Notice of Privacy Practices

For County of Sacramento Health Care Providers and Health Care Plans

MESSAGE FROM THE COUNTY OF SACRAMENTO Effective September 23, 2013

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.

OUR OBLIGATIONS

We are required by law to:

- Maintain the privacy of Protected Health Information
- Give you this notice of our legal duties and privacy practices regarding health information about you
- Notify you following a breach of your unsecured Protected Health Information
- Follow the terms of our notice that is currently in effect

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION

The following describes the ways we may use and disclose health information that identifies you ("Health Information"). Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing.

For Treatment. We may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example, we may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

For Payment. We may use and disclose Health Information so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example, we may give your health plan information about you so that they will pay for your treatment.

Workers' Compensation. We may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control injury or disease, including notifications regarding

safety recalls; exposure to a disease (contracting or spreading); injury or disability; report births and deaths; abuse or neglect; adverse reactions to medications or safety risks from products. In each circumstance, we will only make this disclosure if you agree, or when required or authorized by law.

Health Oversight Activities. We may disclose Health Information to a health oversight agency, as requested, to assist with appropriate monitoring of the health care system. These requests are often made in connection with governmental audits, investigations, or inspections connected to our licensure. They may also be required to ensure compliance with civil rights laws.

Health Information Exchange (HIE). We may disclose Health Information to an HIE for purposes of care coordination and administration. Sacramento County participates in HIEs, including an HIE operated by the California Mental Health Services Authority (CalMHSA). Through HIEs, your health information may be shared with hospitals, behavioral health providers, county health programs, physicians, social workers, and other HIE participants who may provide health or behavioral health services to you.

Data Breach Notification Purposes. We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

Lawsuits and Disputes. When required by an administrative or court order, we may disclose Health Information in response to a subpoena, discovery request, or other lawful process in connection with litigation. Strict legal procedures must be followed for any such disclosure, and no disclosure will be made without notice to you.

State or Federal Law Enforcement. We may release Health Information to law enforcement if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) required to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors. We may release Health Information to a coroner or medical examiner to identify a deceased person or determine the cause of death. We also may release Health Information to funeral directors as necessary for their duties.

Special Circumstances: If you are under the care, custody, and control of state or federal authorities (for example, an inmate of a correctional institution or under the custody of a law enforcement official) we may release Health Information to the correctional institution or law enforcement official in order to (1) provide you with health care; (2) protect your health and safety or the health and safety of others; or (3) provide safety and security of the correctional institution.

USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO AGREE OR OBJECT

HIE/42 CFR. Some types of your Health Information, such as certain substance use disorder records, will not be shared with HIE participants unless you authorize such disclosures; other types of Health Information may be shared without your authorization. If you do not want us to share your information with HIE participants via the CalMHSA HIE, you may "opt-out" of the HIE by contacting CalMHSA at https://www.calmhsa.org/interoperability-optout/. Opting out will prevent future sharing of your health information via the CalMHSA HIE, but HIE participants may still be able to access information about you from other sources.

42 CFR Part 2. Records that are disclosed to a Part 2 program, covered entity, or business associate pursuant to the patient's written consent for treatment, payment, and health care operations may be further disclosed by that Part 2 program, covered entity, or business associate, without the patient's written consent, to the extent the HIPAA regulations permit such disclosure.

A patient may provide a single consent for all future uses or disclosures for treatment, payment, and health care operation purposes.

We will only use and disclose your Protected Health Information as described in this notice, or with your written consent.

You may revoke your consent at any time, except to the consent that Sacramento County has acted in reliance upon it. You may revoke consent by submitting a request in writing or for an alternative revocation process by contacting Sacramento County.

If you were mandated to treatment through the criminal legal system (including drug court, probation, or parole) and you sign a consent authorizing disclosures to elements of the criminal legal system such as the court, probation officers, parole officers, prosecutors, or other law enforcement, your right to revoke consent may be more limited and should be clearly explained on the consent you sign.

Records, or testimony relaying the content of such records, shall not be used or disclosed in any civil, administrative, criminal, or legislative proceedings against you unless based on your specific written consent or a court order. Records shall only be used or disclosed based on a court order after notice and an opportunity to hear is provided to you (the patient) and/or the holder of the record, where required by 42 USC § 290dd-2 and 42 CFR Part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other similar legal mandate compelling disclosure before the record is used or disclosed.

Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information 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.

Disaster Relief. We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever it is practicable to do so.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Uses and disclosures of Protected Health Information for marketing purposes; and
2. Disclosures that constitute a sale of your Protected Health Information

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Protected Health Information under the authorization but disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

YOUR RIGHTS

You have the following rights regarding Health Information we have about you:

Right to Inspect and Receive a Copy. You have a right to inspect and receive a copy of Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and receive a copy of this Health Information, you must make your request, in writing. We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state of federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

Right to an Electronic Copy of Electronic Medical Records. 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 that 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.

Right to Get Notice of a Breach. You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

Right to Amend. If you feel that the Health Information, we have 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 by or for our office. To request an amendment, you must make your request, in writing.

Right to an Accounting of Disclosures. You have the right to request a list of certain disclosures we made of your Health Information for purposes other than treatment, payment and health care operations or for which you provided written authorization. Disclosures may be requested for information for no more than six years prior to the date of the request. To request an accounting of disclosures, you must make your request, in writing.

Right to Request Restrictions. You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request in writing. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us “out-of-pocket” in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

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

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 by mail or at work. To request confidential communications, you must make your request, in writing. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests. Health plans may request additional information in order to accommodate your request.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website, http://www.compliance.saccounty.gov. To obtain a paper copy of this notice, contact the Office of

Compliance, Phone 1-866-234-6883, or email your request to HIPAAOffice@saccounty.gov. Should you wish to discuss this notice, please contact with the County program from whom you received this notice.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, please contact: Office of Compliance, Phone: 1-866-234-6883 or email: HIPAAOffice@saccounty.gov. To download a copy of the Complaint Form from our website: http://www.compliance.saccounty.gov. All complaints must be made in writing. **You will not be penalized for filing a complaint.**

CHANGES TO THIS NOTICE

We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at our offices that provide health care services. The notice will contain the effective date on the first page, in the top right-hand corner.

*******IMPORTANT*******

A COUNTY OF SACRAMENTO HEALTH PLAN THAT PAYS FOR YOUR MEDCIAL CARE BUT DOES NOT PROVIDE THAT CARE DOES NOT HAVE FULL COPIES OF YOUR MEDICAL RECORDS. IF YOU WANT TO LOOK AT, GET A COPY OF, OR CHANGE YOUR MEDICAL RECORDS, PLEASE CONTACT YOUR DOCTOR, DENTIST, OR CLINIC.

Sacramento County Board of Supervisors

Phil Serna, District 1

Patrick Kennedy, District 2

Rich Desmond, District 3

Rosario Rodriguez, District 4

Pat Hume, District 5

County Executive

David Villanueva