" 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 statement to us about the denial and to have that statement be附到 your record. If we receive a complaint that the amendment was not made, you will be notified of the outcome of the complaint and you may request that we place your statement in your record.

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 could 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 access, use, or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on how much of your 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 access, use, and/or disclosure; and
(3) to whom you want the limits to apply, for example, disclosures to your spouse.

We reserve the right to terminate any previously agreed-to restrictions (other than a restriction we are required to agree to by law). We will inform you of the termination of the agreed-to restriction and such termination will only be effective with respect to PHI created after we inform you of the termination.

Right to an Accounting of Disclosures
You have the right to request an “accounting of disclosures” up to six (6) years prior to the date the accounting is requested. This is a list of the disclosures we made of PHI about you other than disclosures made to: made to: made based on your authorization, for treatment, payment, and health care operations (as those functions are described above); to persons involved in your care or for other 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.

We reserve the right to charge 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 of Fresno.

Changes to This Notice
We reserve the right to change this notice. If we make any changes to this notice, we will provide you with a copy of the current notice in effect. We will also make a copy of the current notice available at our facilities. We may post this notice in digital form on our website.

County of Fresno
Effective Date: August 16, 2004
Revised Date: August 22, 2013
We are required by law to:

**For Treatment**

We may access, use, and disclose PHI about you for health care purposes related to treatment services. For example, we may disclose PHI to run the County and make sure that all of our clients/consumers receive quality care. For example, we may access and use your PHI to review our services and to evaluate the performance of our staff in caring for you. We may also disclose (incontracted health care providers) PHI to other persons to carry out health care activities and functions and certain duties we have regarding the access, use, and disclosure of PHI. We may access, use, and disclose PHI about you for purposes of notifying a person who may have been exposed to a disease or spreading a disease or an agent for activities authorized by law. These oversight activities, as required by law.

**As Required By Law**

We may disclose PHI to you about when required to do so by Federal, State, or local law.

**To Avert a Serious Threat to Health or Safety**

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

**Education**

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

**Military and Veterans**

We may disclose PHI about you 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 disclose 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. For example, health care providers may be required to report certain diseases, such as immunization and such proof is legally required to admit. We may also disclose PHI about you to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organization donation bank.

**Research**

We may disclose PHI about you for research purposes. 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 needed to receive your care. For example, we may help them look for clients/consumers with specific medical needs, so long as the PHI they review does not identify you. 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 access, use, and disclose PHI about you when necessary to prevent a serious threat to your health or the safety and health of the public or another person.

**Shared Medical Record/Health Information Exchanges**

We may maintain PHI about our patients in shared electronic medical record systems. We may also participate in various electronic health information exchanges that facilitate access to PHI by other health care providers who you provide care. For example, if you are admitted on an emergency basis to a hospital that participates in the health information exchange, the exchange will allow us to make your PHI available electronically to those who need it to treat you.

**Appointment Reminders**

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

**Business Associates**

We use or disclose your PHI to an outside company that assists us in operating our health care system. We may also use or disclose various services for this. In includes, but is not limited to auditing, accreditation, legal, and consulting services. These outside entities are called “business associates.”

**Family, Members and Friends 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 if you agree, do not object, or we reasonably infer that there is no objection and that family member or friend is involved in your health care or your payment for your health care. If you are not present or are incapable or it is an emergency or disaster relief situation, we will use our professional judgment to determine whether disclosing limited PHI is in your best interest under the circumstances. We may disclose PHI to the executor, administrator, or other person having authority over a deceased individual’s estate.

**Right to Inspect and Copy**

You have the right to inspect and copy PHI, except under the limited circumstances listed in 45 C.F.R. 164.524, for as long as we maintain it as required by law. This right extends to PHI in health care operations, medical and billing records, but may not extend to something such as psychotherapy notes, information compiled for civil or criminal proceedings, and PHI maintained under the Clinical Laboratory Improvements Amendments of 1988. You must make your request for access in writing.

**Right to Amend**

If you feel that your PHI we have is incorrect or incomplete, You may ask us to amend the information. You have the right to ask us to amend information if you believe that the amendment is kept 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.

**Right to Know**

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. For example, we may release PHI if we 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 disclose PHI 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 to authorized Federal officials so they may provide protection to the President, other authorized persons, foreign heads of state, or so they may conduct special investigations.

**Immunization**

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

**Secretory of the U.S. Department of Health and Human Services**

We may disclose PHI about you if so required or determine the County’s compliance with the HIPAA privacy rule.

**Your Rights Regarding PHI used, disclosed and/or Disclosed PHI**

We use or disclose your PHI to an outside company that assists us in operating our health care system. This notice will tell you about the way in which we may access, use, and disclose the PHI about you. We also describe your rights and responsibilities regarding this notice and let you know that we have reviewed this notice and agreed to it. We will provide you with this notice upon request. If you have comments or questions about this notice, please contact:

Fresno County Privacy Officer
1221 Fulton Mall, 6th Floor
Fresno, CA 93721
(559) 600-3200

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 the names and addresses 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 Access, Use, and Disclose the PHI About You**

Except as provided in this notice, Fresno County will access, use, and/or disclose PHI only with your written permission (authorization). When we use or disclose PHI, we will make sure that the PHI is limited to what is necessary to accomplish the purpose for which it is requested.