



**FRESNO COUNTY
NOTICE OF PRIVACY PRACTICES**

Effective Date: January 2, 2006

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 comments or questions about this notice, please contact:

Fresno County Privacy Officer
1221 Fulton Mall, 6th Floor
Fresno, CA 93721
(559) 445-3249

WHO WILL FOLLOW THIS NOTICE

Fresno County provides many health-related services to County consumers. The County employs or contracts with medical, substance abuse, and mental health providers for treatment services. The County also manages different health insurance plans, like Medi-Cal Managed Care, that allow County clients/consumers to access treatment services.

This notice describes how the County, through its employed and contracted health care professionals and health insurance plans, uses the protected health information (PHI) the County receives about you. Your PHI is any information that identifies you (such as your name or address or social security number) that relates to your past, present or future physical or mental health or condition, any health care you receive, or to the past, present or future payment for your health care.

OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION

We understand that the PHI about you is personal. We are committed to protecting the PHI about you. We create a record of the care and services you received at the County. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care. This notice will tell you about the way in which we may use and disclose the PHI about you. We also describe your rights and certain obligations we have regarding the use and disclosure of your PHI.

We are required by law to:

- Make sure that the PHI that identifies you is kept private (with certain exceptions that will be described);
- Give you this notice of our legal duties and privacy practices with respect to the PHI about you; and
- Follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE THE PHI ABOUT YOU

Except as provided in this notice, Fresno County will disclose PHI only with your written permission (authorization). However, there are situations that require or allow disclosures without your authorization. The following categories describe different ways that Fresno County uses and discloses PHI without your authorization. Not every use or disclosure in a category is listed; however, all of the ways we are permitted to use and disclose information will fall within one of the categories. When Fresno County discloses your information, we will release only the minimum necessary to accomplish the purpose for which it is requested.

For Treatment

We may use PHI about you to provide you with medical treatment or services. We may disclose PHI about you to doctors, nurses, technicians, medical students, interns or other County personnel who are involved in taking care of you. Your treatment team 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 about you to people outside the County who may be involved in your medical care, such as skilled nursing facilities or home health agencies.

For Payment and Authorization

We use and disclose your PHI to obtain or provide authorization for services. Your PHI will also be used and disclosed in order to receive payment or pay for services provided to you. For example, insurance companies require PHI to authorize treatment and for payment of services. We will only disclose the minimum necessary information to accomplish these purposes.

For Health Care Operations

We may use and disclose PHI about you for health care operations. These uses and disclosures are necessary to run the County and make sure that all of our clients/consumers receive quality care. 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. We may also disclose information to doctors, nurses, technicians, medical students, interns and other County personnel for review and learning purposes.

Appointment Reminders

We may use and disclose your PHI to contact you as a reminder that you have an appointment for treatment or medical care at the County.

Individuals Involved in Your Care or Payment for Your Care

We may release your PHI to a family member, another relative, a close personal friend, or any other person you identify relevant to that person's involvement in your care or payment related to your care.

Research

We may use and disclose PHI about you for research purposes. A research project may involve comparing the health and recovery of all clients/consumers who received one medication to those who received another, for the same condition. All research projects are subject to a special approval process. This process evaluates a proposed research project and its use of PHI, trying to balance the research needs with clients'/consumers' need for privacy of their PHI. Before we use or disclose PHI for research, the project will have been approved through this research approval process. We may, however, disclose PHI about you to people preparing to conduct a research project, for example, to help them look for clients/consumers with specific medical needs, so long as the PHI they review does not leave this County. We will ask for your specific permission if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care.

As Required By Law

We will disclose PHI about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety

We may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Organ and Tissue Donation

We may release your PHI to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank.

Military and Veterans

If you are a member of the armed forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation

We may release PHI about you for workers' compensation or similar programs

Public Health and Safety

We may disclose PHI about you for public health and safety activities when such disclosures are required by law. Public Health and Safety activities generally include the following: preventing or controlling disease, injury or disability; reporting births and deaths; reporting abuse or neglect of children, elders and dependent adults, including domestic violence that may place a child, elder or dependent adult at risk; reporting reactions to medications or problems with products; notifying people of recalls of products they may be using; notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;

Health Oversight Activities

We may disclose your PHI to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and licensure.

Legal and Administrative Actions

If you are involved in a criminal court case, a civil lawsuit or an administrative action, we may disclose PHI about you in a response to a court or administrative order, subpoena, discovery request, or other lawful process.

Law Enforcement

We may release your PHI to law enforcement if required by law.

Coroner, Medical Examiners and Funeral Directors

We may release PHI 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 PHI about clients/consumers of this County to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities

We may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities as required by law.

Protective Services for the President and Others

We may disclose PHI about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Inmates

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Secretary of the U.S. Department of Health and Human Services

We may release PHI about you to the Secretary to investigate or determine the County's compliance with the HIPAA privacy rule.

YOUR RIGHTS REGARDING PHI ABOUT YOU

Right to Inspect and Copy

You have the right to inspect and copy PHI that may be used to make decisions about your care. Usually, this includes medical and billing records, but may not include some mental health information. You must make your request for access in writing.

If you request a copy of the PHI County has about you we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your PHI, you may request that the denial be reviewed. A licensed health care professional, chosen by this County, will review your request and the denial. The licensed health care professional conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend

If you feel that PHI we have about you 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 this County. Your request must be in writing. You must provide a reason that supports your request.

We may deny your request if it is not in writing or does not include a reason to support the request. We may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the PHI kept by or for the County
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

If we deny your request for amendment, you have the right to submit a written addendum, not to exceed 250 words, with respect to any item or statement in your record you believe is incomplete or incorrect. If you clearly indicate in writing that you want the addendum to be made part of your PHI we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect.

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 at work or by mail.

We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to Request Restrictions

You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a service you had.

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 emergency treatment. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to an Accounting of Disclosures

You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of PHI about you other than disclosures: made to you; made based on your authorization, for treatment, payment and health care operations (as those functions are described above); to persons involved in your care; for national security or intelligence purposes; to correctional institutions; to law enforcement (as required by law); or that occurred prior to April 14, 2003.

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 in what form you want the list, i.e., paper copy, electronically. The first list you request within a 12-month period is 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.

TO INSPECT AND COPY PHI THAT MAY BE USED TO MAKE DECISIONS ABOUT YOU, TO REQUEST AN AMENDMENT, TO REQUEST A LIST OR ACCOUNTING OF DISCLOSURES, TO REQUEST RESTRICTIONS, OR TO REQUEST CONFIDENTIAL COMMUNICATIONS:

You must make your request in writing to the department where services were received:

1. Behavioral Health - Mental Health Medical Records for Adults, Release of Information at: 4441 E. Kings Canyon Rd., Fresno, CA 93702
2. Children and Family Services - Mental Health Medical Records for Children and Family Services, Release of Information at: 3133 N. Millbrook Ave., Fresno, CA 93703
3. Health Accounts Receivable at: 2600 Ventura Street, Fresno, CA 93721
4. Substance Abuse PATHS Program (Perinatal Focused, Addiction, Treatment, Health Services for Women, their Infants and Children) at: 515 S. Cedar Ave., Fresno, CA 93702
5. Substance Abuse Assessment Center at: 2212 N. Winery, Suite 122, Fresno, CA 93703
6. Community Health - 1221 Fulton Mall, Fresno, CA 93721 (**direct your request to the clinic or program where services were provided**). **If services were provided at the following sites, the request may be made directly to those sites:**

CCS Medical Therapy Unit - Storey School @ 5250 E. Church, Fresno, CA 93725

CCS Medical Therapy Unit - Ginsburg School @ 67 Ashlan, Fresno, CA 93704

CCS Medical Therapy Unit - Garfield School @ 1345 N. Peach Ave., Clovis, CA 93611

Right to a Paper Copy of This Notice

Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

You may obtain a copy of this notice at our website: <http://www.fresnohumanservices.org>

To obtain a paper copy of this notice contact the area where your services were provided.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. 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. We will post a copy of the current notice in the County. In addition, each time you register at or are admitted to one of the County points of service for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may:

- Complain either verbally or in writing to the Fresno County Privacy Officer at 1221 Fulton Mall, 6th Floor, (559) 445-3249 OR
- File a complaint directly to the Secretary, U.S. Department of Health and Human Services, at:

Region IX, Office for Civil Rights
U.S. Department of Health and Human Services
50 United Nations Plaza Room 322
San Francisco, CA 94102
Fax number: (415) 437-8329
E-mail address: OCRComplaint@hhs.gov

The complaint to the Office for Civil Rights must be submitted in written or electronic form and must be filed within 180 days of when the incident occurred or was known to have occurred.

You will not be retaliated against for filing a complaint.

OTHER USES OF PHI

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 permission (authorization). If you provide us permission to use or disclose PHI about you, you may revoke that permission, in writing, at any time. If you revoke your permission, this will stop any further use or disclosure of your PHI for the purposes covered by your written authorization, except if we have already acted in reliance on your permission. We are unable to take back any disclosures we have already made with your permission, and we are required to retain our records of the care that we provided to you.