Notice of Privacy Practices

Effective Date: 9/23/2013
Revised 9/13/2013

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:
Health Services Agency Administration
Attn: Privacy Officer
Post Office Box 3271
Modesto, CA 95353.

WHO WILL FOLLOW THIS NOTICE

This Notice of Privacy Practices (NPP) identifies the rights that a patient or a patient's legal representative has with respect to the uses and disclosures of confidential protected health information made by the Health Services Agency (Agency), the individual's rights and the Agency's legal duties with respect to this protected health information.

This NPP is a joint notice for all Stanislaus County Health Services Agency covered entities, sites and locations, Scenic Faculty Medical Group (SFMG) and contract providers. The covered entities include the Agency's medical clinics, the Urgent Care Center, Rehabilitation Services, Indigent Health Care Program and certain Public Health services. These entities and sites may share protected health information with each other for treatment, payment or health care operations purposes described in this notice. All covered entities and sites will follow the terms of this notice.

OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION

Protecting your privacy is important to the Agency and its staff. We want you to understand that we are committed to protecting your protected health information. The information we collect is stored in a record/chart that describes the care and services that you receive at one of the offices, specialty clinics or other supportive health services. In order to provide you with the best possible care and to comply with federal and state regulations, we regularly manage and maintain patient information. This notice applies to all records of contact generated by the Agency's clinically integrated and organized health care system. The following Agency privacy policy serves as a standard for all Agency employees for collection, use, disclosure, retention and security of protected health information.

This notice informs you of the ways in which we may use or disclose protected health information about you. This notice also describes your rights and certain obligations we have regarding the use and disclosure of protected health information.

We are required by law to:

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

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose protected health information. For each category of uses or disclosures 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.

Disclosure 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 protected health information about you to provide you with medical treatment or services. We may disclose protected health information about you to doctors, nurses, technicians, medical residents, health care students, or other medical staff who are involved in your care. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes

may slow the healing process. Different departments within the Agency also may share protected health information about you in order to coordinate your care, such as prescriptions, lab work and x-rays. We also may disclose protected health information about you to other medical providers outside the Agency who may be involved in your medical care.

For Payment
We may use and disclose protected health information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or a third party. We may need to give your health plan information about surgery you received at the Agency so your health plan will pay us or reimburse you for the treatment. We may also tell your health plan (IHCP, Health Plan of San Joaquin, HealthNet, etc.) about a treatment to obtain prior approval or to determine whether your plan will cover the treatment. We may share information about you and your health plan, insurance company or other source of payment to other providers outside of the Agency who are involved in your care, to assist them in obtaining payment for caring for you.

For Health Care Operations
We may use and disclose protected health information about you for health care operations. These uses and disclosures are necessary to run the health care system and make sure that all of our patients/clients receive quality care. We generally use and disclose protected health information to:

- Review treatment and services to evaluate the performance of our staff in caring for you.
- Combine protected health information about many patients to decide what additional services the Agency should offer, what services are not needed, and whether certain new treatments are effective.
- Doctors, nurses, medical residents, and other staff for review and learning purposes.
- Conduct or arrange for medical reviews, legal services, auditing, and insurance-related functions.
- Combine protected health information we have with protected health information from other health care providers 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 protected health information so others may use it to study health care and health care delivery without learning who the specific patients are.

Appointment Reminders
We may use and disclose protected health information to contact you as a reminder that you have an appointment for treatment or medical care at the Agency.

Health-Related Products and Services
We may use and disclose protected health information to tell you about our health-related products or services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care
We may release protected health 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 also tell your family or friends about your condition. In addition, we may disclose protected health 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.

Research
We may disclose protected health information about you for research purposes. For example, a research project may involve comparing the medical and recovery of all patients who receive one medication to those who received another, for the same condition. All research projects are subject to a special approval process. This process evaluates a proposed research project and its use of protected health information, trying to balance the research needs with patients' need for privacy of their protected health information. We will always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are.

As Required By Law
We will disclose protected health information about you when required to do so by federal, state or local laws or regulations.

To Avert a Serious Threat to Health or Safety
We may use and disclose protected health 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.

Business Associates
We may disclose protected health information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform quality review services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

SPECIAL SITUATIONS

Coroners, Medical Examiners and Funeral Directors
We may release protected 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 protected health information about patients of the Agency to funeral directors as necessary to carry out their duties.

Food and Drug Administration (FDA)
We may disclose to the FDA protected health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs or replacement.

Organ and Tissue Donation
If you are an organ donor, we may use or disclose protected health information to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes or tissues to facilitate organ, eye or tissue donation and transplantation.

Public Health Risks
We may disclose protected health information about you for public health activities. These activities generally include the prevention and/or control of disease, injury or disability; reporting births and deaths; reporting abuse or neglect of children, elders and dependent adults; reporting reaction to medication or problems with products; to notify people or recall 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.

Military and Veterans
If you are a member of the armed forces, we may release protected health information about you as required by military authorities. We may also release protected health information about foreign military staff to the appropriate foreign military authority.

Health Oversight Activities
We may disclose protected health information about you 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 applicable laws.

Data Breach Notification Purposes
We may use or disclose your protected health information to provide legally required notices of unauthorized access to or disclosure of your protected health information.

Workers' Compensation
We may disclose protected health information about you for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Lawsuits and Disputes
If you are involved with a lawsuit or dispute, we may disclose protected health information about you in response to a court or administrative order. We may also disclose protected health 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 disclose protected health 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 criminal conduct;
- About criminal conduct at the Agency; 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.

Inmates or Individuals in Custody
If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release protected health information about you to the correctional institution or law enforcement official to provide you with medical care, to protect your health and safety or the health and safety of others and for the safety and security of the correctional institution.

National Security and Intelligence Activities
We may release protected health 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 protected health 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.

Security Clearances
We may use protected health information about you to make decisions regarding your medical suitability for a security clearance or service abroad. We may also release your medical suitability determination to the officials in the Department of State who need access to that information for these purposes.

Other Disclosures
In addition to the above disclosures, other uses and disclosures will be made only with the individual's or the individual's legal representative's written authorization, which may be revoked in writing.

USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT

Indviduals Involved in Your Care of Payment for Your Care
Unless you object, 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 disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

Disaster Relief
We may disclose your protected health information to disaster relief organizations that seek your protected health information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES

The following uses and disclosures of your protected health information will be made only with your written authorization:

1. Uses and disclosures of protected health information for marketing purposes; and

2. Disclosures that constitute a sale of your protected health information

Other uses and disclosures of protected health information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose protected health information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU

Right to Inspect and Copy
You have the right to inspect and copy protected health information that may be used to make decisions about your care. This information includes medical and billing records, but may not include some mental health information.

To inspect and copy protected health information you must submit your request in writing to the Medical Records Department. If you request a copy of the information, we have up to 30 days to make your protected health information available to you and we may charge a reasonable fee for the costs of copying and mailing or other supplies associated with your request . We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program.

If you wish only to inspect (view) your protected health information you may do so only by appointment at the clinic of your choice. As a courtesy will allow you 15 minutes of inspection time free of charge and we may charge you an administrative fee for each additional 15 minutes thereafter. Inspection appointments are limited to one hour per occurrence.

We may deny your request to inspect and copy in certain very limited circumstances. If so, you can appeal that denial and another licensed health care professional chosen within the Agency's health care system will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Please note that protected health information is usually kept for seven years for adults and 25 years for minors. After the appropriate time frame the documents are destroyed.

Right to Amend

We make every effort to maintain accurate information in your chart. In the event you feel that information about you is incorrect or incomplete, you may request to have that information amended. You have the right to request an amendment for as long as the information is kept by or for the Agency's health care system.

To request an amendment, your request must be made in writing and submitted to Health Services Agency Administration (Attn: Quality Management Coordinator), Post Office Box 3271, Modesto, CA 95353. 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 no longer available to make the amendment;
- Is not part of the protected health information kept by or the Agency;
- Is not part of the information which you would be permitted to inspect or copy; or
- Is accurate and complete.

Even if we deny your request for the amendment, you have the right to submit a written addendum, not to exceed 250 words, with respect to any item or statement in your record you believe is incomplete or incorrect. If you clearly indicate in writing that you want the addendum to be made part of your medical record we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect.

Right to an Accounting of Disclosures

You have a right to request an "accounting of disclosures". This is an accounting of disclosures the Agency made of protected health information about you other than (a) our own uses for treatment, payment and health care operations; (b) to you of protected health information about you; and (c) other exceptions pursuant to the law.

To request an accounting of disclosures, you must submit your request in writing to the Medical Records Department. Your request must state a time period, which may be 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 accounting you request within a 12month period will be free. For additional accountings, 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 following a breach of your protected health information.

Right to an Electronic Copy of Electronic Medical Record

If your protected health information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your protected health information in the form or format you request, if it is readily producible in such form or format. If the protected health information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Right to Get Notice of a Breach

You have the right to be notified upon a breach of any of your unsecured protected health information.

Right to Request Restrictions

You have a right to request a restriction or limitation on the protected 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 protected 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 not share information about a particular diagnosis or treatment with your spouse.

We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your protected health information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us "out-of-pocket" in full. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the Medical Records Department. 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; and (3) to whom you want the limit to apply, for example, disclosures to your spouse or other family members.

Out-of-Pocket-Payments
If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your protected health information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

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 the Medical Record Department of each clinic or site from which you expect you may receive calls or mail. We will not ask you the reason for the 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 or are currently not a customer/client of the Health Services Agency, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our website, www.hsahealth.org

To obtain a paper copy of this notice, stop by any of the Agency's medical clinics, or contact the Health Services Agency Administration (Attn: Privacy Officer), Post Office Box 3271, Modesto, CA 95353.

Security of Protected Health Information
We take steps to safeguard your protected health information. We restrict access to your protected health information to Agency staff, business associates, and other covered entities practicing at the Agency who need to know that information. We maintain physical, electronic and procedural safeguards that comply with federal, state and local standards to safeguard your protected health information. We establish agreements with all Business Associates that details the extent to which your client information should be used and restricts any additional disclosure of your patient information.

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 protected 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 all the covered entities of the Agency. The notice will contain the effective date and the date of the most recent revisions in the top right-hand corner. Additionally, each time you receive health care services, we will provide you with a copy of the current notice in effect upon request.

Complaints
The Agency view complaints as constructive criticism that will enable us to look at current processes and improve on the quality of service or care that it provides. Please tell us know how we're doing. If you believe your privacy rights have been violated, you may file a complaint with the Health Services Agency or with the Secretary of the U.S. Department of Health and Human Services.

To file a complaint complete a "Customer Complaint Form" and either give it to a staff person who will forward it to the Quality Management Coordinator or mail the complaint to:

Health Services Agency Administration
Attention: Quality Management Coordinator
Post Office Box 3271
Modesto, CA 95353.
209-558-7034

An investigation of the complaint will occur within 30 days. All complaints must be submitted in writing.

Complaints may also be filed with the Privacy Officer for Stanislaus County or the Secretary of the United States at:

Stanislaus County Privacy Officer	Department of Health and Human Services
1010 10th Street, Ste 5900	Region IX, Office for Civil Rights
Modesto, CA 95353	50 United Nations Plaza, Room 322
Phone 209-525-5770	San Francisco, CA 94102
Fax 209-525-5779	415-437-8310

You will not be penalized for filing a complaint.

Other Uses of Protected Health Information

Other uses and disclosures of protected 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 and disclose protected 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 protected health information about you for the reasons covered by your written authorization. You understand that we are unable to rescind 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.

Notice of Privacy Practices

Acknowledgement of Receipt

ACKNOWLEDGEMENT OF RECEIPT

I acknowledge receipt of the Notice of Privacy Practices by signing this form. The Notice of Privacy Practices provides information about how the Health Services Agency may use or disclose protected health information about me. I was encouraged to read the document in full.

This Notice of Privacy Practices is subject to change. If changed, I can obtain a copy of the revised notice by accessing the web site at www.hsahealth.org or at one of the clinics, programs or sites of the Health Services Agency.

If I have any questions about this Notice I should contact:

Health Services Agency Administration
Attn: Quality Management Coordinator
Post Office Box 3271
Modesto, CA 95353
209-558-7034

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

Signature: _____ Date: _____
(patient/parent/conservator/guardian)

INABILITY TO OBTAIN ACKNOWLEDGEMENT

To be completed only if no signature is obtained. If it is not possible to obtain the individual's acknowledgement, describe the good faith efforts made to obtain the individual's acknowledgement, and the reason why the acknowledgement was not obtained.

Patient's name (print)_____ MR#:_____

- ❑ Refused to sign
- ❑ Unable to sign
- ❑ Other _____

Signature of provider representative: _____ Date: _____