

---

**Client Acknowledgement:**

I have received a copy of this Notice of Privacy Practices and understand its contents.

---

Print Client Name

---

Client Signature      Date

---

Staff Comments (why client did not sign):

---

Staff Signature      Date

---

**Effective Date:**

This notice is effective on April 14, 2003

Revision Date: 042706

---

**Notice of Privacy Practices**

This pamphlet describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

---



**INYO COUNTY**

*Inyo County will not require individuals to surrender any of their rights under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as a condition of the provision of treatment, payment, enrollment in a health plan, or eligibility of benefits.*

---

## **I. Our Duty to Safeguard Your Protected Health Information**

Your Health Information is personal and private. Individually identifiable information about your past, present, or future health or condition, the type of health care services that you receive, or payment for health care is considered "Protected Health Information" (PHI).

We are required to extend certain protections to your PHI. We also provide this Notice to you about our privacy practices to explain how, when, and why we may use or disclose your PHI. We must use or disclose only the minimum necessary PHI to accomplish the intended purpose of the use or disclosure, except in certain circumstances.

We are required to follow the privacy practices described in this Notice though we reserve the right to change our privacy practices and the terms of this Notice at any time.

If we do make changes, you may request a copy of the new notice from any Inyo County office.

---

---

## **V. How to Complain About Our Privacy Practices**

If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the responsible County Agency.

If your complaint does not get resolved, or if you have questions about this Notice, please contact the Inyo County Privacy Officer at:

162 J Grove Street  
Bishop, CA 93514  
Telephone: (760) 873-6533

You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights at 50 United Nations Plaza, Room 322, San Francisco, CA 94102 or call (800) 368-1019.

We will take no retaliatory action against you if you make such complaints.

---

**To find out what disclosures have been made:**

You have a right to get a list of PHI that has been disclosed and the details of the disclosure. This list will not include allowable disclosures, such as: for treatment, payment, and operations; to you, your family, or per your written authorization; for national security purposes; to law enforcement officials or correctional facilities; or made before April 14, 2003.

Your request can relate to disclosures going as far back as six (6) years. There will be no charge for one such request each year. There may be a charge for more frequent requests.

We will respond to your written request for such a list within 60 days of receiving it, unless we notify you of a delay that will not exceed 30 days.

---

**You Have the Right to Receive this Notice**

You have a right to receive a paper copy of this Notice, and an electronic copy by email upon request.

---

---

**II. How We May Use and Disclose Your Protected Health Information**

We use and disclose Personal Health Information for a variety of reasons. We have a limited right to use and/or disclose your PHI for purposes of treatment, payment, and for our health care operations. For uses beyond that, we must have your written authorization unless the law permits or requires us to make the use or disclosure without your authorization.

If we give your PHI to an outside entity in order for that entity to perform a function on our behalf, we must have in place an agreement from the outside entity that it will extend the same degree of privacy protection to your information that we must apply to your PHI. However, the law provides that we are permitted to make some uses and disclosures without your consent or authorization.

The rest of this brochure describes and offers examples of the potential uses and disclosures of your protected health information (PHI).

---

---

## **Uses and Disclosures of PHI Requiring Authorization**

For uses and disclosures beyond treatment, payment, and operations purposes, we are required to have your written authorization, unless the use or disclosure falls within one of the exceptions described in Section III.

You may revoke authorization at any time and stop future uses and disclosures, except to the extent that we have already undertaken action in reliance upon your active authorization.

### **To families, friends, or personal representatives:**

With your prior written authorization, we may share with family, friends, or personal representatives, information directly related to your care or payment for your care. We may also share PHI with these people to notify them about your location, general condition, or death.

---

## **III. Uses and Disclosures of PHI Not Requiring Consent or Authorization**

The law states that we may use and disclose your PHI without consent or authorization in the following circumstances:

copying may be imposed, depending on your circumstances. You have a right to choose what portions of your information you want copied and to have prior information on the cost of copying.

**To request amendment of your PHI:** If you believe that there is a mistake or missing information in our record of your PHI, you may request that we correct or add to the record. You need to make the request in writing. We will respond within 30 days of receiving your request.

We may deny the request if we determine that the PHI is:

- Correct and complete;
- Not created by us and/or not part of our records, or;
- Not permitted to be disclosed.

Denials will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, added to your chart.

If we approve the request for amendment, we will change the PHI, inform you of the decision, and tell others who need to know.

**To request restrictions on uses/ disclosures:** You have the right to ask that we limit how we use or disclose your PHI. We will consider your request, but are not legally bound to agree to the restriction. To the extent that we do agree to any restrictions on our use/disclosure of your PHI, we will put the agreement in writing and abide by it except in emergency situations.

We cannot agree to limit uses or disclosures that are required by law.

**To choose how we contact you:** You have the right to ask that we send you information at an alternative address or by an alternative means, such as e-mail. We must agree to your request as long as it is reasonable for us to do so.

**To inspect and request a copy of your PHI:** Unless your access to your records is restricted for clear and documented reasons related to your treatment, you have a right to see your protected health information upon your written request. We will respond to your request within 30 days. If we deny your access, we will give you written reasons for the denial and explain any right to have the denial reviewed.

If you want copies of your PHI, a charge for

**When required by law:** We may disclose PHI when a law requires that we report information about suspected abuse, neglect or domestic violence, or relating to suspected criminal activity, or in response to a court order. We must also disclose PHI to authorities that monitor compliance with these privacy requirements.

**For public health activities:** We may disclose PHI when we are required to collect information about disease or injury, or to report vital statistics to the public health authority.

**For health oversight activities:** We may disclose PHI to the protection and advocacy agency, or another agency responsible for monitoring the mental health care system for such purposes as reporting or investigating unusual incidents, and monitoring of the Medi-Cal program.

**Relating to decedents:** To the extent that laws and regulations allow, we may disclose PHI related to a death to coroners, medical examiners, or funeral directors. We may also disclose PHI to organ procurement organizations relating to organ, eye, or tissue donations or transplants.

**For research purposes:** In certain circumstances, and under supervision of a privacy board, we may disclose PHI to staff and their designees in order to assist research.

**To avert threat to health or safety:** In order to avoid a serious threat to health or safety, we may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.

**For specific government functions:** We may disclose PHI of military personnel and veterans in certain situations, to correctional facilities in certain situations, to government benefit programs relating to eligibility and enrollment, and for national security reasons, such as protection of the President.

---

### **Uses and Disclosures of PHI from Alcohol and Drug Records Not Requiring Consent or Authorization**

The law provides that we may use or disclose your PHI from alcohol and other drug records without consent or authorization in the following circumstances:

**When required by law:** We may disclose PHI when a law requires that we report information about suspected child abuse and neglect, or when a crime has been committed on the program premises or against program personnel, or in response to a court order.

**Relating to decedents:** We may disclose PHI relating to an individual's death, if state or federal law requires the information for collection of vital statistics or inquiry into cause of death.

**For research, audit or evaluation purposes:** In certain circumstances, we may disclose PHI for research, audit, or evaluation purposes.

**To avert threat to health or safety:** In order to avoid a serious threat to health or safety, we may disclose PHI to law enforcement when a threat is made to commit a crime on the program premises or against program personnel.

---

### **IV. Your Rights Regarding Your Protected Health Information**

You have the following rights relating to your protected health information: