

COUNTY OF INYO
NOTICE OF PRIVACY PRACTICES

Effective Date: February 18, 2010

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:

Anna Scott
Inyo County Privacy Officer
(760) 872-4245
163 May St.
Bishop, CA 93514

WHO WILL FOLLOW THIS NOTICE

This notice describes the practices of the following County Departments:

- Personnel
- Health and Human Services Public Health Division
- Health and Human Services Behavioral Health Division (Mental Health and Alcohol and Other Drug Services)
- Health and Human Services Adult and Children's Social Services Division (Child Protective Services only)
- Health and Human Services Fiscal Division
- Inyo Mono Area Agency on Aging
- County Counsel
- Risk Management

All these entities, sites and locations follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or health care operations purposes described in this notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the health care services you receive from the County. We need this record to provide you with quality care and to comply with certain legal requirements.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

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

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosure we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

DISCLOSURES AT YOUR REQUEST

We may disclose information when requested by you. This disclosure at your request may require a written authorization by you.

FOR TREATMENT

We may use medical information about you to provide you with medical treatment or services. We may use or disclose health information about you

in order to provide you with treatment or services. For example, information may be shared with our doctors, nurse practitioners, nurses, psychotherapists, case managers, and other health care personnel to create and carry out a plan for your treatment or services. We may also share information with providers outside of our system that may be involved in your treatment.

FOR PAYMENT

We may use and disclose, as needed, your protected health information, to obtain payment for your health care services. For example, we may need to contact your health care plan to determine eligibility, the coverage of recommended treatment, and for reimbursement requirements.

FOR HEALTH CARE OPERATIONS

We may use and disclose your protected health information for health care operations. For example, we may use your information to review our treatment and services and to evaluate the performance of our programs in meeting your health care needs.

FOR HEALTH RELATED BENEFITS AND SERVICES

We may contact you with appointment reminders or information about treatment alternatives and other health related benefits and services that may be of interest to you.

TO INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE

We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. Unless there is a specific written request from you to the contrary, we may release necessary information if we determine it is in your best interests to do so.

In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. If you arrive at the emergency department either unconscious or otherwise unable to communicate, we are required to attempt to contact someone we believe can make health care decisions for you (e.g., a family member or agent under a health care power of attorney).

AS REQUIRED BY LAW

We will disclose medical information 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 medical information 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. Any disclosure, however, would only be to someone able to help prevent the threat.

SPECIAL SITUATIONS

ORGAN AND TISSUE DONATION

We may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

MILITARY AND VETERANS

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

WORKERS' COMPENSATION

We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

PUBLIC HEALTH ACTIVITIES

We may disclose medical 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 regarding the abuse or neglect of children, elders and dependent adults;
- 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;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law;
- To notify emergency response employees regarding possible exposure to HIV/AIDS, to the extent necessary to comply with state and federal laws.

HEALTH OVERSIGHT ACTIVITIES

We may disclose medical 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 a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but 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.

LAW ENFORCEMENT

We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of a criminal conduct;

- About criminal conduct at the hospital; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS

We may release medical information to coroners, medical examiners and funeral directors as necessary for them to carry out their duties.

NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES

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

PROTECTIVE SERVICES FOR THE PRESIDENT AND OTHERS

We may disclose medical information 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 disclose medical information about you to the correctional institution or law enforcement official. This disclosure 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.

SPECIAL CATEGORIES OF INFORMATION

In some circumstances, your health information may be subject to restrictions that may limit or preclude some uses or disclosure described in this notice. For example, there are special restrictions on the use or disclosure of certain categories of information, for example, tests for HIV or treatment for mental health conditions or alcohol and drug abuse. Government health benefit programs, such as Medicaid, may also limit the disclosure of beneficiary information for purposes unrelated to the program.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you.

RIGHT TO INSPECT AND COPY

You have the right to inspect and copy medical information 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.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to Anna Scott, Inyo County Privacy Officer, (760) 872-4245, 163 May St., Bishop, CA 93514. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

If you are denied access to your records, you have the right to have the decision reviewed by a licensed healthcare professional chosen by us who was not involved in the denial decision. You may request a records access form from any of our offices or you may contact our Privacy Officer to obtain a request form.

RIGHT TO AMEND

If you feel that medical information 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 the County.

To request an amendment, your request must be made in writing and submitted to Anna Scott, Inyo County Privacy Officer, (760) 872-4245, 163 May St., Bishop, CA 93514. In addition, 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 person or entity that created the information is not longer available to make the amendment;
- Is not part of the medical information 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.

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 medical information about you other than our own uses for treatment, payment and health care operations (as those functions are described above), and with other exceptions pursuant to the law.

To request this list or accounting of disclosures, you must submit your request in writing to Anna Scott, Inyo County Privacy Officer, (760) 872-4245, 163 May St., Bishop, CA 93514. 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.

In addition, we will notify you as required by law if your health information is unlawfully accessed or disclosed.

RIGHT TO REQUEST RESTRICTIONS

You have the right to request a restriction or limitation on the medical 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 medical 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. In most cases, 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.

However, if you pay for a treatment or procedure wholly out-of-pocket, you may request that we not disclose information about that particular treatment to your health plan; we are required to honor that request.

To request restrictions, you must make your request in writing to Anna Scott, Inyo County Privacy Officer, (760) 872-4245, 163 May St., Bishop, CA 93514. 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; 3) to whom you want the limits to apply, for example, disclosures to your spouse.

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 Anna Scott, Inyo County Privacy Officer, (760) 872-4245, 163 May St., Bishop, CA 93514. 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 A PAPER COPY OF THIS 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 at our website:

http://www.inyocounty.us/HIPAA_Privacy_Information/

To obtain a paper copy of this notice: Contact Anna Scott, Inyo County Privacy Officer, (760) 872-4245, 163 May St., Bishop, CA 93514, or pick up a copy from one of the following County offices:

In Bishop:

- ❖ Inyo County Public Health Division
207 A W. South St.
- ❖ Inyo County Behavioral Health Division
162 J Grove St.
- ❖ Inyo County Administrative Office
163 May St.

- ❖ Inyo Mono Area Agency on Aging
162 C Grove St.

In Independence:

- ❖ Inyo County Personnel
224 N. Edwards St.
- ❖ Inyo County Health and Human Services
155 E. Market St.

In Lone Pine

- ❖ Inyo County Health and Human Services
380 N. Mt. Whitney

In Tecopa

- ❖ Hurlbutt-Rook Community Hall
Tecopa Hot Springs Rd.

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 medical information we already have about you as well as any information we receive in the future. The notice will contain the effective date on the first page, in the top right-hand corner. In addition, each time you start new services for treatment or health care with the County, we will offer you a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the County or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with the County, contact Anna Scott, Inyo County Privacy Officer, (760) 872-4245, 163 May St., Bishop, CA 93514. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical 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 medical information 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 medical information for the purposes covered by your written authorization, except if we have already acted in reliance on your permission. 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.

EFFECTIVE DATE OF THIS NOTICE: February 17, 2010

FOR MORE INFORMATION CONTACT:

**Anna Scott
Inyo County Privacy Officer
163 May St.
Bishop, CA 93514
(760) 872-4245**

COUNTY OF INYO NOTICE OF PRIVACY PRACTICES

Effective Date: February 17, 2010

I acknowledge that I have received a copy of the Notice of Privacy Practices

A. YOUR INFORMATION

Last Name:	First Name:	Middle Initial:
Address:	City/State:	Zip Code:

Signature:	Date:
-------------------	--------------

The Client received the Notice of Privacy Practices, however the signature of the Client was not obtained for the following reason:

Employee Signature Date