or legal guardian must authorize in writing to release PHI for persons taking care of their child as well.

5) **Disclosures Required By Law.** UAII may use and disclose your PHI when we are required to do so by federal, state, local or any other law not already referred to in this Notice.

6) **Treatment Alternatives.** We may use and disclose your PHI to manage and coordinate your healthcare and inform you of treatment alternatives that may be of interest of you including services and products.

7) **Appointment Reminders.** We may use and disclose your PHI such as your name and appointment time to provide a reminder to you about an appointment you have for treatment or care at UAII. A form needs to be completed for the best methods to be contacted.

8) **Business Associates.** In the event UAII provides services with contracted business associates or having services performed from these third parties, we may disclose your PHI in relation to the contracted services while appropriately maintaining the safeguard of your PHI.

9) **All Other Situations, With Your Specific Authorization.** Except as otherwise permitted or required, as described above, we may not use or disclose your PHI without your written authorization. Further, we are required to use or disclose your PHI consistent with the terms of your authorization. You may revoke, in writing, your authorization to use or disclose any PHI at any time, except to the extent that we have taken action in reliance on such authorization, or, if you provide the authorization as a condition of obtaining insurance coverage and the law provides the insurer with the right to contest a claim under the policy. Further, we will be unable to take back any disclosures we have previously made based upon your written authorization.
D. USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may use or disclose your PHI:

1) Public Health Risks. UAII may disclose your PHI to public health authorities that are authorized by law to collect information for the purposes of:
   - maintaining vital records, such as births and deaths;
   - reporting child abuse or neglect;
   - preventing or controlling disease, injury or disability;
   - notifying a person regarding potential exposure to a communicable disease;
   - notifying a person regarding a potential risk for spreading or contracting a disease or condition;
   - reporting reactions to drugs or problems with products or devices;
   - notifying individuals if a product or device they may be using has been recalled;
   - notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information; or
   - notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

2) Health Oversight Activities. UAII may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

3) Lawsuits and Similar Proceedings. UAII may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceedings. We also may disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
4) **Law Enforcement.** We may release PHI if asked to do so by a law enforcement official:
   - Regarding a crime victim in certain situations, if we are unable to obtain the person’s agreement;
   - Concerning a death we believe has resulted from criminal conduct;
   - Regarding criminal conduct at our offices;
   - In response to a warrant, summons, court order, subpoena or similar legal process;
   - To identify/locate a suspect, material witness, fugitive or missing person; or
   - In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator).

5) **Deceased Patients.** UAII may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.

6) **Organ and Tissue Donation.** UAII may release your PHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor; contingent to your organ donor status.

7) **Research.** UAII may use and disclose your PHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your PHI for research purposes except when: (a) our use or disclosure was approved by an Institutional Review Board or a Privacy Board; (b) we obtain the oral or written agreement of a researcher that (i) the information being sought is necessary for the research study; (ii) the use or disclosure of your PHI is being used only for the research and (iii) the researcher will not remove any of your PHI from our agency; or (c) the PHI sought by the researcher only relates to decedents and the researcher agrees either orally or in writing that the use or disclosure is necessary for the research and, if we request it, to provide us with proof of death prior to access to the PHI of the decedents.

8) **Serious Threats to Health or Safety.** UAII may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.
9) **Military.** UAII may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

10) **National Security.** UAII may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the President, other government officials or foreign heads of state, or to conduct investigations.

11) **Inmates.** UAII may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) protect your health and safety or the health and safety of other individuals.

12) **Worker’s Compensation.** UAII may release your PHI for workers’ compensation and similar programs.

13) **Data Breach Notification Purposes.** Our agency may use or disclose your protected health information to provide legally required notices of unauthorized access to or disclosure of your PHI.

E. **YOUR RIGHTS REGARDING YOUR PHI**

While we are not required to agree to any requested restriction, if we agree to a restriction, we are bound not to use or disclose your PHI in violation of such restriction, except in certain emergency situations. We will not accept a request to restrict uses or disclosures that are otherwise required by law. You have the following rights regarding the PHI that we maintain about you:

1) **Right to Request Restrictions on Use or Disclosure.** You have the right to request restrictions on certain uses and disclosures of your PHI about yourself. You may request restrictions on the following uses or disclosures: (a) to carry out treatment, payment, or healthcare operations; (b) disclosures to family members, relatives, or close personal friends of PHI directly relevant to your care or payment related to your health care, general condition, or death; (c) instances in which you are not present or your permission cannot be obtained due to your incapacity or an
emergency circumstance; (d) permitting other persons to act on your behalf to pick up filled prescriptions, medical supplies, X-rays, or other similar forms of PHI; or (e) disclosure to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

2) **Right to Request Restriction on Disclosures to Health Plans for Services Paid for In Full at Time of Service.** You have the right under the American Recovery and Reinvestment Act, Section 13405(a) to request UAI to restrict disclosures of PHI to a health plan for purpose of carrying out payment or healthcare operations if the PHI pertains solely to a healthcare item or service for which UAI has been paid out of pocket in full at time of service.

3) **Confidential Communications.** You have the right to request that UAI communicates with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to UAI specifying the requested method of contact, or the location where you wish to be contacted. UAI will accommodate reasonable requests.

4) **Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations or to restrict your PHI to only certain individuals involved in your care or the payment for your care. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. Your request must be in writing and include;
   - The information you wish restricted
   - Whether you are requesting to limit UAI’s use, disclosure or both; and
   - To whom you want the limits to apply.

5) **Inspections and Copies.** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to UAI in order to inspect and/or obtain a copy of your PHI and your written request will be valid for up to one year from the day it was signed and is valid
Notice of Privacy Practices - Continued

only for the specific date(s) of service and information per request form. Any additional information or date(s) requested are subject to a new written request.

UAII reserves the right to collect a reasonable fee incurred for the cost of printing if the amount of records printed exceeds the normal costs of printing & supplies.

Your designated record set is a group of records we maintain that includes medical records and billing records about you, or enrollment, payment, claims adjudication, and case or medical management records systems, as applicable. You have the right of access in order to inspect and obtain a copy of your PHI contained in your designated record set, except for (a) psychotherapy notes, (b) information complied in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding, and (c) health information maintained by us to the extent to which the provision of access to you would be prohibited by law. We must provide you with access to your PHI in a 90 day period in the form or format requested by you, or if not, in a readable hard copy format. We can also arrange a convenient time and place to inspect or obtain copies of your PHI or mail a copy to you at your request. We will discuss the scope, format, and other aspects of your request for access as necessary to facilitate timely access. If we deny your request for access or request for information, we will provide you with a written denial specifying the legal basis for denial, a statement of your rights, and a description of how you may request a review of our denial. If we do not maintain the information that is the subject of your request for access but we know where the requested information is maintained, we will inform you of where to direct your request for access.

If you’re PHI is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic or hard copy format of your record be given to you or transmitted to another individual or entity.

6) **Amendment.** You have the right to request that we amend your PHI or a record about you contained in your designated record set, for as long as the designated record set is maintained by us. To request an amendment, your request must be
made in writing and submitted to UAII. You must provide us with a reason that supports your request for amendment. Our agency will deny your request if you fail to submit your request (and the reason supporting your request) in writing. We have the right to deny your request for amendment, if: (a) we determine that the information or record that is the subject of the request was not created by us, unless you provide a reasonable basis to believe that the originator of the information is no longer available to act on the requested amendment, (b) the information is not part of your designated record set maintained by us, (c) the information is prohibited from inspection by law, or (d) the information is accurate and complete. We may require that you submit written requests and provide a reason to support the requested amendment. If we deny your request, we will provide you with a written denial stating the basis of the denial, your right to submit a written statement disagreeing with the denial, and a description of how you may file a complaint with us or the Secretary of the U.S. Department of Health and Human Services (“DHHS”). This denial will also include a notice that if you do not submit a statement of disagreement, you may request that we include your request for amendment and the denial with any future disclosures of your PHI that is the subject of the requested amendment. Copies of all requests, denials, and statements of disagreement will be included in your designated record set. If we accept your request for amendment, we will make reasonable efforts to inform and provide the amendment within a reasonable time to persons identified by us as having received PHI of yours prior to amendment and persons that we know have the PHI that is the subject of the amendment and that may have relied, or could foreseeably rely, on such information to your detriment. All requests for amendment shall be sent to UAII.

7) **Accounting of Disclosures.** All of our patients have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of certain nonroutine disclosures our agency has made of your PHI for non-treatment or operations purposes. Use of your PHI as part of the routine patient care in our agency is not required to be documented. We are not required to provide accounting of disclosures for the purposes: (a) treatment, payment, and healthcare operations, (b) disclosures pursuant to your authorization, (c) disclosures to you, (d) disclosures to a facility directory or to persons involved in your care, (e) disclosure for national security or
intelligence purposes, and (f) disclosures to correctional institutions. We reserve our right to temporarily suspend your right to receive an accounting of disclosures to health oversight agencies or law enforcement officials, as required by law. We will provide the first accounting to you in any twelve (12) month period without charge. In order to obtain an accounting of disclosures, you must submit your request in writing to UAII. All requests for an “accounting of disclosures” must state a time period, which may not be longer than six (6) years from the date of disclosure.

8) **Right to a Paper Copy of This Notice.** You are entitled to receive a paper copy of our Notice of Privacy Practices. Paper copies of this notice are located with our Front Desk and Patient Registration staff, located in the UAII community center. It will also be visibly posted on our website and available for download & printing at www.uaii.org.

9) **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our agency or with the Secretary of DHHS. All complaints must be submitted in writing. You will not be retaliated against for filing a complaint. A complaint must name the entity that is the subject of the complaint and describe the acts or omissions believed to be in violation of the applicable requirements of HIPAA or this Privacy Policy. A complaint must be received by us or filed with the Secretary of DHHS within 180 days of when you knew or should have known that the act or omission complained of occurred. As required by law, UAII will notify you in the event that a breach of your PHI occurs.

10) **Right to Provide an Authorization for Other Uses and Disclosures.** UAII will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI is valid for up to one year from the date it was signed and can be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. Please note that we are required to retain records of your care.

We reserve the right to revise or amend this Notice and our privacy practices at any time. These revisions or amendments may be made effective for all PHI we maintain even if created or received prior to the effective date of the revision or amendment. We will make available this Notice and/or our privacy practices, or changes in the law affecting this Notice and/or our privacy practices, within 60 days of the effective date of such revision, amendment, or change.

*This is your copy. Consent form will follow.*
**Hotline Numbers**

1. For emergency services, dial……………………..9-911  
2. For non – emergency Fire or Police, dial………. 9-311  
3. **Suicide Prevention Center Hotline** (24 hours per day, 7 days per week)  
   LA County only / Toll Free: (877) 727-4747  
4. **PMRT Team** (formally known at “PET”)  
   (800) 854-7771 (24 hours per day, 7 days per week) Los Angeles County Area  
   (213) 351-2813  
   Provides emergency suicide psychological assessments possibility of hospitalization  
5. **Gay / Lesbian Questions for Youth** (24 hours per day, 7 days per week)  
   (866) 4-U-Trevor / (866) 488-7386  
   Questions about Gay/Lesbians/Bi-Sexual for youth under 25  
6. **Teen Line**  
   (800) TLC-Teen / (800) 852-8336 (6 pm to 10 pm)  
   Provides free peer guidance and discussion with other teens  
7. **Domestic Violence Hotline** (24 hours per day, 7 days a week)  
   Adult Domestic Violence (310) 370-5902  
   Adolescent Domestic Violence (310)379-3620  
8. **Peace over Violence Crisis Hotline** (24 hours per day, 7 days a week)  
   (213) 626-3393, (310) 392-8381 and (626) 793-3385  
9. **Child Abuse Reporting Hotline** (24 hours per day, 7 days per week)  
   (800) 540-4000  
10. **Mental Health Information Hotline** (24 hours per day, 7 days a week)  
    (800) 854-7771  
    Provides 24-hour crisis intervention services as well as mental health referrals
Eligibility/Contact Information

UAII operates under Federal guidelines established by the Department of Health and Human Services Indian Health Service when determining eligibility for program services.

Eligibility requirements may vary upon the programs and services offered at UAII and may require additional documentation and/or forms to be filled out prior to participation in the program or service of choice. In any case, each program/service will provide notice of documents required.

Contact us

www.uaii.org
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Should you need medical or psychiatric attention during hours that we are closed, please go to your nearest emergency room or call 911.