



Public Health

NOTICE OF PRIVACY PRACTICES

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

PLEASE REVIEW IT CAREFULLY.

EFFECTIVE JUNE 8, 2017

Your health information is personal and private, and we must protect it. This notice tells you how the law requires or permits us to use and disclose your health information, referred to as "Protected Health Information" or "PHI". It also describes your rights and certain obligations we have regarding the use and disclosure of PHI.

Your PHI is information about you, including demographic information that can reasonably identify you, concerning your past, present or future physical or mental health condition. The information may be about payment of your health care as well. The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule requires us to keep your PHI private.

All San Bernardino County Department of Public Health (DPH) staff, volunteers, interns, contractors and others who have access to health information will follow this notice. However, we may change this notice when the law or our practices change. We reserve the right to make the revised or changed notice effective for PHI we already have about you as well as any information we receive in the future. You will not automatically receive a new notice. If you would like to receive a copy of any new notice, visit our web site at www.sbcounty.gov/dph or you can request a copy from any DPH staff member.

OUR USES AND DISCLOSURES

How do we typically use or share your health information?

For Treatment: We can use and disclose your PHI to provide you with medical treatment and related services. DPH can share your PHI with doctors, health care personnel, and other staff who are involved in your care. We can also share your PHI with individuals or entities for your future care for other treatment reasons. We can also use or share your PHI in response to an emergency. For example, a doctor treating you for an injury asks another doctor about your overall health condition.

For Payment: We can use and disclose your PHI to bill and receive payment for the treatment and services you receive. For billing and payment purposes, we can disclose your PHI to your payment source, including insurance or managed care company, Medicare, Medicaid/Medi-Cal, or another third-party payer. For example, we can give your health plan information about the treatment you received so your health plan will pay us or refund us for the treatment. Or we can contact your health plan to confirm your coverage or to ask for prior authorization for a proposed treatment.

For Health Care Operations: We can use and disclose your information to run our organization and contact you when necessary. This includes quality assurance and improvement actions, reviewing the competence and qualifications of health care professionals, medical review, legal services, audit roles, and general administrative purposes. For example, we can use your PHI to evaluate our services and our staff's performance in caring for you.

There may be some services provided by our business associates, such as a billing service, record company, or legal or accounting consultants. We can share your PHI with our business associates so they can perform the job we have asked them to do. We enter a written contract with our business associates that mandate them to safeguard your information.

For more information visit:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

The following describe different ways that we can use or disclose your PHI without obtaining an authorization:

Help with public health and safety issues

- We can share your PHI for certain situations such as:
 - Preventing disease.
 - Helping with product recalls.
 - Reporting adverse reactions to medications.
 - Preventing or reducing a serious threat to anyone's health or safety.
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Do research

- We can use or share your PHI for health research.
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Comply with the law

We can share your PHI:

- As required by federal, state or local law.
 - In response to a subpoena, or a court or administrative order.
 - For workers' compensation claims.
 - With health oversight agencies for activities authorized by law.
 - For special government functions such as military, national security, and presidential protective services.
 - When required to do so by law enforcement officials
 - To identify or locate a suspect, fugitive, material witness, or missing person.
 - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement.
 - About a death we believe may be the result of criminal conduct.
 - In emergencies, to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed a crime.
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Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share PHI with organ procurement organizations.
 - We can share PHI with a coroner, medical examiner, or funeral director when an individual dies.
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Conduct outreach, enrollment, care coordination and case management	<ul style="list-style-type: none">• We can share your PHI with other government benefits programs like Covered California for reasons such as outreach, enrollment, care coordination, and case management.
Appointment Reminders	<ul style="list-style-type: none">• We can use and disclose your PHI to contact you as a reminder that you have an appointment for treatment or care.
Inform individuals involved in your care or payment of your care	<ul style="list-style-type: none">• We can share your PHI with a family member, a relative, a friend, or person you identify involved in your medical care or payment provided that you agree to this, or we give you an opportunity to object and you do not do so. If you are unable to agree or object, we may decide that it is in your best interest based on our professional judgment to share your information, such as if you are incapacitated or we need to disclose your PHI in an emergency.
Prevent or report abuse and neglect	<ul style="list-style-type: none">• We can share your PHI with a multidisciplinary personnel team relevant to the prevention, identification, management or treatment of an abused child and the child's parents, or elder abuse and neglect.

Additional privacy protections may apply if we are using or sharing sensitive health information, such as HIV-related information, mental health information, psychotherapy notes, and genetic information. For example, under California law, we cannot disclose HIV test results without a written authorization, except in limited circumstances. Your information will be protected according to the highest level of protection required.

We do not create or manage a hospital directory.

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.

Get a copy of your health and claims records

- You can ask to see or get a copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us in writing to correct your health and claims records if you think they are incorrect or incomplete.
- We can deny your request, but we will tell you why in writing within 60 days.

Request confidential communications

- You can ask us in writing to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests and will not ask you the reason for your request.

Ask us to limit what we use or share

- You can ask us in writing not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree; however, if we do agree, we will comply with your request unless your PHI is needed to provide emergency treatment.
- 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. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we have shared information

- You can ask us in writing for a list of disclosures we have made regarding your PHI (accounting of disclosures) up to six years prior to the date of your request.
 - We will include all the disclosures except for those about treatment, payment, and health care operations, or as required by law. We will provide one accounting per year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
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Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

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 make sure the person has this authority and can act for you before we take any action.

Get a copy of completed test results directly from a laboratory

- You or your authorized personal representative can receive laboratory test results from your health care provider or you can request your completed test report directly from the laboratory that performed the test.
- In most cases, laboratories must provide test results within 30 days.
- Ask your provider about how to obtain your laboratory results directly.

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 follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we can go ahead and share your information if we believe it is in your best interest. We can also share your information when needed to lessen a serious and imminent threat to health or safety.

In the case of fundraising:

- We can contact you for fundraising efforts, but you can tell us not to contact you again.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your PHI.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you change your mind at any time, let us know in writing.
- We will never market or sell your information.

For more information visit:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

QUESTIONS OR COMPLAINTS

If you have questions regarding this notice or believe your (or someone else's) rights have been violated, you can contact us or the federal government. We will not retaliate against you for filing a complaint nor will your right to further treatment or future treatment be affected.

For questions regarding this notice or to file a complaint with the San Bernardino County Department of Public Health, contact:

San Bernardino County Department of Public Health
Privacy Officer
351 North Mountain View Avenue
San Bernardino, CA 92145-0010
Phone (909) 387-6304
Email privacy@dph.sbcounty.gov

To file a complaint with the County of San Bernardino, contact:

San Bernardino County
HIPAA Complaints Official
157 West Fifth Street, First Floor
San Bernardino, CA 92415
Phone (909) 387-4500
Email HIPAAComplaints@cao.sbcounty.gov

To file a complaint with the Federal Government, contact:

Region IX
Office for Civil Rights, Department of Health and Human Services
90 7th Street, Suite 4-100
San Francisco, CA 94103
Phone (800) 368-1019
FAX (415) 437-8329
TDD (800) 537-7697
www.hhs.gov/ocr/privacy/hipaa/complaints/
