

NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

Updated: January 1, 2009

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED & DISCLOSED & HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact:

DHHS HIPAA Privacy Officer
507 "F" Street, Eureka, CA 95501
(707) 441-5410

1. WHO WILL FOLLOW THIS NOTICE

- a. This Notice describes the practices of Humboldt County Department of Health & Human Services (DHHS).

2. OUR PLEDGE REGARDING MEDICAL INFORMATION

- a. We understand that your medical information is personal, and we are committed to protecting it. We create a record of the care & services you receive from DHHS. We need this record to provide you with quality care & meet legal requirements.
- b. This notice explains how we may use/disclose your medical information. It describes your rights & our obligations regarding the use/disclosure of medical information.
- c. We are required by law to:
 - i) Ensure identifiable medical information is kept private (with certain exceptions);
 - ii) Notice you of our legal duties & privacy practices regarding medical information; &
 - iii) Follow the terms of the Notice that are currently in effect.

3. HOW WE MAY USE & DISCLOSE MEDICAL INFORMATION ABOUT YOU

- a. The following categories describe different ways that we may use/disclose medical information. "Use" means how we utilize information within DHHS. "Disclose" means how we share information with others. For each category of uses/disclosures we explain what we mean & try to give examples. Not every use/disclosure in a category will be listed. However, all of the ways we are permitted to use/disclose information will fall within one of the categories.
- b. **For Treatment**
 - i) We may use medical information to provide you with treatment or services. We may disclose it to doctors, nurses, technicians, or department personnel involved

in providing you services.

c. For Payment

- i) We may use/disclose medical information regarding treatment and services you receive for billing & 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 also tell your health plan about a service you are going to receive to obtain prior approval or determine whether your plan will cover the services.

d. For Health Care Operations

- i) We may use/disclose medical information about you for health care operations. These uses/disclosures are necessary to run DHHS and ensure clients receive quality care. For example, we use it to review treatment and services and to evaluate staff performance. We also combine medical information about many clients to decide what new services the department should offer, what services are not needed, and evaluate the effectiveness of services. We disclose information to doctors, nurses, technicians and other staff for review and learning purposes. We might combine the medical 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 medical information so others may use it to study health care and health care delivery without learning who the specific clients are.

e. Appointment Reminders

- i) We use/disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care.

f. Treatment Alternatives

- i) We use/disclose medical information to describe or recommend alternative treatments that may be of interest to you.

g. Health-Related Products & Services

- i) We use/disclose medical information to tell you about health-related products or services that may interest you.

h. Individuals Involved in Your Care or Payment for Your Care

- i) We may release medical information about you to a friend/family member who assists in your medical care. We also give information to those who help pay for your care.
- ii) We may disclose medical information about you to an entity assisting in disaster

relief efforts so that family can be notified about your condition, status, & location.

i. Research

- i) Under certain circumstances, we may use/disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of patients who received one medication 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/disclose medical 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 medical needs, so long as the information they review does not leave the department. We will almost 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.

j. As Required by Law

- i) We will disclose medical information about you when required to do so by federal, state or local law.

k. To Avert a Serious Threat to Health or Safety

- i) We may use and disclose 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. Any disclosure, however, would only be to the person threatened and law enforcement.

l. SPECIAL SITUATIONS

In addition, we may use and disclose medical information about you for the following special situations:

i) Workers' Compensation

- (1) We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

ii) Public Health Risks

- (1) We may disclose medical information about you for public health activities. These activities generally include the following:
 - (a) To prevent or control disease, injury or disability;
 - (b) To report births and deaths;

- (c) To report the abuse or neglect of children, elders and dependent adults;
- (d) To report reactions to medications or problems with products;
- (e) To notify people of recalls of products they may be using;
- (f) 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;
- (g) To notify the appropriate government authority if we believe a client has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

iii) **Health Oversight Activities**

- (1) We may disclose 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.

iv) **Lawsuits & Disputes**

- (1) If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical 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.

v) **Law Enforcement**

- (1) We may release medical information if asked to do so by a law enforcement official:
 - (a) In response to a court order, subpoena, warrant, summons or similar process;
 - (b) To identify or locate a suspect, fugitive, material witness, or missing person;
 - (c) About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - (d) About a death we believe may be the result of criminal conduct;
 - (e) About criminal conduct at the hospital; and

- (f) 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.

vi) **Coroners, Medical Examiners & Funeral Directors**

- (1) We may release specific medical 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 medical information about clients to funeral directors as necessary to carry out their duties.

vii) **National Security & Intelligence Activities**

- (1) We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

viii) **Protective Services for the President & Others**

- (1) We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons of foreign heads of state or conduct special investigations.

ix) **Inmates**

- (1) If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical 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.

4. **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

a. You have the following rights regarding medical information we maintain about you:

i) **Right to Inspect & Copy**

- (1) You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but may not include some mental health information.
- (2) To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing.
- (3) 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.

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

ii) **Right to Amend**

- (1) If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the department.
- (2) To request an amendment, your request must be made in writing. In addition, you must provide a reason that supports your request.
- (3) 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:
 - (a) Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
 - (b) Is not part of the medical information kept by or for the department;
 - (c) Is not part of the information which you would be permitted to inspect and copy; or
 - (d) Is accurate and complete.
- (4) 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 your medical 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.

iii) **Right to an Accounting of Disclosures**

- (1) You have the right to request an “accounting of disclosure.” This is a list of the disclosures we made of medical information about you other than our own uses for treatment, payment and health care operations, (as those functions are described above) and with other expectations according to the law.
- (2) 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.

iv) **Right to Request Restrictions**

- (1) You have the right to request a restriction or limitation on the medical information we use/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.
- (2) ***We are not required to agree to your request.*** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.
- (3) To request restrictions, you must make your request in writing. In your request, you must tell us:
 - (a) What information you want to limit;
 - (b) Whether you want to limit our use, disclosure or both; and
 - (c) To whom you want the limits to apply, for example, disclosures to your spouse.

v) **Right to Request Confidential Communications**

- (1) You have the right to request that we communicate with you about 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.
- (2) 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.

vi) **Right to a Paper Copy of This Notice**

- (1) 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.
- (2) You may obtain a copy of this notice at our website: <http://county-internet/hhs/>

- (3) To obtain a paper copy of this notice:
- (a) Leave a message on the HIPAA line (707) 441-5410 with your name and an address where the notice can be mailed.
 - (b) Come to Humboldt County Mental Health at 720 Wood Street, Eureka, CA; or
 - (c) Come to Humboldt County Public Health at 529 "I" Street, Eureka, CA; or
 - (d) Come to Social Services at 929 Koster Street, Eureka, CA

5. CHANGES TO THIS NOTICE

- a. We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as future information. We will post a copy of the current notice in the department. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you apply to the department for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

6. COMPLAINTS

- a. If you believe your privacy rights have been violated, you may file a complaint with the department or with the Secretary of the Department of Health & Human Services. To file a complaint with the department, contact:

DHHS HIPAA Privacy Officer
507 "F" Street, Eureka, CA 95501
(707) 441-5410

- b. All complaints must be submitted in writing.
- c. **You will not be penalized for filing a complaint**

7. OTHER USES OF MEDICAL INFORMATION

- a. Uses/disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, 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 medical 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.