



Two Feathers Native American Family Services

1560 Betty Court, Suite A, McKinleyville, California 95519
(707)839-1933 ♦ 1-800-341-9454 ♦ Fax (707)839-1726

NOTICE OF PRIVACY PRACTICES



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

If you have any questions about this notice, please contact our Executive Director at
(707) 839-1933.

Effective date of this notice: April 14, 2003

WHO WILL FOLLOW THIS NOTICE

This Notice describes the practices of Two Feathers Native American Family Services (NAFS) and that of:

- Any mental health professional authorized to enter information into your chart;
- All departments and units of Two Feathers NAFS;
- Any member of a volunteer group or internship we allow to help you while you are utilizing Two Feathers NAFS;
- All employees, staff, and other Two Feathers NAFS personnel.

Two Feathers NAFS offers therapeutic services throughout Humboldt County and collaborates with local tribal agencies to serve all native people and their families. All of 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. All client care is overseen and supervised by appropriate mental health and medical providers and followed by a team of mental health care professionals. Social Work Interns and graduates may participate in assessments or therapy in the care of clients.

OUR PLEDGE REGARDING YOU AND/OR YOUR CHILD'S MEDICAL AND MENTAL HEALTH INFORMATION

We understand that your health information is personal, and we are committed to protecting it. We create a record of the care and services you receive from Two Feathers NAFS. We need this record to provide you with quality care and meet legal requirements.

This notice applies to all of the records in your designated record set by Two Feathers NAFS.

This Notice of Privacy Practices describes how we may use and disclose your mental health and medical information to carry out treatment, payment and/or health care operations and for other purposes that are permitted or required by law. It also describes your right to access and control your mental health and medical information.

We are required by law to abide by the terms of this Notice of Privacy Practices. We are required by law to:

1. Ensure identifiable health information is kept private (with certain exceptions);
2. Notice you of our legal duties and privacy practices regarding health information; and
3. Follow the terms of the notice that are currently in effect. If more stringent federal, state, or local laws apply, those laws will be followed.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we may use and disclose health information. “Use” means how we utilize information within Two Feathers NAFS. “Disclose” means how we share information with others. For each category of uses and disclosures we explain what we mean and try to give examples. Not every use and disclosure in a category will be listed.

However, all of the ways we are permitted to use and disclose information will fall within one of the categories. Disclosure at Your Request: We may disclose information when requested by you. This disclosure may require a written authorization by you.

For Treatment: We may use and disclose health information to provide you with treatment or services. We may disclose it to doctors, nurses, technicians, or Two Feathers personnel involved in providing you services. For example, a psychiatrist treating you and/or your child may need to know about certain behavior changes so that medications can be adjusted. Two Feathers also may share mental health and medical information about you in order to coordinate the different things you need, such as prescriptions, appointments, and additional supports and services. We may also disclose health information about you to people outside Two Feathers who may be involved in your mental health and medical care after you receive treatment from Two Feathers, such as other health care providers, community agencies, and family members. For example, we may give your psychiatrist access to your child’s mental health information to assist your physician in treating them.

For Payment: We may use and disclose health information regarding treatment and services you receive for billing and payment collection (from you, an insurance company or a third party). For example, we may need to give your health plan information about services you received in order for them to pay us or reimburse you. We may also tell your health plan or mental health payer about a service you are going to receive to obtain prior approval or determine whether your plan will cover the services.

For Health Care Operations: We may use and disclose mental health and medical information about you for Two Feathers NAFS operations. These uses and disclosures are necessary to run Two Feathers and ensure clients receive quality care. For example, we use mental health information to review treatment and services and to evaluate staff performance in caring for you and 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 also combine health information about many clients to decide what new services Two Feathers should offer, what services are not needed, and evaluate the effectiveness of services. We disclose information to therapists, clinicians, nurses, and other agency personnel for review and learning purposes. We might combine the health information we have from other agencies to compare results and see where we can make improvements in client care and services. We may remove information that identifies you from this set of health information so others may use it to study mental health care and mental health care delivery without learning who the specific clients are.

Appointment Reminders: We use and disclose health information to contact you as a reminder that you have an appointment for treatment or medical care.

Treatment Alternatives: We use and disclose health information to describe or recommend alternative treatments that may be of interest to you.

Health-Related Products and Services: We use and disclose health information to tell you about health-related products or services that may interest you.

To Individuals Involved in Your Care or Payment for Your Care: Without the authorized representative’s consent, we will not release the client’s condition to the client’s family or friends, nor will we disclose that the client is being treated at Two feathers NAFS. We may disclose mental health or medical information about you to a friend or family member who is involved in your care. In the event you are incapacitated or there is an emergency, we may disclose health information if in the exercise of professional judgment it is determined the disclosure is in your best interest.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Disaster Relief: We may disclose health information about you to an entity assisting in disaster relief efforts so that family can be notified about your condition, status, and location.

Research: Under certain circumstances, we may use and disclose health information about you or your child for research purposes. For example, a research project may involve comparing the health and recovery of all clients who received one type of treatment to those who received another, for the same condition. Research projects are subject to a special approval process to evaluate the research needs with patients’ need for privacy. Before we use and disclose health information, the project will have been approved through this research approval process, however we may disclose information about you to people preparing to conduct a research project, for example, to help them look for patients with specific mental health or medical needs, so long as the

information they review does not leave Two Feathers NAFS. We will always ask for your permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care.

Business Associates: There are some services provided in our organization through contracts with business associates. Examples include consultant services for mental health, data processing, data storage vendor, and a copy service we may use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information. All of our business associates are obligated to protect the privacy of your information to the same requirements as Two Feathers NAFS and are not allowed to use or disclose any information other than as specified in our contract or as required by law.

Fundraising Activities: Two Feathers NAFS may use information about you to contact you in an effort to support Two Feathers NAFS and its operations. In situations where Two Feathers NAFS would likely receive a payment as a direct result of marketing communications, a request for authorization from you would be obtained. If you do not want Two Feathers NAFS to contact you for fundraising efforts, you may notify us in writing: Executive Director, Two Feathers NAFS, 1560 Betty Court Suite A McKinleyville, CA 95519.

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

To Avert a Serious Threat to Health or Safety: We may use and disclose mental health and 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. Disclosures, however, will be made only to the person threatened and someone who may be able to help prevent the threat.

Uses and Disclosures of Substance Use Disorder Treatment Records: The confidentiality of substance use disorder treatment patient records maintained by a 42 CFR Part 2 program is protected by Federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as having a substance use disorder. Exceptions to this rule include:

1. The patient (or authorized representative), consents in writing.
2. The disclosure is allowed by a court order.
3. The disclosure is made to medical personnel in a medical emergency.
4. The disclosure is made to qualified personnel for research, audit, or program evaluation.
5. The disclosure is made pursuant to an agreement with a qualified service organization (QSO). Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

Special Situations

We may also use and disclose health information about you for the following special situations:

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 such as physical description, photographs, medication regimen, family names and contact information, and emotional/behavioral history.

Workers' Compensation: We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Military and Veterans: If you are a member of the armed forces, we may release medical or mental health information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

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

Protective Services for the President and Others: We may disclose medical and mental health information about you to authorized federal officials so they may provide information to the president, other authorized persons or foreign heads of state or conduct special investigations.

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

1. To prevent or control disease, injury or disability;
2. To report births and deaths;
3. To report the abuse or neglect of children, elders and dependent adults;
4. To report reactions to medications or problems with products;
5. To provide proof of immunization prior to school admission;
6. To notify people of product recalls, repairs or replacement;

7. To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
8. To notify the appropriate government authority if we believe the client has been the victim of abuse, neglect or domestic violence. We will only make disclosure if you agree or when required or authorized by law; and
9. To notify emergency response employees regarding exposure to HIV/AIDS, to the extent necessary to comply with state and federal laws.

Mental Health and Health Oversight Activities: We may disclose mental health and medical 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 things such as the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested.

Law Enforcement: We may release health information if asked to do so by a law enforcement official:

1. In response to a court order, subpoena, warrant, summons or similar process;
2. To identify or locate a suspect, fugitive, material witness, or missing person;
3. About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
4. About a death we believe may be the result of criminal conduct;
5. About criminal conduct on Two Feathers NAFS' premises; and
6. 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.

Coroners, Medical Examiners and Funeral Directors: We may release specific 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 to funeral directors as necessary to carry out their duties.

Organ and Tissue Donation: We may release 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.

Correctional Institution: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official. This release would be necessary:

1. For the institution to provide you with health care;
2. To protect your health and safety or the health and safety of others; or
3. For the safety and security of the correctional institution.

Multidisciplinary Personnel Teams: We may disclose mental health and health information to a multidisciplinary personnel team relevant to the prevention, identification, management, or treatment of an abused child and the child's parents, or elder abuse and neglect.

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 mental health information that may be used to make decisions about your care or payment of your care. Usually, this includes medical and billing records, but may not include some mental health information. This does not include therapy notes. This may not include information that was not created by Two Feathers NAFS.

To inspect and copy health information that may be used to make decisions about you and/or your child, you must submit your request in writing. If you request a 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 very limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed mental health or medical professional chosen by Two Feathers NAFS who was not directly involved in the denial of your request, and we will comply with the outcome of the review. Requests for records must be submitted to the Executive Director, located at 1560 Betty Court Suite A, McKinleyville, CA 95519.

Two Feathers NAFS has created technical and administrative safeguards to protect information. This includes firewalls, encryption, and passwords. If you request information be sent by email or electronic communication there is always a risk that the information may be viewed by unauthorized individuals. Therefore it is our responsibility to communicate the risk of interception of protected information that is possible through this method of delivery.

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 Amend: If you feel that 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 Two Feathers NAFS. To request an amendment, your request must be made in writing. 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:

1. Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
2. Is not part of the health information kept by or for Two Feathers NAFS;
3. Is not part of the information which you would be permitted to inspect and copy; or
4. 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 disclosure." This is a list of the disclosures we made of medical or mental health information about you and/or your child other than our own uses for treatment, payment and health care operations, (as those functions are described above) and with other exceptions pursuant to the law. To request this list or accounting of disclosures, you must submit your request in writing. Your request must state a time period which may not 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, electronically). The first list you request within a 12 month period is 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 costs are incurred.

Right to Request Restrictions: You have the right to request a restriction or limitation on the medical and mental health information we use and disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the 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. For example, you could ask that we not use or disclose information about a treatment you received. Two Feathers NAFS is not required to agree to your requested restriction except if you request that Two Feathers NAFS not disclose protected health information to your health plan or insurer for payment or health care operations with respect to healthcare for which you have paid us "out-of-pocket" in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, you must make your request in writing. In your request, you must provide:

1. What information you want to restrict or limit;
2. Whether you want to restrict or limit our use, disclosure or both; and
3. To whom you want the restriction or limits to apply, for example, disclosures to your spouse.

Out-of-Pocket-Payments. If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your health information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

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 Confidential Communications: You have the right to request that we communicate with you about you or your child's mental health or medical 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, or other electronic means. To request confidential communications, you must make your request in writing. 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. You are responsible for providing us updates if there are changes to your request. These changes will also need to be in writing. Please be aware that when requesting confidential communication through email that there is a risk that an unauthorized third-party might view the information.

Right to Receive Notice of a Breach: You have the right to be notified upon a breach of any of your unsecured Protected Health Information. In the event that there is an unauthorized use or impermissible disclosure of you or your child's protected health information, Two feathers NAFS will provide you with a written notification of the breach following discovery of the breach and no later than 60 days after.

Right to a Paper Copy of This Notice: You have the 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 contact us at (707) 839-1933, via email at director@twofeathers-nafs.org, or via mail or in person at 1560 Betty Court Suite A McKinleyville, CA 95519. You may also obtain a notice at our website: www.twofeathers-nafs.org.

Right to Receive an Electronic Copy of Medical Records: If you or your child's medical or mental health information 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 copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to you or your child's medical or mental health information in the form or format you request, if it is readily producible in such form or format. If the health information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES

The following uses and disclosures of you and/or your child's medical or mental health information will be made only with your written authorization. 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.

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 and mental health information we already have about you and/or your child as well as future information. We will post a copy of the current notice on the Two Feathers NAFS website at www.twofeathers-nafs.org. The notice will contain on the first page the effective date. We may change the terms of our notice, at any time. The new notice will be effective for all medical and mental health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. You may obtain a revised version by accessing our website, or calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment. Effective date of this notice: April 14, 2003
Revised: November 20, 2018

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Two Feathers NAFS, Humboldt County Department of Health and Human Services (DHHS), or with the Secretary of the United States Department of Health & Human Services. To file a complaint with Two Feathers NAFS, contact: the Two Feathers Executive Director (707) 839-1933 1560 or at Betty Court Suite A McKinleyville, CA 95519. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

OTHER USES OF HEALTH INFORMATION

Uses and disclosures of medical and mental health 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 or your child, you may revoke that permission, in writing, at any time. If you revoke your permission, this will stop any further use or disclosure of your health information for the purposes covered by your written authorization, except if we have already acted in reliance on your permission. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you. You may obtain more information about you and your child's rights under HIPAA at: <https://www.hhs.gov/hipaa>.



Two Feathers Native American Family Services

1560 Betty Court, Suite A, McKinleyville, California 95519
(707)839-1933 ♦ 1-800-341-9454 ♦ Fax (707)839-1726

Grievance Procedure/Discrimination Complaint Process

Grievance Procedure:

Prior to expressing your concern, please compose your thoughts regarding your concerns including the following details:

1. Date & time of concern

2. Two Feathers team members involved

3. Summary of concern

4. Talk to your clinician about your complaint.

If you are uncomfortable doing this or not satisfied with the results, contact the Executive Director to schedule an appointment to discuss your concern. If possible, this contact should occur within 3 days.

Blair Kreuzer

Executive Director

Two Feathers Native American Family Services

1560 Betty Court Suite A

McKinleyville, CA 95519

director@twofeathers-nafs.org

(707) 839-1933

If uncomfortable doing this or not satisfied with the results, please submit your grievance in writing or via email to Board of Directors,

Two Feathers Native American Family Services

Board of Directors Representative

1560 Betty Court Suite A

McKinleyville, CA 95519

director@twofeathers-nafs.org

(707) 839-1933

You will receive a response within seven working days. A copy of any complaint will be kept with the client file.

You also have the right to file complaints with Humboldt County Department of Health and Human Services by phone (707) 268-2990 or email hsmhb@co.humboldt.ca.us.

Or with the State of California Mental Health Ombudsman by phone 1-888-452-8609

or email at MMCDombudsmanOffice@dhes.ca.gov

To contact the U.S. Department of Health & Human Services:

Office for Civil Rights, Department of Health and Human Services 601 East 12th St., Room

248, Kansas City, MO 64106,

(816) 426-7277

TDD: (816) 426-7065

Fax: (816) 426-3686

Discrimination Complaint Process

The EEO/Human Resources Office will make every attempt to resolve the issue(s) at the lowest level possible. Upon initial contact with the employee, applicant or client by telephone or in person. The EEO Counselor/Human Resources Office will listen to the issues and determine if the issue(s) are within the EEO jurisdiction. The issue of jurisdiction will be addressed initially in every case at the preliminary or intake stage of the discrimination complaint. The severity or pervasiveness of the complaint will determine the course of action requires. If the issues(s) are not with in the EEO jurisdiction, the complaint will be referred to the correct avenue to seek redress, such as supervisor, appropriate union representative, personal office, etc.

Employee, Applicant or Client:

1. The employee, applicant, or client submits a discrimination complaint to the EEO/Human Resources Office
2. The written complaint must include all information noted on the complaint form (attached)

Equal Employment Opportunity Office/Human Resources Office:

1. The EEO Officer will review the complaint and verify jurisdiction.
If the complaint is not within the EEO jurisdiction or filed timely, a written response will be transmitted to the complainant by the EEO Officer stating the facts or referring the individual to the appropriate process.
If within EEO jurisdiction, the EEO Officer may:
 - a) Attempt further negotiate informal resolution of the complaint;
 - b) Make a decision on the merit of the complaint; or
 - c) Assign to an EEO investigator.
2. The EEO Officer will notify the respondent (person alleged to have discriminated against the complainant) and their supervisor/manager that a formal complaint has been filed, explain the investigation process and the respondent's right to representation.
3. The EEO Officer will assign the complaint to a trained EEO Investigator within 7-14 working days of receipt for investigation, after determining an investigation is warranted.
4. The EEO Officer will notify the complainant, respondent and witnesses in writing of the date, time and location of their scheduled interview and the name of the assigned investigator.

Equal Employment Opportunity Investigator:

1. The EEO Investigator will conduct tape-recorded interviews with the complainant, respondent(s) and identified witnesses to obtain statement of facts. It is absolutely imperative that each employee interviewed maintained confidentiality regarding the information discussed with the investigator.
2. Upon completion of the interviews the EEO Investigator will review and compare statement of facts, any reports or material provided during the interviews to determine whether the allegation(s) was substantiated.
3. The Investigator prepares a written report of the investigative findings and submits the report to the EEO Officers within 120 days after the case is assigned. The report should describe the circumstances, which prompted the formal complaint, and set forth all relevant facts.

Additionally, an employee, applicant, or client who believes they have been discriminated against may file a complaint simultaneously with the Federal Equal Employment Opportunity Commission (EEOC), the California Department of Fair Employment and Housing (DFEH), the US Department of Justice, Office for Civil Rights (OCR), complainant may also bypass Two Feathers Native American Family Service's internal discrimination complaint process and file directly with these outside entities.

Time-Frames and Basis for Filing Internal and External Complaints:

An employee, applicant, or client who believes he/she has been discriminated against may file with:

1. The Employer, DFEH, or OES's Equal Employment Opportunity (EEO) Office within 365 days of the last incident or notification of alleged discrimination act(s). Of the complainant just obtained knowledge of the alleged discriminatory action(s), an additional 90 days are granted following the one-year expiration date. The covered basis includes: RACE, COLOR ANCESTRY, NATIONAL ORIGIN, RELIGION, AGE, SEX, (INCLUDES SECUAL HARASSMENT), PHYSICAL OR MENTAL DISABILITY, MARITAL STATUS, SEXUAL ORIENTATION, MEDICAL CONDITION, DENIAL OF FAMILY AND MEDICAL AND CARE LEAVE, AND/OR RETALIATION.
2. EEOC within 300 days of the last incident or notification of the alleged discrimination act(s). the covered basis includes: RACE, COLOR, SEX (SECUSL HARASSMENT), NATIONAL ORIGIN, RELIGION, AGE, DISABILITY, AND/OR RETALIATION.
3. Department of Labor (DOL) with in two (2) years of the last incident or notification of alleged discriminatory act(s). The covered basis includes: FAMILY MEDICAL LEAVE ACT (FMLA)
4. Department of Justice OCR one year under Omnibus Crime Control & Safe Street, Act of 1968 (RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX) and 180 days under other federal legislation listed in the grantee handbook.

Roles and Responsibilities:

Two Feathers Native American Family Services Director:

Two Feathers Native American Family Services Director is responsible for the overall implementation of Two Feathers Native American Family Services discrimination complaint process.

EEO/Human Resources Office:

The EEO/Human Resources Office is responsible for the development, implementation and effectiveness of Two Feathers Native American Family Services discrimination complaint process and must ensure that all employees, volunteers and clients are aware of the discrimination complaint process.

Employee:

An employee who believes he/she has incurred discrimination or witnessed discrimination has the responsibility to report it to the appropriate supervisor or the EEO/Human Resources Office to provide all relevant information in a manner that allows the Agency the best opportunity to resolve the complaint.

EEO Investigator:

The EEO Investigator acts as a fact finder whose primary responsibility is to gather sufficient evidence to the complaint issue(s) which would provide the basis for determining whether the action complained of was the result of illegal discrimination. At the conclusion of an investigation, the EEO Investigator prepares and submits a report of findings to the appropriate authority.

Equal Employment Opportunity Officer/Human Resources Office:

The EEO Officer receives the investigation report and supporting documentation and reviews the report for accuracy and contents. Once the EEO Officer accepts the report he/she will then meet with the EEO review committee within ten (10) days after receipt of the investigation file.

1. The Director or designee will concur with, revise or reject the recommendation and notify the EEO Officer of the final decision.
2. The director or designee will provide the complainant with a final decision in writing within 180-day s from the date the complaint was formally filed.
3. If the investigation substantiates a “finding of decimation,” an appropriate management will consult with the personnel officer, and legal counsel to take the appropriate steps including any request for any adverse actions, after receipt of the investigation file.

Access to Records:

The EEO Officer and EEO investigator during the course of an investigation have authorized access to Two Feathers Native American Family Services files and records, which may contain evidence regarding the allegations of discrimination.

Confidentiality:

When a formal complaint is filed, the complainant should understand there is no guarantee of confidentiality. Also, witnesses interviewed will be asked to keep their discussion with the EEO Investigator confidential.

Retaliation or Reprisals:

Retaliation or reprisal of any nature shall not be taken against any person who has filed a complaint or participated in the complaint process (i.e. witness). If an individual feels he/she has experienced retaliation for filing a discrimination complaint or participating in the process, the may file a complaint directly with the EEO Officer, DFEH, EEOC, or OCR. Any manager, supervisory, or employee who is found to have used their position to harass another will be subject to appropriate adverse action up to and including dismissal.

Inquiries:

Any questions or concern regarding this process or for review of specific State and Federal laws prohibiting discrimination based on any protected status, contact the Equal Employment Opportunity Officer, Virgil Moorehead.

I (print name) _____, the undersigned, acknowledge receipt of a copy of the Grievance Form and Discrimination Complaint Process.

Signature _____

Date _____