

TEHAMA COUNTY HEALTH SERVICES AGENCY
NOTICE OF PRIVACY PRACTICES

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.

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A. INTRODUCTION

Your health care information is personal, and we at Tehama County Health Services Agency are committed to protecting it. Your health care information is also very important to our ability to provide you with quality care and to comply with certain laws. This Notice describes the privacy practices we, all of our employees and other personnel are required to follow for protecting your health care information. This is required by the Privacy Regulations under the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

If you have any questions about this Notice, you may contact either the person in charge of your health care treatment or:

Privacy Officer
Tehama County Health Services Agency
P.O. Box 400
Red Bluff, CA 96080
(530) 527-8491 x3046

This notice describes the privacy practices of all divisions and programs of the Tehama County Health Services Agency (TCHSA). This includes programs within the following divisions: Administrative and Fiscal/Data Services, Clinic Services, Drug and Alcohol Services, Mental Health Services, Public Health Services, and Skilled Nursing Facility. Most of these privacy practices apply to all TCHSA divisions. However, there may be instances where the laws or regulations governing a specific division require privacy practices different than the privacy practices of the Agency as a whole. When this occurs the exceptions will be noted clearly in a text box or in *italics* following the description of the Agency privacy practice.

We are required to extend certain protections to your health care information and to give you this Notice about our privacy practices that **explains how, when, and why we may use or disclose your protected health information**. "Protected Health Information" (PHI) is information about you (including demographic information that may identify you) that relates to your past, present, or future physical or mental health condition, and related health care services. We must use or disclose only the minimum necessary PHI to accomplish the intended purpose of the use or disclosure, except in specified circumstances.

We are required to follow the privacy practices described in this Notice. We reserve the right to change our privacy practices and the terms of this Notice at any time, and to apply those changes to our policies and procedures regarding your PHI. You have the right to be notified of any changes to this Notice and to receive a copy of those changes in writing. If we do make changes, you may request a copy of the new notice from any TCHSA office. A copy of the current Notice is posted in the reception area of every TCHSA site. A copy of the current Notice is also posted on our website:

www.tchp.org/members/TCHA/phweb/tchahomepage.htm

We are Legally Required to: Keep your PHI confidential, give you this Notice of our legal duties and privacy practices with respect to your PHI, and comply with this Notice.

B. HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

We use and disclose PHI for a variety of reasons. We have a limited right to use and/or disclose your PHI for purposes of treatment, payment or 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 disclose 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 with 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/disclosures without your consent or authorization. The following offers more information and some examples of our potential uses/disclosures of your PHI.

1. How We May Use and Disclose Your Protected Health Information (PHI) Without Your Authorization

For Treatment: We may use and disclose your PHI to provide, coordinate or manage your health care and any related services. We may disclose information about you to doctors, nurses, technicians, drug and alcohol counselors, therapists, interns, volunteers, or other TCHSA personnel who are involved in your care or case management. In addition, we may disclose your PHI to providers outside our Agency (such as a laboratory or a specialist) who may be involved in your treatment.

Exception for Drug and Alcohol Services: Disclosure of information to other providers requires that a release of confidential information be completed for each provider.

We may use and disclose your PHI to contact you with a reminder that you have an appointment for treatment or services, or to cancel and/or reschedule an appointment for treatment or services. You have the right to tell us how you want to receive appointment reminders. (A form will be provided to you for this purpose.)

We may use and disclose your PHI to recommend possible treatment options or alternatives that may be of interest to you. Additionally we may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you (for example, Medi-Cal eligibility or Social Security benefits). You have the right to refuse this information.

For Payment: We may use and disclose your PHI in order to bill and collect payment for your health care services. For example, we may need to contact your health care plan (including Medi-Cal) to determine eligibility, the coverage of recommended treatment, and the reimbursement requirements. We will disclose the minimum necessary to accomplish this purpose and will not divulge the entire contents of your file unless required.

For Health Care Operations: We may use and disclose your PHI in the course of operating our health care programs and to meet certain state and federal regulations. These uses and disclosures are necessary to run the agency and make sure all of our clients receive quality care. For example, we may use your PHI to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health care information about many agency clients to decide what additional services the agency should offer, what services are not needed, and whether new treatments are effective. We may also disclose information to doctors, nurses, therapists, interns, and other agency personnel for review and learning purposes, *except for Drug and Alcohol Services*.

We may also combine the health care information we have with health care information from other agencies to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of health care information so others may use it to study health care and health care delivery without learning who the specific clients are. We may disclose your PHI to our accountants or attorneys for audit purposes. Disclosure of your PHI to state and/or federal agencies might also be necessary to determine your eligibility for publicly funded services.

2. Other Uses and Disclosures of Protected Health Information (PHI) That Do Not Require Your Authorization

This section does NOT apply to Drug and Alcohol Services. See next section (Section 3 on page 7) for Uses and Disclosures of PHI from Drug and Alcohol Services Not Requiring Consent or Authorization.
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Research: We may use and disclose your health information for research purposes under certain circumstances. For example, a research project may involve comparing the health and recovery of clients who received one treatment to those who received another treatment for the same condition. However, all research projects are subject to a special approval process. This process evaluates a proposed research project and its use of health care information. Before we use or disclose health care information for research, the project will have been approved through this research approval process. We may, however, disclose health care information about you to people preparing to conduct a research project (for example, to help them look for clients with specific medical/health needs) so long as the health care information they review does not leave the agency.

Required by Law: We will disclose your PHI when required to do so by federal or state law. For example, we must disclose PHI to authorities that monitor compliance with these Health Insurance Portability and Accountability Act (HIPAA) privacy requirements.

To Avert a Serious 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.

Workers' Compensation: We may disclose your PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

Abuse, Neglect or Domestic Violence: We may disclose your PHI when notifying the appropriate government authority if we believe you have 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.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

Exception for Mental Health Services: In general, information in mental health records may not be released unless you or another person with legal capacity has consented to the release or unless there is a court order for the release or unless there is a specific law requiring the release. Information given in confidence by a member of a patient's family to a physician, licensed psychologist, social worker with a master's degree in social work, licensed marriage and family therapist, nurse, or attorney generally may not be released even by consent of the client.

Public Health Activities: We may disclose your PHI 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 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

Health Oversight Activities: We may disclose your PHI to a federal or state health oversight agency for activities authorized by law. These oversight activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Law Enforcement: We may disclose your PHI if asked to do so by law enforcement officials in the following circumstances:

- 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 circumstance, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at any of our facilities; or
- In emergency circumstances to report a crime; the location of the crime, the victim(s); or the identity, description or location of the person who committed the crime.

Exception for Mental Health Services: In general, information in mental health records may not be released unless you or another person with legal capacity has consented to the release or unless there is a court order for the release or unless there is a specific law requiring the release. Mental health information may be released to law enforcement only:

- As needed for the protection of federal and state elective constitutional officers and their families (applies to releasing information to governmental law enforcement agencies);
- When the patient, in the opinion of his or her psychotherapist, presents a serious danger of violence to a reasonably foreseeable victim or victims; or
- When a law enforcement officer presents an arrest warrant to a state hospital, a general acute care hospital, an acute psychiatric hospital, a psychiatric health facility, a mental health rehabilitation center, or a skilled nursing facility, the law enforcement officer may be informed whether or not the individual named on the arrest warrant is presently confined in the facility. In this instance, the officer may not enter the facility to arrest the individual named on the warrant.

Related to Decedents: We may disclose PHI 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 release PHI about clients to funeral directors as necessary to carry out their duties. We may also release PHI to organ procurement organizations relating to organ, eye, or tissue donations or transplants.

Exception for Mental Health Services: In general, information in mental health records may not be released unless you or another person with legal capacity has consented to the release or unless there is a court order for the release or unless there is a specific law requiring the release. Information from mental health records generally may not be released to a coroner or medical examiner, attorney, family member, or other person except on the basis of court order or consent signed by the executor of the decedent's estate.

Specialized Governmental Functions: In the course of National Security and Intelligence activities, we may disclose your PHI to authorized federal officials for intelligence and other national security activities authorized by law. For example, we may disclose your PHI to authorized federal officials so they may provide protection to the President of the United States or foreign heads of state, or to conduct special investigations authorized by law.

We may also disclose your PHI to officials in the Department of State who make decisions regarding your suitability for a security clearance or service abroad.

If you are an inmate of a correctional institution, you lose the rights outlined in this Notice. Furthermore, if you are an inmate or are in the lawful custody of law enforcement officials, we may disclose your PHI to a law enforcement official.

3. **Uses and Disclosures of Protected Health Information (PHI) from Drug and Alcohol Services That Do Not Require Your Consent or Authorization**

This Section applies to Drug and Alcohol Services **ONLY**.

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. Redisclosure of PHI without authorization is prohibited.

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.

4. **Uses and Disclosures of Protected Health Information (PHI) That Give You the Opportunity to Object**

Federal law prohibits Drug and Alcohol Services from using or disclosing any of the items listed in this section.

In the following situations, we may disclose a limited amount of your PHI if we inform you about the disclosure in advance and you do not object, as long as the disclosure is not otherwise prohibited by law.

Patient Directories: Your name, location, and general condition may be put into our patient directory for disclosure to callers or visitors who ask for you by name. Additionally, your religious affiliation may be shared with clergy.

Families, Friends or Others Involved in Your Care: We may share with these people information directly related to their involvement in 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.

Your objection must be in writing. (A form will be provided to you for this purpose.) We will not honor the objection in circumstances where doing so would expose you or someone else to danger, as determined by your clinician.

In the event of a disaster we may disclose your PHI to a disaster relief agency such as the Red Cross, so that your family can be notified about your condition, status and location.

C. OTHER USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION (PHI)

Other laws protecting health information require your written authorization to disclose mental health treatment, alcohol and drug abuse treatment, and HIV/AIDS testing or treatment.

Other uses and disclosures of your PHI not covered by this Notice or the laws that apply to TCHSA programs will be made only with your written authorization. If you provide us authorization to use or disclose your PHI, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your PHI for the reasons covered by the authorization, except that we are unable to take back any disclosures we had already made when the authorization was in effect.

An authorization form is available from your clinician. It must be properly completed, dated and signed by you or your authorized representative.

In every instance where TCHSA discloses your PHI, we will use only the minimum necessary to accomplish the intended purpose.

D. YOUR PROTECTED HEALTH INFORMATION (PHI) PRIVACY RIGHTS

1. Right to Inspect and Obtain Copies

With certain exceptions, you have the right to inspect and obtain copies of your PHI from our records. To inspect and obtain copies of your PHI, you must submit a request in writing to your case manager or the person in charge of your treatment. If you request a copy of your PHI, we may charge a fee (in an

amount up to the limit provided by law) for the costs of copying, mailing or other supplies associated with your request. We will not charge you a fee for inspecting your record without obtaining copies.

Exception for Skilled Nursing Facility: Request to inspect PHI may be verbal or written.

We may deny your request to inspect and obtain copies of parts of your PHI. If you are denied the right to inspect and obtain copies of your entire PHI in our records, you may appeal this decision and request that another licensed health care professional, designated by the Tehama County Health Services Agency, who was not involved in your treatment review the denial.

A form will be provided to you for this request.

2. Right to Request an Amendment

If you feel that your PHI in our records is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as we keep the information. To request an amendment, you must submit a request in writing to your case manager or the person in charge of your treatment. In addition, you must tell us the reason for the amendment, and at which TCHSA facility you want your request to apply. Your request will become part of your record.

We may deny your request if you ask us to amend information that was not created by us, is part of the information you were not permitted to inspect and copy, or is deemed accurate and complete.

A form and a list of TCHSA sites will be provided to you for this purpose.

3. Right to an Accounting of Disclosures

With the exception of certain disclosures including those for treatment, payment and health care operations and those authorized by you, you have the right to request a list of the disclosures we have made of your PHI. To request this list, you must submit your request in writing to your case manager or the person in charge of your treatment.

Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. 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 change your request at that time before any costs are incurred.

A form will be provided to you for this request.

4. Right to Request Restrictions

You have the right to request that we follow additional, special restrictions when using or disclosing your PHI. 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 with emergency treatment as determined by your doctor. To request restrictions, you must make your request in writing to your case manager or the person in charge of your treatment. In your request you must tell us what information you want to limit, the type of limitation, to whom you want the limitation to apply. An example of such a limitation might be limits on disclosures we may make to your spouse.

A form will be provided to you for this request.

5. Right to Request Confidential Communications

You have the right to request that we communicate with you about appointments or other matters related to your treatment in a specific way or at a specific location. For example, you may ask that we only contact you at work or by mail at a post office box. To request confidential communications, you must make your request in writing to your case manager or the person in charge of your treatment. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

A form will be provided to you for this request.

6. Right to Revoke Your Authorization

You generally have the right to revoke an authorization. If you revoke an authorization, it will stop future uses and disclosures except to the extent that we have already undertaken an action in reliance on your authorization. In some cases, individuals in the criminal justice system may not be able to cancel an authorization until the end of their correctional supervision or a similar event.

7. Right to a Paper Copy of This Notice

You may ask us for a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are entitled to receive a paper copy of this Notice. To obtain a copy of this Notice, ask any staff person. A copy of the current Notice is posted in the reception area of every TCHSA site. A copy of the current Notice is also posted on our website:

www.tchp.org/members/TCHA/phweb/tchahomepage.htm

E. HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

You have the right to file a complaint if you believe Tehama County Health Services Agency has not complied with the practices outlined in this Notice. All complaints must be submitted in writing. You will not be penalized in any way for filing a complaint.

If you believe your privacy rights have been violated, you may file a complaint with Tehama County Health Services Agency (TCHSA) or with the Federal Government. To file a complaint with TCHSA, contact any of the TCHSA Division Directors, the Mental Health Patient Advocate (if applicable), or the TCHSA Privacy Officer:

Privacy Officer
Tehama County Health Services Agency
P.O. Box 400
Red Bluff, CA 96080
(530) 527-8491 x3046

You may also file a written complaint with:

Secretary of U.S. Department of Health and Human Services
Office for Civil Rights
50 United Nations Plaza, Room 322
San Francisco, CA 94102
1-800-368-1019

We will take no retaliatory action against you if you file a complaint with the Secretary or us.

EFFECTIVE DATE OF THIS NOTICE: April 14, 2003

TEHAMA COUNTY HEALTH SERVICES AGENCY
ACKNOWLEDGEMENT OF RECEIPT

By signing this form, you acknowledge receipt of the Notice of Privacy Practices of the Tehama County Health Services Agency (TCHSA). Our Notice of Privacy Practices provides information about how we may use and disclose your protected health information. We encourage you to read it in full.

Our Notice of Privacy Practices is subject to change. If we change our notice, you may obtain a copy of the revised notice by asking any staff person involved in your care. A copy of the current Notice of Privacy Practices is posted in the reception area at every TCHSA site. A copy of the current Notice is also posted on our website: www.tchp.org/members/TCHA/phweb/tchahomepage.htm

If you have any questions about our Notice of Privacy Practices, please contact the Privacy Officer listed on the first page of the Notice.

I acknowledge receipt of the Notice of Privacy Practices of the Tehama County Health Services Agency.

Name of Patient/Client (Please Print)	DOB
Signature of Patient/Client	Date
Name of Personal Representative (Please Print)	
Signature of Personal Representative	Date

Inability to Obtain Acknowledgement

To be completed only if no signature is obtained. If it is not possible to obtain the patient's/client's/personal representative's acknowledgement, describe in the space below the good faith efforts made to obtain the acknowledgement and the reasons why the acknowledgement was not obtained. (Use the back of this page if more space is needed.)

Staff Member's Name (Please print)	Staff Member's Title (Please print)
Staff Member's Signature	Date