Notice of Privacy Practices for Protected Health Information

This Notice describes how medical information about you may be used and disclosed and how you can get access to this information.

PLEASE READ IT CAREFULLY

Our Duty to Safeguard Your Protected Health Information: Your health information is personal and private. Individually identifiable information about your past, present, or future health or condition; the provision of health care to you; or payment for the health care is known as "Protected Health Information" or "PHI" for short. We are required by law to safeguard the privacy of your PHI, subject to certain exceptions, and to give you this Notice of our duties and practices that explains how, when, and why we may use or disclose your PHI, and to follow the terms of this notice or subsequent notices. Except in specified circumstances, we must use or disclose only the minimum necessary PHI to accomplish the purpose of the use or disclosure. Furthermore, we are required to abide by the terms of this Notice.

How We May Use and Disclose Your PHI. Your PHI may be used and disclosed for many different reasons. For some of these uses or disclosures, we need your prior consent or specific authorization. For others, we are required to provide you with an opportunity to object. However, by law we are permitted, and sometimes required, to make disclosures without your consent or authorization. Additionally, pursuant to section 5328 of the Welfare and Institutions Code certain mental health records maintained by the Shasta County Health & Human Services Agency may not be accessible in the absence of a written authorization or court order. The following offers more description and examples of our potential uses or disclosures of your PHI that do not require your written consent.

Treatment, Payment, & Health Care Operations. Your PHI may be used and disclosed for purposes of providing treatment, obtaining payment for treatment, and conducting health care administrative operations (such as quality assurance). This may involve both internal (Shasta County) and external disclosures (such as to other providers who may provide you with treatment).
Some examples of when our office may use or disclose your health care information for these purposes include:

- Sharing test results with other health care providers for confirmation of a diagnosis;
- Providing your diagnosis or other information about your health to your insurance provider to obtain payment for the health care services we provide;
- Reviewing information as part of our quality improvement program.

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

Other Uses and Disclosures. Your PHI may also be used or disclosed under the following circumstances:

- Providing you with information related to your health;
- Contacting you regarding appointments, information about treatment alternatives, or other health-related services;
- To communicate with persons you have chosen to involve in your care;
- Incidental uses or disclosures (*e.g.*, listing your name on a sign-in sheet, etc.);
- Compliance with all laws (including reports of suspected abuse, neglect or violence);
- Responding to court or administrative tribunal orders, subpoenas, discovery requests, or other lawful process;
- To law enforcement for specific purposes, such as in emergency situations, in response to a death suspected to be caused by criminal conduct, or other reasons;
- Providing information to a coroner, medical examiner, funeral director, or organ procurement organization;
- Public health activities when requested by a public health authority or the Food and Drug Administration;
- Responding to health oversight agencies;
- Research activities;
- Disaster relief activities and notifications such as providing information regarding your location, general condition, or death to family and to public or private disaster relief agencies;
- To avert a serious threat to the health or safety of you or other persons;
- Military affairs, veterans affairs, national security, intelligence, Department of State, or presidential protective service activities authorized by law;
- For purposes of Workers' Compensation claims;
- To a correctional institution, if you are incarcerated and it is necessary to provide treatment or to protect you or others;
- To provide notices of unauthorized disclosure of your information.

Your PHI may also be used or disclosed to inform a family member, other relative, or close personal friend when:

- Information is relevant to the individual's involvement with your care;
- Notification of your location, general condition, or death;
- To assist in your health care (e.g., pick-up prescriptions or other documents, note follow-up care instructions, etc.).

Uses and Disclosures Which You Authorize. Other than the stated permitted and required disclosures, your PHI will not be disclosed other than with your written authorization. If you would like your PHI disclosed for any other reason, you must provide written and signed authorization for us to do so. Your PHI will not be sold or used for marketing purposes without your written authorization. You may revoke your authorization in writing at any time except to the extent that we have already taken action in reliance upon the authorization.

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Your Rights Regarding the Privacy of Your Health Information

Right to Inspect and Copy. You have the right to inspect and request a copy of medical information that may be used to make decisions about your care. This includes medical and billing records, other than psychotherapy notes, though there may be some exceptions. To inspect and copy medical information that may be used to make decisions about you, you may submit your request in writing to the Privacy Officer at the address listed at the end of this Notice. If you request a copy of the information, we charge a fee for the costs of copying, mailing and/or other supplies associated with your request. We will not charge any processing or handling fees. If your Protected 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 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 your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected 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. 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. The review will be done by a licensed health care professional who was not involved in the denial.

Right to Amend. 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 on file in your medical record. To request an amendment, your request must be made in writing and submitted to our Privacy Officer at the address listed in this Notice. In addition, as part of your written request, you must provide a reason with proof 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, and if we believe an amendment is not warranted.

Right to Get Notice of a Breach. With few exceptions (such as if it would cause harm to you or another individual), you have the right to be notified upon a breach of any of your Protected Health Information.
Right to Opt out of Some Communications. Shasta County does not currently engage in marketing or fundraising communications. If Shasta County does at any point in the future, it is your right to opt out of receiving those communications.
Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you.
To request an accounting of disclosures, you must submit your request in writing to our Privacy Officer. Your request must state a time period that may not be longer than six years from the date of request.

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for the purposes of treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to those personally involved in your care or the payment for your care, like a family member or friend. 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. To request restrictions, you must make your request in writing to our Privacy Officer at the address listed in this Notice. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply.

Right to Request Confidential Communications. 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. To request confidential communications, you must make your request in writing to our Privacy Officer at the address listed in this Notice. 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.

Right to a Copy of This Notice. You have the right to a copy of this Notice at any time.

Changes To This Notice. We reserve the right to change this Notice. We reserve the right to make the changed Notice effective for medical information we already have about you as well as any information we receive in the future. You will be able to request to review a copy of the current Notice at any location medical services are provided, such as at the Public Health clinic, Mental Health clinic, and also on Shasta County's web site. The Notice will contain the effective date. In addition, each time you request health care services, you may ask for a copy of the current Notice in effect.

Complaints. If you believe your privacy rights have been violated, you may file a complaint with the Shasta County Privacy Officer or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with Shasta County, contact our Privacy Officer at the address and phone number below. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

How do I ask about my privacy rights?
If you want to use any of the privacy rights explained in the Notice, please write or call us at:

SHASTA COUNTY PRIVACY OFFICER • P.O. Box 496005 • Redding, CA 96049-6005
Phone: (530) 225-5995 • Fax: (530) 225-5996 • Email: hipaaprivacy@co.shasta.ca.us