



HIPAA POLICY

EFFECTIVE: 6/09/2004  
REV: N/A

## NOTICE OF PRIVACY PRACTICES

**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, you may contact the person in charge of your treatment, the Health Insurance Portability and Accountability Act ("HIPAA") liaison for the department in which you are utilizing services, or contact:

Solano County HIPAA Privacy Officer  
580 Texas Street  
Fairfield, CA 94533  
(707) 435-2962

Your medical information is personal, and we at the County of Solano are committed to protecting it. Your medical information is also very important to our ability to provide you with quality care, and to comply with certain laws. This Notice describes the privacy practices we and our business associates are required to follow related to your medical information and outlines the limits on how the County will handle your medical information. In some cases, California law may be more restrictive with respect to your rights and responsibilities than HIPAA, in which case California law will control. Other federal or state laws limit the sharing of information. For example, there are special laws that protect information about HIV/AIDS status, mental health care, developmental disabilities, and drug and alcohol abuse care. We will obey these laws.

**We are Legally Required to:** Keep your medical information, also known as "protected health information," or "PHI," private, give you this Notice of our legal duties and privacy practices with respect to your PHI, and comply with this Notice. Under federal law, the County must provide a copy of this Notice when you receive health care and related services from the County, or participate in certain health plans administered or operated by the County.

### **CHANGES TO THIS NOTICE**

We reserve the right to revise or change the terms of this Notice, and to apply those changes to your PHI. You have the right to be notified of any changes to this Notice and

to receive a copy of those changes in writing. To obtain a copy of this Notice once it has been changed, you can either ask your health care provider (for example, your doctor) or any County of Solano staff person, or go to our Website at <http://www.solanocounty.com>.

## **HOW WE MAY USE AND DISCLOSE YOUR PHI**

**For Treatment:** We create a record of the treatment and services you receive at our facilities and programs. We need this record to provide you with quality care and to comply with certain legal requirements.

Your health care provider may disclose your PHI to other doctors, therapists, nurses, students in training, or other personnel who are involved in taking care of you. For example, a doctor treating you for depression may need to know if you have problems with your heart because some depression medications lower your blood pressure. Your health care provider may share your PHI in order to coordinate the different things you need, such as prescriptions, regular blood pressure checks, lab work or an EKG.

We also may disclose PHI to people outside this agency who may be involved in your treatment when you are not at one of our facilities, clinics or programs for coordination and management of your health care.

We may use and disclose your PHI to contact you. For example, we may send you a reminder that you have an appointment for treatment. You have the right to tell us how you want to be contacted by Solano County (a form will be provided to you upon request for this purpose).

We may use and disclose your PHI to recommend possible treatment options or alternatives that may be of interest to you. Additionally, we may use and disclose PHI to tell you about health related benefits or services that may be of interest to you (for example, Medi-Cal eligibility or Social Security benefits.) You have the right to refuse this information.

**For Payment:** We use and disclose your PHI in order to get paid for the treatment and services we have provided you. For example, we may disclose PHI to recover payment from Medi-Cal, Medicare, or private insurance companies.

**For Health Care Operations:** We may use and disclose your PHI to operate our facilities, clinics and programs, and to meet certain state and federal regulations. For example, we may use your PHI to review our treatment and services and to evaluate the performance of our staff in caring for you.

**For Health Plan Administration:** As administrator of certain health plans, for example Medi-Cal, the County may disclose limited information to plan sponsors. The law only allows using such information for purposes such as plan eligibility and enrollment, benefits administration and payment of health care expenses. The law specifically prohibits use for employment-related actions or decisions.



## USES AND DISCLOSURES OF PHI THAT GIVE YOU THE OPPORTUNITY TO OBJECT

Unless you object, we may disclose your PHI to a friend or family member, your parent or any other person identified by you who is involved in your health care or payment for your health care. Your objection must be in writing (a form will be provided to you upon request for this purpose). We will not honor the objection in circumstances where doing so would expose you or someone else to danger, as determined by your health care provider, or where we are otherwise required by law to disclose your PHI.

In the event of a disaster we may disclose your PHI to a disaster relief agency such as the Red Cross, so that your family can be notified about your condition, status and location.

## USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION

**Research:** We may disclose your PHI to medical researchers who request it for approved medical research projects; however, with very limited exceptions such disclosures must be cleared through a special approval process before any PHI is disclosed to the researchers, who will be required to safeguard the PHI they receive.

**As Required By Law:** We will disclose your PHI when required to do so by federal or state law.

**To Avert a Serious Threat to Health or Safety:** We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

**Military and Veterans:** We may disclose your PHI for military and veterans activities.

**Reporting Abuse, Neglect or Domestic Violence:** We may disclose PHI to a government authority, when we believe the individual to be a victim of abuse, neglect, or domestic violence.

**Workers' Compensation:** We may disclose your PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Activities:** We may disclose your PHI for public health activities, such as those aimed at preventing or controlling disease, preventing injury or disability, and reporting the abuse or neglect of children, elders and dependent adults.

**Health Oversight Activities:** We may disclose your PHI to a health oversight agency for activities authorized by law. These oversight activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights law.

**Decedents.** PHI may be disclosed to funeral directors or coroners to enable them to carry out their lawful duties.

**Organ/Tissue Donation:** Your PHI may be used or disclosed for cadaveric organ, eye or tissue donation purposes.

**Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process.

**Law Enforcement:** We may disclose your PHI if asked to do so by law enforcement officials, including under the following circumstances:

- a. In response to a court order, subpoena, warrant, summons or similar process;
- b. To identify or locate a suspect, fugitive, material witness or missing person;
- c. If the PHI is related to a victim of a crime if, under certain limited circumstances, we are unable to obtain agreement for the disclosure;
- d. If the PHI is related to a death we believe may be the result of criminal conduct;
- e. If the PHI is related to criminal conduct at any of our facilities and programs;
- or
- f. In emergency circumstances to report a crime, the location of the crime, the victim(s) or the identity, description or location of the person who committed the crime.

**Specialized Governmental Functions:** In the course of National Security and Intelligence activities, we may disclose your PHI to authorized federal officials for intelligence and other national security activities authorized by law. For example, we may disclose your PHI to authorized federal officials who make decisions regarding your suitability for a security clearance or service abroad.

**Inmates of Correctional Institutions:** If you are an inmate of a correctional institution, you lose the rights outlined in this Notice. Furthermore, if you are an inmate or are in the lawful custody of a law enforcement official, we may disclose your PHI to a law enforcement official.

**Public Benefits:** We may also use or disclose PHI as part of Government programs providing public benefits.

## **OTHER USES OF YOUR PROTECTED HEALTH CARE INFORMATION**



Other uses and disclosures of your PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose your PHI, you may revoke that authorization, in writing, at any time. For example, you may be asked for your authorization to participate in the clinical trial of a new medication. If you revoke your authorization, we will no longer use or disclose your PHI for the reasons covered by the authorization, except that we are unable to take back any disclosures we have already made when the authorization was in effect, and we are required to retain our records of the care that we provided to you.

**Minimum Necessary Disclosure:** Excepting treatment purposes, as required by law, or when required by the Secretary of the U.S. Department of Health and Human Services to investigate compliance with uses or disclosure of PHI, we will use and disclose only the minimum information necessary to accomplish that particular purpose for which the use or disclosure is made.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

**Right to Inspect and Copy:** With certain exceptions, you have the right to see and request a copy of your protected health information from our records. To inspect and request a copy of your PHI, you must submit a request in writing to your case manager or the person in charge of your treatment. (A form will be provided upon your request) If you request a copy of your PHI, we may charge a fee for the cost of copying, mailing or other supplies associated with your request. The charge for copies of your records is \$0.25 a page.

You are entitled to one free copy of the relevant portion of your records necessary to appeal a denial of eligibility for Medi-Cal, social security disability insurance or Supplemental Security Income/State Supplementary Program for the Aged, Blind and Disabled (SSI/SSP) benefits. "Relevant portion" means the records regarding services provided from the time you applied for benefits until the denial of benefits.

We may deny your request to inspect and copy parts of your PHI. If you are denied the right to inspect and copy your entire PHI in our records, you may appeal this decision and request that another licensed health care professional within the County of Solano, not involved in your treatment, review the denial or you may request that another licensed health care professional of your choice review the denial and your appeal. (A form will be provided to you for this request.)

**Right to Request an Amendment:** If you feel that your PHI in our records is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as we keep the information. To request an amendment, you must submit a request in writing to the HIPAA liaison for the department providing you service, or to the person in charge of your treatment. In addition, you must tell us the reason for the amendment, and at which County facility, clinic or program you want your request to apply to. Your request will become part of your record. (A form and a list of facilities, clinics and programs will be provided to you upon request for this purpose.) In

addition, we may deny your request if you ask us to amend information that was not created by us, or is part of the information which you were not permitted to inspect and copy, or is deemed accurate and complete by your health care provider.

**Right to an Accounting of Disclosures:** With the exception of disclosures that were made for our own uses for purposes of treatment, payment and health care operations, and certain other exempt disclosures, you have the right to request a list of the disclosures we have made of your PHI. To request this list, you must submit your request in writing to the person in charge of your treatment. (A form will be provided to you upon request for this purpose.)

Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate how you want to receive this list (for example, on paper or electronically.) The first list you request within a 12-month calendar period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Revoke Authorization for Uses and Disclosures:** Except as otherwise permitted by law, we may not use or disclose your PHI without your legally valid authorization. We may not condition treatment, payment, enrollment in a health plan, or eligibility for benefits on the condition of you signing an Authorization Form. If you sign an Authorization Form, you may revoke it in writing at any time.

**Right to Request Restrictions:** You have the right to request that we follow additional, special restrictions when using or disclosing your PHI. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment as determined by your doctor or other circumstances mandate the disclosure over your objection. To request restrictions, you must make your request in writing to the person in charge of your treatment. In your request, you must tell us what information you want to limit, the type of limitation, and to whom you want the limitation to apply; for example, disclosures to your spouse. (A form will be provided to you upon request for this purpose.)

**Right to Request Confidential Communications:** You have the right to request that we communicate with you about appointments or other matters related to your treatment in a specific way or at a specific location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the person in charge of your treatment. (A form will be provided to you upon request for this purpose.) Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

**Right to a Paper Copy of This Notice:** You may ask us for a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are entitled to receive a paper copy of this Notice. To obtain a paper copy of this Notice, contact the

Solano County Privacy Officer, at (707) 435-2962. You may also obtain a copy of this Notice at our website, <http://www.solanocounty.com>.

**Complaints:** You have the right to file a complaint if you believe your privacy rights have been violated. No action may be taken against you for filing a complaint. If you believe your privacy rights have been violated, you may file a complaint with us or with the federal government. To file a complaint with us, or if you have any comments or questions regarding our privacy practices you may contact the HIPAA department liaison for the Solano County department related to your complaint or you may contact the Solano County HIPAA Privacy Officer at:

**Solano County HIPAA Privacy Officer**  
**580 Texas Street**  
**Fairfield, CA 94533**  
**(707) 435-2962**

You may also file a complaint with the Federal Government at:

Region IX, Office for Civil Rights  
U.S. Department of Health & Human Services  
50 United Nations Plaza, Room 322  
San Francisco, CA 94102 (415) 437-8310

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