

NOTICE OF PRIVACY PRACTICES

County of Santa Cruz Health Services Agency

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 please contact: our Privacy Contact who is: Michael Heggarty, Deputy Director of Quality Assurance, County of Santa Cruz Mental Health/Substance Abuse Services.

The County of Santa Cruz Health Services Agency believes strongly in your right and your family's right to privacy and confidentiality as this relates to medical information that we may gather, maintain, or use in the course of providing health services. All of our staff who have access to medical information about you or your family have been trained to properly respect your right to medical privacy and are required to protect and maintain protected health information about you or a family member in accordance with State and Federal law.

The County of Santa Cruz Health Services Agency is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information.

There are special legal provisions for the protection of patient medical privacy and confidentiality related to treatment for mental illness, substance abuse treatment, and HIV/AIDS that are attached as an addendum to this notice. These special legal provisions apply in addition to those described in this Notice of Privacy.

You have the right to request a restriction of your protected health information. Please see Section 2 of this Notice of Privacy Practices for further information on how to make such a request.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition, the provision of health care to you, or the past, present or future payment for the provision of health care to you.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will

provide you with any revised Notice of Privacy Practices by: 1) accessing our website at www.santacruzhealth.org; 2) calling the office and requesting that a revised copy be sent to you in the mail; or, 3) asking for one at the time of your next appointment.

Section 1. Uses and Disclosures of Protected Health Information

I. Uses and Disclosures of Protected Health Information Without Your Written Authorization

You will be asked by your physician or health care provider to sign a treatment consent form. This allows Health Services Agency to provide medical treatment to you or your dependent. The Health Services Agency may use or disclose your protected health information as described in this Section 1. Your protected health information may be used and disclosed by your physician, your treatment provider, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the health care operations of the Health Services Agency.

Following are examples of the types of uses and disclosures of your protected health care information we are permitted to make when you have consented to treatment. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office once you have provided consent.

Treatment: We may use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we may disclose your protected health information, as necessary, to a home health agency that provides care to you. We may also disclose protected health information to other physicians or persons who may be treating you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

In addition, we may disclose your protected health information from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital

stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

Healthcare Operations: We may use or disclose, as-needed, your protected health information in order to support the necessary business activities of the Health Services Agency. These activities may include, but are not limited to, quality assessment activities, employee review activities, training of medical, nursing, or ancillary medical services students, licensing, and conducting or arranging for other necessary business activities.

For example, we may disclose your protected health information to medical school students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We may share your protected health information with third party “business associates” that perform various activities (e.g., billing, transcription services, etc.) for the Health Services Agency. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose your protected health information for other outreach activities. For example, your name and address may be used to send you a newsletter about our practice and the services we offer. We may also send you information about products or services that we believe may be beneficial to you. You may contact our Privacy Contact to request that these materials not be sent to you.

II. Uses and Disclosures of Protected Health Information Based upon Your Written Authorization

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that Health Services Agency has taken an action in reliance on the use or disclosure indicated in the authorization, or the authorization was obtained as a condition of obtaining insurance coverage.

A group health plan, or a health insurance issuer or HMO with respect to a group health plan, may disclose protected health information to the plan sponsor.

III Other Permitted and Required Uses and Disclosures That May Be Made With Your Authorization and Opportunity to Object

We may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are incapacitated, not present or able to agree or object to the use or disclosure of the protected health information, then Health Services Agency may, using professional judgement, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

Others Involved in Your Healthcare: With your written authorization, 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. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Emergencies: We may use or disclose your protected health information in an emergency treatment situation. If this happens, your physician or health care provider shall try to obtain your authorization as soon as reasonably practicable after the delivery of treatment. If your physician, another physician or health care provider in the practice is required by law to treat you and the physician or health care provider has attempted to obtain your authorization but is unable to obtain your authorization, he or she may still use or disclose your protected health information as necessary to treat you.

Communication Barriers: We may use and disclose your protected health information if your physician or another physician in the practice attempts to obtain authorization from you but is unable to do so due to substantial communication barriers and the physician determines, using professional judgement, that you intend to authorize the use or disclosure under the circumstances.

IV Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object.

We may use or disclose your protected health information in the following situations without your authorization. These situations include:

Required By Law: We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made

in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Public Health: We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information, and for birth and death records. The disclosure will be made for the purpose of controlling or preventing possible disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Communicable Diseases: We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child or elder abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

Legal Proceedings: We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency (not on the Practice's premises) and it is likely that a crime has occurred.

Coroners, Funeral Directors, and Organ Donation: We may disclose protected health information to a coroner or medical examiner for identification purposes,

determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

Research: We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

Threat to Public Health or Safety: Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Workers' Compensation: Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established programs.

Correctional Insititutions: We may disclose your protected health information to a law enforcement officer or correctional institution having custody of you for purposes of treating you while in custody or if necessary for the safety of persons in the correctional institution.

Required Uses and Disclosures: Under the law, we must make disclosures to you and to the Secretary of the Department of Health and Human Services when required by that Department to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

Section 2. Your Rights

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A “designated record set” contains medical and billing records and any other records that your physician and the practice uses for making decisions about you.

Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable by a licensed health care professional if you so request. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Contact if you have questions about access to your medical record.

You have the right to request a restriction of your protected health information.

This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request if your physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If your physician does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician. You may request a restriction by completing a Restriction of Use and Disclosure Request form available from your treatment provider and returning it to your provider office.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Contact.

You may have the right to have your physician amend your protected health information. This means you may request an amendment of protected health information about you created by us in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement

and will provide you with a copy of any such rebuttal. Please contact our Privacy Contact if you have questions about amending your medical record.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations. Please contact our Privacy Contact if you wish to receive an accounting of certain disclosures.

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

Section 3. Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy Contact, **Michael Heggarty, Deputy Director of Quality Assurance, County of Santa Cruz Mental Health/Substance Abuse Services** at (831) 454-4502 or michael.heggarty@health.co.santa-cruz.ca.us for further information about the complaint process.

This notice was published and becomes effective on April 14, 2003.

ADDENDUM: Special Provisions Related to Patient/Client Privacy

Mental Health Services: A detailed written authorization is normally required by the patient before the use or disclosure of psychotherapy notes. In addition, the Lanterman-Petris-Short Act imposes strict restrictions on the disclosure of information obtained in the course of providing mental health services to: patients in an institutional setting; services pursuant to a mental health treatment program funded under the Bronzan-McCorquodale Act; or, in the course of providing intake, assessment or services to persons with developmental disabilities on behalf of a regional or state developmental center. The County of Santa Cruz follows State law on protections of patient privacy, confidentiality and use or disclosure of health information for persons receiving mental health services when these are more protective of patient rights or supercede the HIPAA requirements.

Substance Abuse Generally the identity and records of the diagnosis, prognosis or treatment of any patient which are maintained in connection with the performance of any drug abuse treatment or prevention efforts directly or indirectly assisted by the State Department of Alcohol and Drug Programs are confidential and may not be disclosed without the written consent of the patient or client. Federal drug and alcohol program regulations also require special provisions protecting the confidentiality of drug and alcohol records.

HIV/AIDS - California law gives heightened protections to HIV/AIDS information. Generally a provider must obtain a patient's written authorization specifically permitting a disclosure of the results of an HIV/AIDS test for each separate disclosure made. Providers may disclose HIV/AIDS test results without patient authorization as required under State reporting laws. Additionally, disclosures to a health care provider may be made without specific patient authorization for the direct purposes of diagnosis, care or treatment of the patient.

Rights of Minors Generally it is the parent (not the minor) who has right of access to the minor's health information. An exception is made when the information relates to treatment for which a minor is authorized by law to consent. In California, in certain circumstances a minor has the right to consent to reproductive and mental health services. In these situations, the minor, not the parent has the right of access to related health information.

Family Planning The County of Santa Cruz follows special policies and procedures to protect the privacy and confidentiality of clients or patients receiving family planning/reproductive services. Generally, protected health information is not used or disclosed except for treatment, payment and health care operations purposes without the specific written authorization of the client or patient.

Please discuss with your health care provider any health privacy or confidentiality questions or concerns you may have. For further information special privacy/confidentiality protections, please contact our Privacy Contact.