



County of Santa Cruz Health Services Agency NOTICE OF PRIVACY PRACTICES

Effective Date: March 3, 2017



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.

If you have any questions about this notice please contact:

HIPAA Compliance Officer
County of Santa Cruz
Health Services Agency Administration
1080 Emeline Ave.
Santa Cruz, CA 95060
(831) 454-4000
email: hipaa@santacruzcounty.us

Your Right to Privacy

The County of Santa Cruz Health Services Agency believes strongly in your right and your family's right to privacy and confidentiality as this relates to medical information that we may gather, maintain, or use in the course of providing health services. All of our staff who have access to medical information about you or your family have been trained to properly respect your right to medical privacy and are required to protect and maintain protected health information about you or a family member in accordance with State and Federal law.

- Protected health information (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition, the provision of health care to you, or the past, present or future payment for the provision of health care to you.
- The County of Santa Cruz Health Services Agency is required by law to maintain the privacy of PHI and to provide individuals with notice of its legal duties and privacy practices with respect to PHI.
- There are special legal provisions for the protection of patient medical privacy and confidentiality related to treatment for mental illness, substance abuse treatment, and HIV/AIDS that are attached as an addendum to this notice. These special legal provisions apply in addition to those described in this Notice of Privacy.
- You have the right to request a restriction of your PHI. Please see Section 2 of this Notice of Privacy Practices for further information on how to make such a request.
- This Notice of Privacy Practices describes how we may use and disclose your PHI to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI.
- We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all PHI that we maintain at that time.

- Upon your request, we will provide you with any revised Notice of Privacy Practices by:
 - accessing our website at www.santacruzhealth.org;
 - calling our 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.

Our Uses and Disclosures

How do we typically use or share your PHI?

I. Uses and Disclosures of PHI without Your Written Authorization

You will be asked by your physician or health care provider to sign a treatment consent form before you receive treatment. This allows Health Services Agency to provide medical treatment to you or your dependent.

The following categories describe examples of the way we use and disclose PHI:

- **For Treatment**

We may use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we may disclose your PHI, as necessary, to a home health agency that provides care to you. We may also disclose PHI to other physicians or persons who may be treating you. For example, your PHI may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

In addition, we may disclose your PHI from time-to-time to another physician or health care provider (e.g. a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician.

- **For Payment**

Your PHI will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant PHI be disclosed to the health plan to obtain approval for the hospital admission.

- **For Healthcare Operations**

We may use or disclose, as-needed, PHI in order to support the necessary business activities of the Health Services Agency. These activities may include, but are not limited to, quality assessment activities, employee review activities, training of medical, nursing, or ancillary medical services students, licensing, and conducting or arranging for other necessary business activities.

For example, we may disclose your PHI to medical school students that see patients

at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment.

We may share your PHI with third party “business associates” that perform various activities (e.g., billing, transcription services, etc.) for the Health Services Agency. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI. We never market or sell personal information.

We may use or disclose your PHI, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose your PHI for other outreach activities. For example, your name and address may be used to send you a newsletter about our practice and the services we offer. We may also send you information about products or services that we believe may be beneficial to you. You may contact our Privacy Contact to request that these materials not be sent to you.

II. Uses and Disclosures of PHI Based upon Your Written Authorization

Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that Health Services Agency has taken an action in reliance on the use or disclosure indicated in the authorization, or the authorization was obtained as a condition of obtaining insurance coverage.

A group health plan, or a health insurance issuer or HMO with respect to a group health plan, may disclose PHI to the plan sponsor.

III. Other Permitted and Required Uses and Disclosures of PHI That May Be Made With Your Authorization and Opportunity to Object

We may use and disclose your PHI in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your PHI.

- **Others Involved in Your Healthcare**

With your written authorization, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person’s involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to

coordinate uses and disclosures to family or other individuals involved in your health care.

- **Emergencies**

We may use or disclose your PHI in an emergency treatment situation. If this happens, your physician or health care provider shall try to obtain your authorization as soon as reasonably practicable after the delivery of treatment. If your physician, another physician or health care provider in the practice is required by law to treat you and the physician or health care provider has attempted to obtain your authorization but is unable to obtain your authorization, he or she may still use or disclose your PHI as necessary to treat you.

- **Communication Barriers**

We may use and disclose your PHI if your physician or another physician in the practice attempts to obtain authorization from you but is unable to do so due to substantial communication barriers and the physician determines, using professional judgement, that you intend to authorize the use or disclosure under the circumstances.

IV. Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object.

We may use or disclose your PHI in the following situations without your authorization.

These situations include:

- **Required By Law**

We may use or disclose your PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

- **Public Health**

We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information, and for birth and death records. The disclosure will be made for the purpose of controlling or preventing possible disease, injury or disability. We may also disclose your PHI, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

- **Communicable Diseases**

We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

- **Health Oversight**

We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

- **Abuse or Neglect**

We may disclose your PHI to a public health authority that is authorized by law to

receive reports of child or elder abuse or neglect. In addition, we may disclose your PHI if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

- **Food and Drug Administration**

We may disclose your PHI to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

- **Legal Proceedings**

We may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

- **Law Enforcement**

We may also disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency (not on the Practice's premises) and it is likely that a crime has occurred.

- **Coroners, Funeral Directors, and Organ Donation**

We may disclose PHI to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. PHI may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

- **Research**

We may disclose your PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

- **Threat to Public Health or Safety**

Consistent with applicable federal and state laws, we may disclose your PHI, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

- **Military Activity and National Security**

When the appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also

disclose your PHI to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

- **Workers' Compensation**

Your PHI may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established programs.

- **Correctional Institutions**

We may disclose your PHI to a law enforcement officer or correctional institution having custody of you for purposes of treating you while in custody or if necessary for the safety of persons in the correctional institution.

- **Required Uses and Disclosures**

Under the law, we must make disclosures to you and to the Secretary of the Department of Health and Human Services when required by that Department to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

Section 2 – Your Rights

Following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights.

You have the right to:

- **Inspect and copy your PHI**

This means you may inspect and obtain a copy of PHI about you that is contained in a designated record set for as long as we maintain the PHI. A “designated record set” contains medical and billing records and any other records that your physician and the practice uses for making decisions about you.

Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI. Depending on the circumstances, a decision to deny access may be reviewable by a licensed health care professional if you so request. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Contact if you have questions about access to your medical record.

- **Request a restriction of your PHI**

This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request if your physician believes it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted. If your physician does agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician. You may request a restriction by completing a Restriction of Use and Disclosure Request form available from your treatment provider and returning it to your provider office.

- [Choose someone to act for you.](#)

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. We will insure this person has this authority and can act for you before we take action.

- [Request to receive confidential communications from us by alternative means or at an alternative location.](#)

We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Contact.

- [Have your physician amend your PHI.](#)

This means you may request an amendment of PHI about you created by us in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Contact if you have questions about amending your medical record.

- [Receive an accounting of certain disclosures we have made, if any, of your PHI.](#)

This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred six years prior to date of request. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations. Please contact our Privacy Contact if you wish to receive an accounting of certain disclosures.

- [Ask us to not use your PHI](#)

If your health care service has been paid in full out of pocket, you have the right to request that your health information not be disclosed to a health plan for the purposes of carrying out payment or healthcare operations. The exception would be if the disclosure is required by law.

- [Obtain a paper copy of this notice from us](#)

Upon request, even if you have agreed to accept this notice electronically.

- Be notified promptly if a breach occurs that may have compromised the privacy or security of your information.

Section 3. Complaints

Please discuss with your health care provider any health privacy or confidentiality questions or concerns you may have. For further information special privacy/confidentiality protections, please contact our Privacy Contact.

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. We will not retaliate against you for filing a complaint.

You can write to US Dept. of Health & Human Services Office for Civil Rights, 200 Independence Ave., SW, Washington, D.C. 20201, or call 1-877-696-6775 or visit: www.hhs.gov/ocr/privacy/hipaa/complaints/.

You may contact our Privacy Contact if you have any questions or need more information:

**HIPAA Compliance Officer
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email: hipaa@santacruzcounty.us**

ADDENDUM: Special Provisions Related to Patient/Client Privacy

- **Mental Health Services**

A detailed written authorization is normally required by the patient before the use or disclosure of psychotherapy notes. In addition, the Lanterman-Petris-Short Act imposes strict restrictions on the disclosure of information obtained in the course of providing mental health services to: patients in an institutional setting; services pursuant to a mental health treatment program funded under the Bronzan-McCorquodale Act; or, in the course of providing intake, assessment or services to persons with developmental disabilities on behalf of a regional or state developmental center. The County of Santa Cruz follows State law on protections of patient privacy, confidentiality and use or disclosure of health information for persons receiving mental health services when these are more protective of patient rights or supercede the HIPAA requirements.

- **Substance Use Disorder Programs**

Generally, the identity and records of the diagnosis, prognosis or treatment of any patient which are maintained in connection with the performance of any substance use disorder treatment or prevention efforts directly or indirectly assisted by the Federal Government and/or DHCS are confidential and may not be disclosed without the written consent of the patient or client. Federal regulations (42 CFR Part 2) require special provisions protecting the confidentiality of drug and alcohol records. Violation of the federal law and regulations by a program covered by 42 CFR part 2 regulations is a crime and suspected violations may be reported to appropriate authorities.

- **HIV/AIDS**

California law gives heightened protections to HIV/AIDS information. Generally, a provider must obtain a patient's written authorization specifically permitting a disclosure of the results of an HIV/AIDS test for each separate disclosure made. Providers may disclose HIV/AIDS test results without patient authorization as required under State reporting laws. Additionally, disclosures to a health care provider may be made without specific patient authorization for the direct purposes of diagnosis, care or treatment of the patient.

- **Rights of Minors**

Generally it is the parent (not the minor) who has right of access to the minor's health information. An exception is made when the information relates to treatment for which a minor is authorized by law to consent. In California, in certain circumstances a minor has the right to consent to reproductive and mental health services. In these situations, the minor, not the parent has the right of access to related health information.

- **Family Planning**

The County of Santa Cruz follows special policies and procedures to protect the privacy and confidentiality of clients or patients receiving family planning/reproductive services. Generally, protected health information is not used or disclosed except for treatment, payment and health care operations purposes without the specific written authorization of the client or patient.

Please discuss with your health care provider any health privacy or confidentiality questions or concerns you may have. For further information special privacy/confidentiality protections, please contact our Privacy Contact.