



## NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY!

We understand that your medical information is personal and we will protect your privacy as the law requires. We may share your protected health information with others for purposes of treatment, payment, and health care operations. "Protected health information" means the personal and medical information we obtain in providing our services to you. Such information may include a list of your symptoms, examination and test results, diagnoses, treatment, medications and applications for future care or treatment. It also includes related billing information. This *Notice* explains (1) how we may use this information (2) our responsibilities to you, and (3) your rights of privacy.

### REQUIREMENT FOR WRITTEN AUTHORIZATION

Generally, we will obtain your written authorization before using your health information or sharing it with others outside of our organization. There are certain situations where we must obtain your written authorization before using your health information or sharing it, including:

**Marketing.** We may not disclose any of your health information for marketing purposes if we will receive direct or indirect financial remuneration not reasonably related to our cost of making the communication.

**Sale of Protected Health Information.** We will not sell your protected health information to third parties. The sale of protected health information, however, does not include a disclosure for public health purposes, for research purposes where we will only receive remuneration for our costs to prepare and transmit the health information, for treatment and payment purposes, for the sale, transfer, merger or consolidation of all or part of our operations, for a business associate or its subcontractor to perform health care functions on our behalf, or for other purposes as required and permitted by law.

## **HOW WE MAY USE YOUR INFORMATION WITHOUT YOUR AUTHORIZATION:**

- **FOR TREATMENT:** Information obtained will be recorded in your file in order to get you the care you need. For example, a doctor or nurse may need to consult with another specialist, clinic, lab, etc. for the best treatment.
- **FOR PAYMENT:** Limited information is shared with doctors, clinics and others who bill for your care. We may forward bills to other health plans for payment.
- **FOR HEALTH CARE OPERATIONS:** In addition to general administration, we may share information with other organizations to accomplish certain tasks, such as quality improvement, audits, investigations, testing and planning. Those organizations must safeguard your information.

## **ADDITIONAL WAYS THAT WE MAY SHARE YOUR INFORMATION:**

- **APPOINTMENTS/OTHER NOTIFICATIONS:** We may need to contact you (your family, friend or personal representative if involved in your care or payment for your care) in an emergency, or to tell you about an appointment or available health benefits, refills, exams or programs.
- **VICTIMS OF ABUSE, NEGLECT, OR DOMESTIC VIOLENCE:** If health providers believe disclosure of information is necessary to prevent or discontinue serious harm to someone, that information may be shared with certain governmental agencies.
- **OVERSIGHT AGENCIES:** Certain agencies that oversee health care systems may receive health care information as part of their audits, civil, administrative or criminal investigations, inspections, licensures or disciplinary actions, and for similar reasons.
- **JUDICIAL/ADMINISTRATIVE PROCEEDINGS:** We may share health information for judicial and administrative purposes as required by law, such as in lawsuits or court-ordered Workers' Compensation actions.
- **LAW ENFORCEMENT:** We may share health information for certain law enforcement purposes, including laws that require reporting of certain types of wounds or other physical injury or abuse, or crimes against program employees or on program premises. Sharing is also allowed to identify a suspect, fugitive, witness or missing person.
- **CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS:** Some laws require health information to be shared with funeral directors, coroners or medical examiners in order for them to carry out their duties.
- **ORGAN PROCUREMENT ORGANIZATIONS:** Health information may be shared with organizations that obtain, store or transplant organs or tissue according to law.

- **RESEARCH:** We may disclose information to specific approved researchers who are also required to protect your health information.
- **THREAT TO HEALTH & SAFETY:** Health information may be shared in the case of a threat to the health or safety of a person or the public, such as a terrorist attack, medical emergencies, serious risk of disease, injury or disability, or emergency disaster relief.
- **FOR SPECIALIZED GOVERNMENTAL FUNCTIONS:** Health information may be provided for reasons of national security, intelligence or to public assistance programs.
- **CORRECTIONAL INSTITUTIONS:** If you are an inmate, protected health information may be legally shared as necessary.
- **PUBLIC HEALTH ACTIVITIES:**  
Controlling Disease - We may provide your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability, including reporting of vital statistics.

Food and Drug Administration (FDA) - Your health information may be provided to the FDA if related to reactions to food, supplements, products and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacements.

- **BUSINESS ASSOCIATES:** We may disclose your health information to contractors, agents and other “business associates” who need the information in order to assist us with obtaining payment or carrying out our business operations. For example, we may share your health information with a billing company that helps us to obtain payment from your insurance company, or we may share your health information with an accounting firm or law firm that provides professional advice to us. If we do disclose your health information to a business associate, we will have a written contract to ensure that our business associate also protects the privacy of your health information. If our business associate discloses your health information to a subcontractor or vendor, the business associate will have a written contract to ensure that the subcontractor or vendor also protects the privacy of the information.
- **FRIENDS AND FAMILY DESIGNATED TO BE INVOLVED IN YOUR CARE:** If you do not object, we may share your health information with a family member, relative, or close personal friend who is involved in your care or payment for your care, including following your death.
- **PROOF OF IMMUNIZATION:** We may disclose proof of a child’s immunization to a school, about a child who is a student or prospective student of the school, as required by State or other law, if a parent, guardian, other person acting in loco parentis, or an emancipated minor, authorizes us to do so, but we do not need written authorization.

- **DE-IDENTIFIED INFORMATION:** We may use and disclose your health information if we have removed any information that has the potential to identify you so that the health information is “completely de-identified.” We may also use and disclose “partially de-identified” health information about you if the person who will receive the information signs an agreement to protect the privacy of the information as required by federal and State law. Partially de-identified health information will not contain any information that would directly identify you (such as your name, street address, social security number, phone number, fax number, electronic mail address, website address, or license number).
- **INCIDENTAL DISCLOSURES:** While we will take reasonable steps to safeguard the privacy of your health information, certain disclosures of your health information may occur during or as an unavoidable result of our otherwise permissible uses or disclosures of your health information.

The use of your information for other reasons will be made only if you provide written permission, which you may take back in writing at any time, except if we have already released the information or if permission was required in order for you to be covered by insurance.

**Use and Disclosures Where Special Protections May Apply:** Some kinds of information, such as HIV-related information, mental health information, and genetic information, are considered so sensitive that State or federal laws provide special protections for them. Therefore, some parts of this general Notice of Privacy Practices may not apply to these types of information. If you have questions or concerns about the ways these types of information may be used or disclosed, please speak with your health care provider.

With respect to alcohol and substance abuse treatment information protected under 42 CFR Part 2, your treatment information will only be disclosed as expressly allowed by law for those records which is more narrow than the law provides for medical records generally. Disclosure will be authorized with a valid consent form, for medical emergencies, research, and audit and evaluation, or with a court order only as permitted by federal law (2 CFR 2.31-2.67.) Violations of federal law and 42 CFR Part 2 regulations is a crime and suspected violations may be reported to appropriate authorities. Information related to a patient's commission of a crime on the premises of the part 2 program or against personnel of the part 2 program is not protected. Reports of suspected child abuse and neglect made under state law to appropriate state or local authorities are not protected.

## **YOUR HEALTH INFORMATION RIGHTS**

**The health and billing records we keep are the property of Placer County. You have the right to:**

1. Ask us not to share your health information in a manner listed above, by making a written request to our Privacy Officer. You also have the right to request that your health information not be disclosed to a health plan if you have paid for the

services in full, and the disclosure is not otherwise required by law. The request for restriction will only be applicable to that particular service. You will have to request a restriction for each service thereafter. We may deny your request, but we will comply with any request that is granted.

2. Obtain another paper copy of the *Notice of Privacy Practices* ("Notice") by making a written request to the Privacy Officer. You may also view it on our website, which is: [www.placer.ca.gov/4009/HIPAA](http://www.placer.ca.gov/4009/HIPAA).
3. (In most cases) inspect and obtain a paper or electronic copy your health and billing record - by asking our Privacy Officer in writing. You may be charged the cost of copying the records. You may appeal a denial of access to your protected health information except in certain circumstances. If you would like an electronic copy of your health information, we will provide you a copy in electronic form and format as requested as long as we can readily produce such information in the form requested. Otherwise, we will cooperate with you to provide a readable electronic form and format as agreed.
4. Request a correction or amendment to your health care record by asking our Privacy Officer in writing. Your request may be denied if, for example, the information is not kept or created by us, or the file is accurate and complete. If the change is not made, you may file a *Statement of Disagreement*, which will become part of your health record.
5. Receive an 'accounting of disclosures,' which is a list of times we have shared your health information after 4/14/03 by asking our Privacy Officer in writing. The list will not include internal uses of information for treatment, payment, operations, disclosures made at your request, or those to family members or friends in the course of providing care.
6. Be notified if there is a probable compromise of your unsecured protected health information within sixty (60) days of the discovery of the breach. The notice will include a description of what happened, including the date, the type of information involved in the breach, steps you should take to protect yourself from potential harm, a brief description of the investigation into the breach, mitigation of harm to you and protection against further breaches, and contact procedures to answer your questions.
7. Name a personal representative who may act on your behalf to control the privacy of your health information. Parents and guardians will generally have the right to control the privacy of health information about minors unless the minors are permitted by law to act on their own behalf.
8. Ask our Privacy Officer, in writing, that we communicate with you only in writing or at a different address or phone number. We will agree if the request is reasonable.

## **OUR RESPONSIBILITIES**

### **We are required to:**

- Maintain the privacy of your health information as required by law;
- Provide you with this *Notice* explaining our duties and how we collect and disclose your information;
- Follow the terms of this *Notice*;
- Notify you if we cannot agree to your request;
- Contact you in writing or at a different address or phone number, if your request is reasonable;
- Provide you with a list of who received your health information after 4/14/03 upon your written request (an accounting of disclosures);
- Notify you of any changes in this privacy policy, post a new *Notice* in each County service location, and give you a new copy upon your request.

## **TO REQUEST INFORMATION OR FILE A COMPLAINT**

If you have questions, would like additional information or forms, wish to exercise any of the above rights, or feel that your privacy rights have been violated, you may call or write to:

**Privacy Officer  
Placer County  
Dept. of Health & Human Services  
3091 County Center Drive, Suite 290  
Auburn, CA 95603  
Telephone: (530) 886-3621**

**Office for Civil Rights  
U.S. Dept. of Health & Human Services  
90 7<sup>th</sup> Street, Suite 4-100  
San Francisco, CA 94103  
Phone: (800) 368-1019  
TDD: (800) 537-7697  
FAX: (415) 437-8329**

Your benefits will not be affected by any complaints you make. We cannot, and will not, treat you differently if you file a complaint.

**Effective Date: April 14, 2003  
Amended January 6, 2020**