



# Notice of Privacy Practices

**This notice is effective April 14, 2003. Revised October 4, 2006.**

The 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.

Dear Orange County Client:

Your health information and records are personal and private. We take our responsibility to protect your health information seriously. As in the past, we will continue to take steps to keep your information safe.

Federal and State laws protect your health information and your health records. Some laws give parts of your records added protection. These include mental health, alcohol and drug abuse, HIV/AIDS, and sexually transmitted diseases records. Under these laws, we cannot usually share your health information without your signed permission.

Other laws require us to share your information. An example of this is when we report birth or death information to the State. More information about these laws is included in other parts of this notice.

This Notice tells you how we use and share your health information, what your rights and our duties are concerning your health information, and who to call if you have questions. The Federal HIPAA (Health Insurance Portability and Accountability Act) law requires that we give you this Notice and let you know when we make major changes to it.

We will only use your health information in ways that are appropriate for your health care needs, as appropriate to pay for your health care, and as the law requires us to do. We will follow our privacy practices as described in this Notice.

You can call the Health Care Agency HIPAA Coordinator at (714) 834-4082 if you have questions about this Notice. You may also contact the County of Orange HIPAA Privacy Officer at (714) 834-5172.

Thank you.



County of Orange Health Care Agency  
405 West 5th Street, Suite 676  
Santa Ana, CA 92701

# How we may share your health information

## Treatment

The County is required by law to keep a record of the medical treatment that you receive from the County. Our doctors, nurses, and other medical staff may use your health information to diagnose your condition or to decide the right treatment for you. They may share your health information with other health care providers to provide and coordinate the care and services that you need. For example, doctors may talk to each other to figure out the right tests or medicine for you. We may also share your health information to provide other services that you need, such as home care and follow-up.

## Payment

We may use or share your health information to be paid for treatment or services that we provide to you. For example, we may tell MediCare or Medi-Cal about a treatment that you need so they will pay for it. We may share your health plan information to bill for other services. For example, you may need blood tests. The County doctor may send your blood to a private lab for tests. We will also send your health plan information to the lab so they can be paid for the tests. The County may also share your health plan information with another health plan to coordinate benefit payments.

## Health Care Operations

Your health information may be used by doctors, nurses, or other medical staff to make sure that the medical care you get is the right care for you. For example, we may use your medical information to review our treatment and services, or to improve the care and services we offer. We may combine health information about you and others to find illness patterns in our community. We may share your health information with other medical staff that audit, investigate, and inspect health care programs.

## Required by Law

We will share your health information when we must do so because of Federal, State, or local law. For example, we may share your health information with the Department of Health and Human Services when they check to see that we are following Federal privacy rules.

## Health Oversight Activities

We may share your health information with Federal or State agencies that audit, investigate, and inspect government health benefit programs. Sometimes, the County will review your medical information to audit, investigate, and inspect other local health programs.

## Public Health Activities

We may share your health information with other government agencies to promote and protect our community's health. This may include reporting certain diseases, injuries, illnesses, and events as required by law. For example, we may share your health information with a local government agency so they can investigate a case of food poisoning. The investigator may contact others who ate at the same place you did to find out where the food poisoning started.

## Victims of Abuse, Neglect, or Domestic Violence

We may share your health information with other government agencies if we suspect you have been a victim of abuse, neglect, or domestic violence. We will only share this information if you agree, if the law requires us to, or when we think it is necessary to protect you from serious harm.

## **Your Right to Receive a Paper Copy of This Notice**

You have the right to receive a paper copy of this notice any time you ask for it, unless you are an inmate at the jail.

## **Our Responsibilities**

We must follow the terms of this Notice while it is in effect. We may change this Notice and our privacy practices at any time, as long as the change is legal under State and Federal law. Changes in our privacy practices will apply to any health information that we already have and to health information that we create or receive after the change takes effect. If we make changes to our Notice, and if Orange County pays for your healthcare, we will mail a new Notice to you. If you are treated at County clinics, the new Notice will be available to you in the waiting areas or at the reception desk at the clinics. The Notice will also be available on the County HIPAA website at [www.ocgov.com/hipaa/forms.htm](http://www.ocgov.com/hipaa/forms.htm).

## **What to Do If You Have a Question or Complaint**

If you have any questions about this Notice or your privacy rights, please call the Health Care Agency HIPAA Coordinator at (714) 834-4082.

If you believe you have a privacy complaint, please contact the HIPAA Privacy Officer at (714) 834-5172, or fill out a complaint form available online at [www.ocgov.com/hipaa/forms.htm#complaint](http://www.ocgov.com/hipaa/forms.htm#complaint).

To complain to the Federal Government, please write to DHHS, Region IX Office of Civil Rights, 50 United Nations Plaza, Room 322, San Francisco, CA 94102, or call (415) 437-8310, TDD (415) 437-8311.

*You will not be punished, threatened, or penalized for asking questions or for filing a complaint.*

## **Lawsuits and Legal Actions**

We may share your health information in response to a court order, subpoena, or other lawful process. We may also use your health information, as allowed by law, for legal proceedings.

## **Law Enforcement**

We may share your health information with law enforcement officials, like the police, sheriff, or FBI, in response to a search warrant or court order. We may share your information to help law enforcement locate a missing person, a suspect, or a fugitive. We may share your information to report a crime that happens at our clinics or offices, or to report certain types of wounds, injuries, or deaths that may be part of a crime.

## **Coroners, Medical Examiners, and Funeral Directors**

We may give health information to coroners and medical examiners to identify a dead person, determine what caused the death, or for other official duties. By law, we may also give health information to funeral directors.

## **Organ and Tissue Donation**

We may share your health information with organizations that take care of organ, eye, or tissue donations and transplants.

## **Research**

We may use or share your health information for research, with your permission or without your permission, if an Institutional Review Board (IRB) approves. An IRB is a committee responsible for reviewing and approving human subjects research. The IRB must follow strict Federal laws that protect your safety and the privacy of your health information.

## **To Stop a Serious Threat to Health or Safety**

We may use or share your health information if we believe it is necessary to avoid a serious threat to your health or safety or to someone else's health or safety.

## **Inmates**

If you are an inmate of a correctional institution, we may share your health information with the correctional institution for certain purposes. For example, we may share your health information to protect your health or safety, or to protect the health or safety of others at the institution.

## **Military Activity and National Security**

If you are or were a member of the armed forces, we may share your health information with military authorities. We may also share your health information with Federal officials when necessary for national security, intelligence activities, or protection of the President or other government officials.

## **Government Programs for Public Benefits**

The County may use or share your health information to see if you qualify for medical care paid for by government programs, such as MediCare, Medi-Cal, or Supplemental Security Income.

## **Workers' Compensation**

In order to comply with workers' compensation laws, we may share your health information about a work-related injury or illness with the people handling your workers' compensation claim.

## **Family and Friends Involved in or Paying for Your Care**

We may share your health information with a friend or family member that helps you with your medical care. For example, you may bring a friend or family member to your doctor's appointment and have that person in the exam room while talking with the doctor. Or, you may have a friend or family member pick up a prescription at the pharmacy for you. You must ask us in writing if you do not want us to share your health information in this way.

## **Disaster Relief**

The County may share your health information with the Red Cross or other relief organizations in a disaster. This helps the disaster relief organization provide medical care that you may need or to help you find members of your family.

## **Appointment Reminders**

We may use your health information to contact and remind you about your medical appointments with the County.

## **Other uses of your health information**

You must give us written permission (called an Authorization) for all other uses of your health information. You may take back, or revoke, your written authorization at any time, but it must be done in writing. If you take back your written authorization, we will stop sharing your health information. However, we cannot take back any information we have already used or shared while we had your authorization (before you revoked that authorization in writing).

The County is required by law to keep a record of the medical treatment that you receive from the County, whether or not you give us written permission to use or share it.

## **Your health information rights and how to use these rights**

### **Your Right to See and Receive Copies of Your Medical Information**

In most cases, you have the right to see and get copies of your medical records or billing records. You must ask for your records in writing. If you agree, we may give you a summary or explanation of your medical record, instead of making copies. We may charge a fee for the copies or summary. If we don't have the record you asked for, but we know who does, we will tell you who to contact to get it.

In certain cases, we may deny your right to see or get a copy of your records. If this happens, we will tell you why in writing and explain your right, if any, to have the denial reviewed.

### **Your Right to Change or Amend Your Medical Information**

If you believe there is a mistake in your medical record or that important information is missing, you can ask us to correct or add to (amend) the record. You do not have the right to have information removed from your record. You must ask us in writing to correct or amend your record, and explain why you want the change or amendment.

We will let you know in writing if we will agree to change your information. We will not agree if your request is not in writing, or if you do not give us a good explanation of why you want the change. We will not agree to change the information if it is correct and complete. We will not change information that we did not create. We will not change information if it is not part of the medical information you have a right to see or

copy. If we deny your right to change or amend your medical information, we will tell you why in writing, and explain your right to file a written disagreement.

If you choose to file a written disagreement, it can be no longer than five (5) pages. You may ask that this written disagreement be added to your medical record, along with your original request to change your medical information and the written denial to make the change.

### **Your Right to Receive an Accounting of Disclosures of Your Medical Information**

You can ask us for a list of disclosures (of those with whom we shared your health information). This is called an accounting of disclosures and must be requested in writing. We can give you a list of disclosures that occurred between the date of your request and up to six years before this date, but not before April 14, 2003. The list will not include certain disclosures we made, including those:

- based on your written authorization;
- to treat you or to receive payment for your treatment;
- for certain business reasons;
- to family members or friends involved in your medical treatment or care;
- to jails, prisons, or law enforcement; or
- for reasons related to legal actions.

You can request one free accounting of disclosures in a 12 month period. You may be charged a fee if you ask again in the same 12 month period.

### **Your Right to Request Limits on Uses or Disclosures of Your Medical Information**

You can ask us to limit the way we use or share your health information for your treatment or care, for the payment of your treatment or care, or for other business purposes. For example, you can ask us to limit the information that we share with someone who helps take care of you or who pays for your health care. We may ask that you give us your request in writing.

By law, we do not have to agree to your request. For example, we may not agree if we believe that this information is required to provide you with needed medical treatment or care.

### **Your Right to Ask Us for Confidential Communications**

You may ask us to send your health information to a different address (for example, to your work address or a post office box) or to call you only at a certain phone number (for example, your cell phone). You must ask us in writing, and tell us exactly how you want us to contact you. We will agree to all reasonable requests.

### **Your Right to Take Back Your Written Authorization**

You may take back, or revoke, your written authorization to share your health information at any time. You must tell us in writing. If you take back your written authorization, we will stop sharing your health information. However, we cannot take back any information we have already used or shared while we had your authorization.

The County is required by law to keep a record of the medical treatment you receive from the County, whether or not you give us written permission to use or share it. You do not have the right to have information removed from your record.