



## Notice of Privacy Practices

### Your Information • Your Rights • Our Responsibility

*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.***

#### Your Rights

*When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you:*

<b><i>Get an electronic or paper copy of your medical record</i></b>	<ul style="list-style-type: none"> <li>• <i>You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you, including results of lab tests performed by us. Ask us how to do this.</i></li> <li>• <i>We will provide a copy of your health information, usually within 15 days of your request.</i></li> </ul>
<b><i>Ask us to correct your medical record</i></b>	<ul style="list-style-type: none"> <li>• <i>You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.</i></li> <li>• <i>We may say “no” to your request, but if we say no, we’ll tell you why in writing within 60 days.</i></li> </ul>
<b><i>Request confidential communications</i></b>	<ul style="list-style-type: none"> <li>• <i>You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.</i></li> <li>• <i>We will say “yes” to all reasonable requests.</i></li> </ul>
<b><i>Get a copy of this privacy notice</i></b>	<ul style="list-style-type: none"> <li>• <i>You can ask for a paper copy of this notice any time, even if you have agreed to receive the notice electronically.</i></li> </ul>
<b><i>Choose someone to act for you</i></b>	<ul style="list-style-type: none"> <li>• <i>If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.</i></li> <li>• <i>We will make sure the person has this authority and can act for you before we take any action.</i></li> </ul>

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## Your Rights Continued

<p><b>Ask us to limit what we use or share</b></p>	<ul style="list-style-type: none"> <li>• You can ask us not to use or share certain health information for treatment, payment, or health care operations.</li> <li>• You can ask us to limit the health information we share with people you involve in your care or the payment of your care, like a family member or friend.</li> <li>• We are not required to agree to your request, and we may say “no” if it would affect your care.</li> <li>• If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.</li> <li>• Ask us how to limit what we use or share.</li> <li>• We will say “yes” unless a law requires us to share that information.</li> </ul>
<p><b>Get a list of those with whom we’ve shared information</b></p>	<ul style="list-style-type: none"> <li>• You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.</li> <li>• We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).</li> <li>• If you are receiving treatment for a substance use disorder and have agreed to a general disclosure designation (i.e. “my past, present, and future treating providers”), we will include all of the disclosures made, even those about treatment, payment, and health care operations.</li> </ul>
<p><b>File a complaint if you feel your rights have been violated</b></p>	<ul style="list-style-type: none"> <li>• You may file a complaint if you feel we have violated your rights by contacting the Shasta County Privacy Officer or with the Secretary of the U. S. Department of Health and Human Services, Office for Civil Rights (see contact information at the bottom of this form). You will not be penalized for filing a complaint.</li> </ul>

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## Our Uses and Disclosures

How do we typically use or share your information? We typically use or share your health information to:

<b>Provide medical treatment to you</b>	<ul style="list-style-type: none"> <li>We can use your health information and share it with other professionals who are treating you.</li> </ul>	Example: A doctor treating you for an illness asks another doctor about your overall health condition.
<b>Clinically relevant</b>	<ul style="list-style-type: none"> <li>Text messages, emails, or any form of electronic communication you send to us will be included in your health record if they are clinically relevant, or if we base a treatment decision on them.</li> </ul>	Example: You text your doctor that your medication isn't helping. Your doctor thinks this information is clinically relevant to your case.
<b>Run our organization</b>	<ul style="list-style-type: none"> <li>We can use and share your health information to provide services, improve your care, and contact you when necessary.</li> </ul>	Example: We use health information about you to manage how well our staff is caring for you.
<b>Bill for your services</b>	<ul style="list-style-type: none"> <li>We can use and share your health information to bill and get payment from health plans or other entities.</li> </ul>	Example: We give information about you to your health insurance plan so it will pay for your services.
<b>Health Information Exchange</b>	<ul style="list-style-type: none"> <li>We share your information electronically with other health providers in a secure manner. You may choose to opt-out. Opt-out forms can be found on the SACVALLEY MEDSHARE website (<a href="http://sacvalleymhsa.org/">http://sacvalleymhsa.org/</a>).</li> </ul>	Example: Doctors involved in your care can share information about your health, history of illnesses, or injuries, and medications you take.

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## Other Uses and Disclosures

How else can we use or share your health information? We are allowed or required to share information in other ways - usually in ways that contribute to the public good. We have to meet many conditions before we can share your information for these purposes. For more information see:

<http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html>.

<b>Help with public health and safety issues</b>	We can share health information about you for certain situations such as: <ul style="list-style-type: none"> <li>• Preventing disease.</li> <li>• Helping with product recalls.</li> <li>• Reporting adverse reactions to medications.</li> <li>• Reporting suspected abuse, neglect, or domestic violence.</li> <li>• Preventing or reducing a serious threat to anyone's health or safety.</li> </ul>
<b>Do research</b>	We can use and share your information for health research.
<b>Comply with the law</b>	We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
<b>Work with a medical examiner or funeral director</b>	We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
<b>Address workers' compensation, law enforcement, and other government requests</b>	We can use or share health information about you: <ul style="list-style-type: none"> <li>• For workers' compensation claims.</li> <li>• For law enforcement purposes or with a law enforcement official.</li> <li>• With health oversight agencies for activities authorized by law.</li> <li>• For special government functions such as military, national security, and presidential protective services.</li> <li>• We can share health information about you in response to a court or administrative order, or in response to a subpoena.</li> </ul>
<b>Immigration status</b>	We will share health information with an immigration official only if they provide evidence of lawful custody.
<b>Incidental uses or disclosures</b>	We may list your name on a sign-in sheet.
<b>Self-Disclosure of HIV Status</b>	If you disclose your HIV status to us, we may release this information without notifying you.

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## **Substance Use Disorder Information**

*Substance Use Disorder Records receive special protections under federal (42 Code of Federal Regulations (CFR) Part 2) and state regulations (California Safety Code § 11812(c) and 11977). Generally, this information can only be shared with your written consent. We may share your substance use disorder information without your written consent in limited circumstances. A violation of these special protections is a crime. You have the right to report these violations to the contacts at the end of this notice.*

<b>Medical Emergencies</b>	<i>We may share your information if you have a medical emergency and are unable to consent to us sharing the information.</i>
<b>Child Abuse</b>	<i>We are required to make a report if we have reasonable suspicion of child abuse.</i>
<b>Crime on Premise</b>	<i>If you commit a crime where you receive services, we may share the fact that you receive services here with law enforcement.</i>
<b>With a Court Order</b>	<i>We may release your records to a judge if we receive a subpoena and court orders to release your records to a court of competent jurisdiction.</i>

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## Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will do our best to follow your instructions.

<p><b><i>In these cases, you have both the right and choice to tell us to:</i></b></p>	<ul style="list-style-type: none"><li>• <i>Share information with your family, friends, or others involved in your care.</i></li><li>• <i>Share information in a disaster relief situation.</i></li><li>• <i>Share certain information about your drug and alcohol treatment. We may require your written authorization before we share it with anyone.</i></li><li>• <i>Provide you with information related to your health.</i></li><li>• <i>Contact you regarding appointments, information about treatment alternatives, or other health-related services.</i></li></ul> <p>If you are unable to tell us your preference, for example if you are unconscious, we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to public health or safety.</p>
<p><b><i>Out-of-pocket payments</i></b></p>	<p><i>If you pay out-of-pocket and in full for an item or service, you may request that information about this item or service is not shared with your health plan or to Medicare or Medi-Cal for the purposes of payment or health care operations.</i></p>

## Our Responsibilities

- *We are required by law to maintain the privacy and security of your protected health information.*
- *We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.*
- *We must follow the duties and privacy practices described in this notice and give you a copy of it.*
- *We will not use or share your information other than as described here unless you tell us we can in writing. You may change your mind at any time except to the extent that we have already taken action in reliance upon the authorization. Let us know in writing if you change your mind.*
- *For additional information about this Notice, contact the Shasta County Privacy Officer.*

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## Contacts

**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](mailto:hipaaprivacy@co.shasta.ca.us)

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*To File a Complaint with the Secretary of the U. S. Department of Health and Human Services, Office for Civil Rights:*

**Phone: (877) 696-6775**  
**200 Independence Avenue SW • Washington, DC 20201**  
[www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)

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*To File a Complaint with the United States Attorney General for Violations of 42 CFR Part 2 (Alcohol and Drug Services) Only:*

**Comment Line: (202) 353-1555 • Main Switchboard: (202) 514-2000**  
**TTY/ASCII/TTD: (800)-877-8339**  
**950 Pennsylvania Avenue • Washington, DC 20201**  
<https://www.justice.gov/contact-us>

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*Changes to the Terms of the Notice: We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our offices, and on our website.*

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