



AGENCY ADMIN. & FINANCE

1000 San Leandro Blvd. Suite 300
San Leandro, CA 94577
Tel: (510) 618-3452
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THIS NOTICE DESCRIBES HOW HEALTH 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 your health care provider or the appropriate Alameda County Health Care Services Agency Department:

Behavioral Health Care Services: Consumer Assistance Office at **(800) 779-0787**.
Public Health Department Office of the Director at **(510) 267-8000**

Purpose of this Notice

This notice describes the privacy practices of the Alameda County Health Care Services Agency, its departments and programs and the individuals who are involved in providing you with health care services. These individuals are healthcare professionals and other individuals authorized by the County of Alameda to have access to your health information as a part of providing you services or compliance with state and federal laws.

Healthcare professionals and other individuals include:

- physical health care professionals (such as medical doctors, nurses, technicians);
- behavioral health care professionals (such as psychiatrists, psychologists, licensed clinical social workers, marriage and family therapists, psychiatric technicians, nurses, interns)
- other individuals who are involved in taking care of you at this agency or who work with this agency to provide care for its clients, including Alameda County Health Care Services employees, staff, and other personnel who perform services or functions that make your health care possible.

These people may share health information about you with each other and with other health care providers for purposes of treatment, payment, or health care operations, and with other persons for other reasons as described in this notice.

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Our Responsibility

Your health information is confidential and is protected by certain laws. It is our responsibility to protect this information as required by these laws and to provide you with this notice of our legal duties and privacy practices. It is also our responsibility to abide by the terms of this notice as currently in effect.

This notice will:

- Identify the types of uses and disclosures of your information that can occur without your advance written approval.
- Identify the situations where you will be given an opportunity to agree or disagree with the use or disclosure of your information.
- Advise you that other disclosures of your information will occur only if you have provided us with a written authorization.
- Advise you of your rights regarding your personal health information.

How We May Use and Disclose Health Information About You

The types of uses and disclosures of health information can be divided into categories. Described below are these categories with explanations and some examples. Not every type of use and disclosure can be listed, but all uses and disclosures will fall within one of the categories.

- **Treatment.** We may use or share your health information to provide you with medical treatment or other health services. The term "medical treatment" includes physical health care treatment and also "behavioral healthcare services" (mental health services or alcohol or drug treatment services) that you might receive here. For example, a licensed clinician may arrange for a psychiatrist to see you about possible medication and might discuss with the psychiatrist his or her insight about your treatment. Or, a member of our staff may prepare an order for laboratory work to be done or to obtain a referral to an outside physician for a physical exam. If you obtain health care from another provider we may also disclose your health information to your new provider for treatment purposes.
- **Payment.** We may use or share your health information to enable us to bill you or an insurance company or third party for payment for the treatment and services that we had provided to you. For example, we may need to give your health plan information about treatment or counseling you received here so that they will pay us or reimburse you for the services. We may also tell them about treatment or services we plan to provide in order to obtain prior approval or to determine whether your plan will cover the treatment. If you obtain health care from another provider, we may also disclose your health information to your new provider for payment purposes.
- **Health Care Operations.** We may use and disclose health information about you for our own operations. Alameda County includes several departments that provide operations support to the Alameda County Health Care Services Agency, such as the Auditor-Controller, County Administrator, County Counsel, and others. We may share limited portions of your health information with Alameda County departments but only to the extent necessary for the performance of important functions in support of our health care operations. These uses and disclosures are necessary to the successful operation of the Alameda County Health Care Services Agency and to make sure that all of our clients receive quality care. For example, we may use your health information:
 - to review our treatment and services and to evaluate the performance of the staff in caring for you.

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- to help decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective.
- for the review or learning activities of doctors, nurses, clinicians, technicians, other healthcare staff, students, interns and other agency staff.
- to help us with our fiscal management and compliance with laws.

If you obtain health care from another provider, we may also disclose your health information to your new provider for certain of its health care operations. In addition, we may remove information that identifies you from this set of health information so that others may use it to study health care and health care delivery without learning the identity of specific patients.

Disclosures Where We are Not Required to Give You an Opportunity to Agree or Object. In addition to the above situations, the law permits us to share your health information without first obtaining your permission. These situations are described next.

- **As required by law.** We will disclose health information about you when required to do so by federal, state, or local law. For example, information may need to be disclosed to the Department of Health and Human Services to make sure that your rights have not been violated.
- **Suspicion of Abuse or Neglect.** We will disclose your health information to appropriate agencies if relevant to a suspicion of child abuse or neglect, or if you are not a minor, if you are a victim of abuse, neglect or domestic violence and either you agree to the disclosure or we are authorized by law to disclose this and it is believed that disclosure is necessary to prevent serious harm to you or others.
- **Public Health Risks.** We may disclose health information about you for public health activities. These activities generally include the following:
 - to prevent or control disease, injury or disability;
 - to report births and deaths;
 - to report reactions to medications or problems with products;
 - to notify people of recalls of products they may be using;
 - to notify 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 health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only as authorized by law and only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested. If your health information is mental health information then the information will not be disclosed in the dispute except that it may be disclosed to the court for the administration of justice, under California law.
- **Law Enforcement.** We may release health information if asked to do so by a law enforcement official:
 - In response to a court order or similar directive.

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- To identify or locate a suspect, witness, missing person, etc.
 - To provide information to law enforcement about a crime victim.
 - To report criminal activity or threats concerning our facilities or staff.
- **Coroners, Medical Examiners and Funeral Directors.** We may release health information 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 health information about patients at our facilities in order to assist funeral directors as necessary to carry out their duties.
- **Organ or Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ donations or transplants.
- **Research.** We may use or disclose your information for research purposes under certain limited circumstances.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety, or to the health and safety of the public or another person. Any disclosure however, would only be to someone who we believe would be able to prevent the threat or harm from happening.
- **For Special Government Functions.** We may use or disclose your health information to assist the government in its performance of functions that relate to you. For example, if you are a member of the armed forces we may share your information with appropriate military authorities to assist in military command. Your information may be disclosed to workers' compensation programs as permitted by law. If you are incarcerated, we may disclose your information to the correctional facility for certain security and health and safety purposes.
- **Disclosure Only After You Have Been Given Opportunity To Object.** There are situations where we will not share your health information unless we have discussed it with you (if possible) and you have not objected to this sharing. These situations are:
- **Patient directory.** Where we keep a directory of our patients' names, health status, location of treatment, etc. for purposes of disclosure to members of the clergy or to persons who ask about you by name, we will consult you about whether your information can be shared with these persons.
 - **Persons involved in your care or payment for your care.** We may disclose to a family member, a close personal friend, or another person that you have named as being involved with your health care (or the payment for your health care) your health information that is related to the person's involvement. For example, if you ask a family member or friend to pick up a medication for you at the pharmacy we may tell that person what the medication is and when it will be ready for pick-up. Also, we may notify a family member (or other person responsible for your care) about your location and medical condition provided that you do not object.
 - **Disclosures In Communications With You.** We may have contacts with you during which we will share your health information. For example, we may use and disclose health information to contact you as a reminder that you have an appointment for treatment here, or to tell you about or recommend possible treatment options or alternatives that might be of interest to you. We may use and disclose health information about you to tell you about health-related benefits or services that might be of interest to you. We might contact you about our fundraising activities.

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- **Other Uses of Health Information.** Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Additional Rights Regarding Your Health Information.

You have the following rights regarding health information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy this health information. Usually this includes medical and billing records, but may not include some mental health information. Certain restrictions apply:
 - You must submit your request in writing. We can provide you a form for this and instructions about how to submit it.
 - If you request a photocopy, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request.
 - We may deny your request in certain circumstances. If you are denied access to health information, you may request that the denial be reviewed as provided by law.
- **Right to Amend.** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. We are not required to make the amendment if we determine that the existing information is accurate and complete. We are not required to remove information from your records. If there is an error, it will be corrected by adding clarifying or supplementing information. You have the right to request an amendment for as long as the information is kept by or for the facility. Certain restrictions apply:
 - You must submit your request for the amendment in writing. We can provide you a form for this an instructions about how to submit it.
 - You must provide a reason that supports your request.
 - We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:
 - was not created by us, unless the creator of the information is no longer available to make the amendment;
 - is not part of the health information kept by or for our facility;
 - is not part of the information which you would be permitted to inspect or copy.
- **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 health information about you in the six (6) years prior to the date you request the accounting. The accounting will not include:
 - Disclosures needed for treatment, payment or health care operations.
 - Disclosures that we made to you.
 - Disclosures that were merely incidental to an otherwise permitted or required disclosure.
 - Disclosures that were made with your written authorization.
 - Certain other disclosures that we made as allowed or required by law.
 - Disclosures that were made prior to April 14th, 2003.

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To request this accounting, you must submit your request in writing. We can provide you a form for this an instructions about how to submit it. 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 (for example, on paper or electronically). The first list you request within a 12-month 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 Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information 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 do not use or disclose any information to a friend or family member about your diagnosis or treatment.

If we agree to your request to limit how we use your information for treatment, payment, or healthcare operations we will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, you must make your request in writing to your provider. In your request, you must tell us what information you want to limit, whether you want to limit our use, disclosure or both, and to whom you want the limits to apply.

- **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. To request confidential communications, you must make your request in writing to your provider. We will not ask you for 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 a Paper Copy of the Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice from your provider or from the Alameda County Behavioral Health Care Services or Public Health Department's offices. That BHCS office is generally open from Monday to Friday from 9:00 a.m. to 4:00 p.m. (except holidays), while the Public Health Department office is generally open from Monday through Friday from 9:00 a.m. to 5:00 p.m. (except holidays).

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 health information 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 our facilities. The notice contains on the first page, in the bottom left-hand corner, the effective date. Each time you receive service you will receive a new copy of the notice if it has changed.

Complaints

Alameda County Health Care Services Agency (HCSA) is committed to protecting the privacy of your personal health information. If you believe your privacy rights have been violated, you may file a complaint with the HCSA department where you believe the violation occurred. We will investigate your claim in a timely manner and take corrective action if necessary. To file a complaint with the HCSA, request the ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY HEALTH AND MEDICAL

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INFORMATION PRIVACY VIOLATION COMPLAINT FORM from your provider. You may also obtain a copy of the form and instructions for filing a complaint by contacting:

PUBLIC HEALTH DEPARTMENT	BEHAVIORAL HEALTH CARE SERVICES	ALL OTHER COMPLAINTS
Public Health Department Office of the Director ATTN: Privacy Issue 1000 Broadway 5 th Floor Oakland, CA 94607 (510)-267-8000	Behavioral Health Care Services Consumer Assistance Office 2000 Embarcadero Cove Suite 400 Oakland, CA 94606 (800) 779-0787.	Alameda County Health Care Services Agency Privacy Officer 1850 Fairway Drive San Leandro, CA 94577 (510) 618-3452

All complaints must be submitted in writing. You will not be penalized for filing a complaint.

You may also file a complaint with the U.S. Department of Health and Human Services. The department will ask HCSA to investigate the complaint, so resolving your complaint may take longer than if you contact HCSA directly at the addresses above. To file a complaint with the Secretary of the U.S. Department of Health and Human Services, contact:

Office of Civil Rights
U.S. Department of Health and Human Services
50 United Nations Plaza
Room 322
San Francisco, CA 94102
Phone: (415) 437-8310 or (800) 368-1019;
Fax: (415) 437-8329
TTD: (415) 437-8311
Web Site: www.hhs.gov/ocr