

**Your Information.
Your Rights.
Our Responsibilities.**

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**

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

➤ **See page 2 for more information on these rights and how to exercise them**

**Your
Choices**

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

➤ **See page 3 for more information on these choices and how to exercise them**

**Our
Uses and
Disclosures**

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

➤ **See pages 3 and 4 for more information on these uses and disclosures**

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 an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper 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 information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- 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.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- 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've shared information

- 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.
- 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). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

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.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

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 your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and 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 health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

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

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

- We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

continued on next page

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues	• We can share health information about you for certain situations such as: • Preventing disease • Helping with product recalls • Reporting adverse reactions to medications • Reporting suspected abuse, neglect, or domestic violence • Preventing or reducing a serious threat to anyone's health or safety
Do research	• We can use or share your information for health research.
Comply with the law	• 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.
Respond to organ and tissue donation requests	• We can share health information about you with organ procurement organizations.
Work with a medical examiner or funeral director	• We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
Address workers' compensation, law enforcement, and other government requests	• We can use or share health information about you: • For workers' compensation claims • For law enforcement purposes or with a law enforcement official • With health oversight agencies for activities authorized by law • For special government functions such as military, national security, and presidential protective services
Respond to lawsuits and legal actions	• We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Tips for assuring your own privacy:

Lock your most important documents or records in a safe place at home.

Assure your wallet or purse is kept with you, or in a safe place while away from home.

Keep your information secure from roommates or home repair workers who may come into your home to.

Be cautious with who you share your social security or Medi-Cal. insurance number(s) with.

Keep important documents in a safe, private, and secured location. Do not share or store your passwords where unknown individuals can find them.

If you are concerned, report it. Reporting is the first step toward combating misuse of private information.

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. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this 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 office, and on our web site.

02/21/2019

This Notice of Privacy Practices applies to the following organizations.

*This notice applies to Tuolumne County Behavioral Health and Recovery Services located at:
105 Hospital Road, Sonora CA 95370*

Tami Mariscal, TCBH Compliance Manager tmariscal@co.tuolumne.ca.us / 209-533-6261/6260
Ann Fremd Tuolumne County Privacy Officer afremd@co.tuolumne.ca.us / 209-533-6632



Tuolumne County Behavioral Health Department **NOTICE OF PRIVACY PRACTICES**

Update 02/06/19

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.

WHO WILL FOLLOW THIS NOTICE OF PRIVACY PRACTICES

This Notice describes the privacy practices followed by the workforce members of the **Tuolumne County Behavioral Health Department, and of the Tuolumne County Mental Health Plan**, collectively referred to as the Behavioral Health Department (Department). Workforce members include doctors, nurses, therapists, behavioral health workers, case managers, associates, students, volunteers, other designated health care staff, including administration and support personnel who help with your care.

OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

- ☐ Keep your medical records and health information, also known as "protected health information," confidential, private and secure.
- ☐ Give you this Notice which explains your rights and our legal duties with respect to your health information.
- ☐ Tell you about our privacy practices and follow the terms of this Notice.
- ☐ Notify you if there has been a breach of the privacy of your health information.

USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

The following categories describe the different ways that we may use or disclose your health information without obtaining your authorization. For each category of use or disclosure, we will explain what we mean and try to give some examples. Not every use or disclosure in a category is listed. However, all of the ways we may use and disclose information falls within one of the categories.

Treatment: We may use and disclose your health information to provide you with medical treatment and related services. We may share your health information with doctors, medical staff, counselors, treatment staff, clerks, support staff, and other health care personnel who are involved in your care. We may also share your health information with treatment providers for your future care for other treatment reasons. In addition, we may use or share your health information in response to an emergency.

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Payment: We may use and disclose your health information to bill and receive payment for the treatment and services you receive. For billing and payment purposes, we may disclose your health information to your payment source, including insurance or managed care company, Medicare, Medicaid, or another third-party payer. For example, we may 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 may contact your health plan to confirm your coverage or to ask for prior authorization for a proposed treatment.

Health Care Operations: We may use and share your health information for Agency business purposes, such as 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 may use your health information to review our treatment and services and to evaluate our staff's performance in caring for you. We may combine health information about our patients to decide what added services the Department should offer or whether new treatments are effective. The law may need us to share your health information with representatives of federal and State regulatory agencies that oversee our business.

Business Associates: We may share your health information with our business associates so they can perform the job we have asked them to do. Some services provided by our business associates include a billing service, record storage company, or legal or accounting consultants. To protect your health information, we have written contracts with our business associates requiring them to safeguard your information.

Health Information Exchange: We, along with other health care providers may participate in one or more Health Information Exchanges (HIE). An HIE is a community-wide information system used by participating health care providers to share health information about you for treatment purposes. Should you require treatment from a health care provider that participates in one of these exchanges who does not have your medical records or health information, that health care provider can use the system to gather your health information in order to treat you. For example, he or she may be able to get laboratory or other tests that have already been performed or find out about treatment(s) that you have already received. We will include your health information in this system. If you would prefer your information not be shared with the HIE (opt-out) or have previously opted out of HIE participation and would like to share your information with the HIE (opt-in), please notify your provider or the business office at the facility where you obtain health care. The staff can help you change your preference using the *Change of Status* form.

Hospital Directory: Our local hospital(s) may maintain a directory that lists patients admitted to the hospital so family and friends can call or visit you or so you can receive mail. If you do not object, they will include your name, location in the hospital, general condition (e.g. fair, stable, critical, etc.), and religious affiliation in the hospital directory.

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Hospital directory information, except for religious affiliation, may be released to people who ask for you by name, unless you have asked us not to include you or to limit this information. Providing your religious affiliation is your choice. If you decide to give us this information, it may be given to a member of the clergy, such as a priest or rabbi, even if they do not ask for you by name.

Appointment Reminders: We may use and disclose your health information to contact you as a reminder that you have an appointment with one of our providers via standard mail (postcard), telephone, email, or text messaging.

Discuss Treatment, Alternatives and Other Health-Related Benefits and Services with You: We may use and disclose your health information to tell you about your health condition or to recommend possible treatment choices or alternatives. We may tell you about health-related benefits, medical education classes or services (such as eligibility for Medicaid or Social Security benefits), that may be of interest to you.

To Individuals Involved in Your Care or Payment of Your Care: We may disclose your health information to a family member, a relative, a close friend, or other individual involved in your medical care or payment for your medical care if we obtain your verbal agreement, or if we give you an opportunity to object to such a disclosure, and you do not raise an objection. If you are unable to agree or object at the time we give you the opportunity to do so, we may decide that it is in your best interest, based on our professional judgment, to share your health information, such as if you are incapacitated or during an emergency.

Disaster Relief Purposes: We may disclose your health information to an organization assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. We will give you the opportunity to agree to this disclosure or object to this disclosure, unless we decide that we need to disclose your health information in order to respond to the emergency circumstances.

Public Health Purposes: We may disclose health information about you for public health activities. These activities generally include the following:

- ☐ To prevent or control disease, injury or disability;
- ☐ To report births and deaths;
- ☐ To report child abuse or neglect;
- ☐ To report reactions to medications or problems with products;
- ☐ To notify people of recalls of products they may be using;
- ☐ To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- ☐ To notify the appropriate government authority if we believe you have been the victim of abuse, neglect, or domestic violence.

For Health Oversight Purposes: We may disclose your health information to a health

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oversight Department for purposes allowed by law. For example, we may share your health information for audits, investigations, inspections, accreditation, licensure, and disciplinary actions.

Research: Your health information may be provided to a researcher if you authorize the use of your health information for research purposes. In some situations, we may disclose de-identified information about you to researchers preparing a research protocol if our Compliance program determines that an authorization is not necessary. We also may provide limited health information about you (not including your name, address, or other direct identifiers) for research, public health or health care operations, but only if the person or organization that receives the information signs an agreement to protect the information and not use it to identify you.

Judicial and Administrative Proceedings: If you are involved in a lawsuit or a dispute, we may disclose your health information in response to a court or administrative order. We may also disclose your health information in response to a subpoena, discovery request, or other legal procedure by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the health information requested.

Law Enforcement: We may disclose your health information to law enforcement agencies:

- ☐ If the police bring you to the hospital and document that exigent circumstances exist to test your blood for alcohol or substance abuse; or
- ☐ If the police present a valid search warrant; or
- ☐ If the police present a valid court order; or
- ☐ To report abuse, neglect, or assaults as required or permitted by law; or
- ☐ To report certain threats to third parties or crimes committed on the premises; or
- ☐ To identify or locate a suspect, fugitive, material witness or missing person, if required or permitted by law; or
- ☐ To report your discharge, if you were involuntarily detained after a peace officer initiated a 72-hour hold for psychiatric evaluation and requested notification.

Organ and Tissue Donation: If you are an organ donor, we may release your health information to an organization involved in organ and tissue donations.

Coroners, Medical Examiners, Funeral Directors and Information About

Decedents: When required by law, your health information may be released to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release limited health information to a funeral home. We may also give health information to family members or friends of a deceased person if they were involved in the person's care or paid for that care prior to the death and the health information is relevant. However, we will not do this if the health information is not relevant to their involvement or if it is known to us

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that the deceased person would not have wanted us to share such information.

To Prevent a Serious Threat to Health or Safety: We may use and disclose certain information about you when necessary to prevent a serious threat to your health and safety or the health and safety of others. Any such disclosure, however, would only be to the extent required or permitted by federal, State or local laws and regulations.

Military Personnel: If you are a member of the armed forces, we may disclose your health information as mandated by military authorities or the Department of Veterans Affairs.

Specialized Government Functions and National Security: We may disclose your health information to federal officials to conduct lawful intelligence, counterintelligence and other national security actions allowed by law. We may disclose your health information to federal officials who provide protection to the President, other people or foreign heads of state, or conduct an investigation.

Workers' Compensation: We may disclose your health information as allowed by workers' compensation laws or related programs. For example, we may communicate your health information regarding a work-related injury or illness to claims administrators, insurance carriers, and others responsible for evaluating your claim for workers' compensation benefits.

As Required By Law: We will disclose your health information when required to do so by federal, State, or local laws. For example, the law requires us to report certain types of injuries.

Breach Notification: We may use and disclose your health information to tell you in the event that there has been unlawful or unauthorized access to your health information, such as when someone not authorized to see your health information looks at your information or your health information is accidentally lost or is stolen. We will also report these occurrences to State and federal authorities, and may need to use your health information to do so. If this happens, we will provide you with a written notice via first-class mail to your last known address.

Special Rules for Disclosure of Psychiatric, Substance Abuse, and HIV-Related Information: For disclosures of health information about psychiatric conditions,

substance abuse, or HIV-related testing and treatment, special rules may apply. In general, health information relating to care for psychiatric conditions, substance abuse or HIV-related testing and treatment may not be disclosed without your permission or a court order. There are exceptions to this general rule. For example, HIV test results may be disclosed to your provider of health care without written authorization.

Inmates: If you are an inmate or under the custody of a law enforcement official, we may release your health information to the correctional institution or law enforcement

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official. This release would be necessary for the institution to provide you with health care and for the safety and security of the correctional institution.

Fundraising: We may use information about you to contact you to raise money for our facilities. We will limit any information we release about you such as your name, address and telephone number and the dates you received treatment or services at our facilities. For example, we may send you a letter asking if you would like to make a donation. You can choose not to be contacted for our fundraising efforts. If we send you information about our fundraising efforts, we will include a simple way for you to request that we not contact you in the future for our fundraising efforts.

OTHER USES AND DISCLOSURES

Except as described in this Notice, or as allowed by State or federal law, we will not use or share your health information without your written authorization. For example, we cannot use or disclose your health information for marketing purposes, or sell your health information without your written authorization. If you sign an authorization and later change your mind, you can let us know in writing. This will stop any future uses and disclosures of your information but will not require us to take back any information we already disclosed.

YOUR RIGHTS ABOUT YOUR HEALTH INFORMATION

You have the following rights about your health information, which you can exercise by submitting your request at the facility where you obtain health care. For your convenience, the applicable forms can be found on our websites.

Right to Request Restrictions of Your Health Information: You have the right to ask us to follow special restrictions when using or providing your health information for treatment, payment or health care operations. You may also ask for restrictions on the records we give out to someone who is involved in your care or the payment of your health care. For example, you might ask us to not to share certain information with your spouse. We are not required to agree to your request and will tell you if we cannot honor your request. However, if we do agree, we will comply unless the health information is needed to provide you emergency treatment. If we share your restricted health information with a health care provider for emergency treatment, we will ask the health care provider to not further use or disclose the information.

Right to Ask for Restrictions When You Fully Pay Out-of-Pocket: You have the right to request a restriction on the disclosure of your health information to a health plan for purposes of payment or health care operations if you or someone else paid out-of-pocket, in full, for a health care item or service. We must agree to your request, unless the law requires us to share your information. If you paid out-of-pocket in full for a health care item or service, and you wish to request this special restriction, you must submit your written request to the facility where you obtain health care.

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Right to 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 this person has the proper authority before we take any action.

Right to Receive Confidential Communications: You have the right to ask that we communicate with you about your appointments or other matters related to your treatment in a specific way (e.g., only calling you at work). You must specify how or where we may contact you. We will grant all reasonable requests.

Right to Access, Inspect, and Copy Your Health Information: With certain exceptions, such as records considered psychotherapy notes, you have the right to see and get a copy of the medical records we have of your care. To inspect and copy your medical records, you must make your request, in writing, to the facility where you obtain health care. If you request a copy of your medical record, we may charge a fee for the costs of copying, mailing, or supplies associated with your request. If we deny your request, we will provide you with a written decision.

Right to Amend Your Health Information: If you feel that the health information contained in your medical record is incorrect or incomplete, you may ask us to correct or update the information. You have the right to request an amendment for as long as we keep the health information. To request an amendment, you must make your request, in writing, to the facility where you obtain health care. You must state why you believe your health information is wrong or incomplete. In certain cases, we may deny your request for an amendment. If we deny your request, we will give you a written reason.

Right to Receive an Accounting of Disclosures of Health Information: You have the right to ask for an accounting of certain disclosures of your health information made by the Agency. This is a list of disclosures we made of your health information other than our own uses for treatment, payment and health care business. To ask for an accounting of disclosures, you must state a time period, but not longer than six years. The first accounting provided within a twelve-month period is free. We may charge you a fee for each future request. Before we process your request, we will tell you the cost so you may change or withdraw your request.

Right to Obtain a Paper Copy of Notice: You have the right to receive a paper copy of this Notice at any time, even if you have already received a copy or have agreed to receive this Notice electronically. You may obtain a paper copy of this Notice from the facility where you obtain health care. An electronic copy of this Notice is also available on our websites.

CHANGES TO THIS NOTICE

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 health information we already have

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about you as well as any information we receive in the future. You will not automatically receive a new Notice. If we change this Notice, we will post the revised Notice in our facilities and on the above-mentioned websites. You may also obtain any revised Notice from the facility where you obtain health care.

HOW TO FILE A COMPLAINT

If you believe your privacy rights have been violated by us, you may file a complaint with the facility where you obtain health care or any of the offices listed below. The law prohibits retaliation against an individual for filing a complaint.

Tuolumne County Behavioral Health
Compliance Officer – Tami Mariscal
105 Hospital Rd.
Sonora, CA 95370
(209) 533-6261 or (Confidential Hotline) 209-533-6270

County of Tuolumne
Privacy Officer - Ann Fremd
2 S. Green St.
Sonora, CA 95370
(209) 533-6632

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights at (800) 368-1019 (TDD: 800-537-7697) or by sending a letter to:

Region IX, Office for Civil Rights
U.S. Department of Health and Human Services
90 7th St. Suite 4-100
San Francisco, CA 94103

You may also file a complaint at this link: www.hhs.gov/ocr/privacy/hipaa/complaints/