



Santa Barbara County Notice of Privacy Practices

Effective April 14, 2003

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.

The County of Santa Barbara is committed to protecting medical information about you. This Notice tells you about the ways in which the County of Santa Barbara (referred to as "we" or "the County") may use and disclose medical information about you.

We are required by law to make sure your medical information is protected and provide you with this Notice about your rights and our legal duties and privacy practices with respect to your medical information. We must follow the terms of this Notice that is currently in effect.

How We May Use and Disclose Your Medical Information

We may use and disclose your medical information for different purposes. Some information, such as certain drug and alcohol information, HIV information and mental health information, is restricted in its use and disclosure. The County abides by all applicable state and federal laws related to the protection of this information. The examples below are provided to illustrate the types of uses and disclosures we may make without your authorization.

- ❖ **Treatment.** We may use and disclose your medical information to assist your health care providers (doctors, dentists, pharmacies, hospitals and others) in your diagnosis and treatment. For example, if you are referred to another provider, that provider will need to know if you are allergic to any medications.
- ❖ **Payment.** We may use and disclose your medical information so that we may bill and collect for treatment and services you receive at the County. For example, we may use your medical information to process Medi-Cal claims and collect payment.
- ❖ **Health Care Operations.** We may use and disclose your medical information in order to perform our business activities, such as quality assessment or administrative activities, including data management and customer service. For example, we may review medical information to find ways to improve treatment and services to our patients.
- ❖ **Appointment Reminders.** We may contact you to remind you that you have an appointment at the County.
- ❖ **Treatment Alternatives.** We may tell you about or recommend possible treatment options or alternatives that may be of interest to you. For example, a diabetic patient may be contacted about participating in an educational program to help diabetes patients manage their diets.
- ❖ **Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a relative, close personal friend or any other person you identify if that person is involved in your care and the information is relevant to your care. If the patient is a minor, we may disclose information to a parent or guardian when permitted by law.

- ❖ **As Required by Law.** We will disclose medical information about you when required to do so by law.
- ❖ **Public Health Activities.** We may disclose medical information to public health agencies for reasons such as preventing or controlling disease, injury or disability.
- ❖ **Victims of Abuse, Neglect or Domestic Violence.** We may disclose medical information to government agencies about abuse, neglect or domestic violence.
- ❖ **Health Oversight Activities.** We may disclose medical information to governmental, licensing, auditing and accrediting agencies as authorized or required by law.
- ❖ **Judicial and Administrative Proceedings.** We may disclose medical information in response to a court or administrative order. We may also disclose medical information about you in certain cases in response to subpoena, discovery request or other lawful process.
- ❖ **Law Enforcement.** We may disclose medical information under limited circumstances to a law enforcement official in response to a warrant or similar process; to identify or locate a suspect; or to provide information about the victim of a crime.
- ❖ **Coroners, Funeral Directors, Organ Donation.** We may release medical information to coroners or funeral directors as necessary to allow them to carry out their duties. We may also disclose medical information in connection with organ or tissue donation.
- ❖ **Research.** Under certain circumstances, we may disclose limited medical information about you for research purposes, provided certain measures have been taken to protect your privacy.
- ❖ **To Avert a Serious Threat to Health or Safety.** We may disclose medical information about you, with some limitations, when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- ❖ **National Security and Intelligence Activities.** As authorized or required by law, we may disclose medical information about you to authorized federal officials for intelligence, counterintelligence and other national security activities. This may include special investigations or providing protection to the president, other authorized persons or foreign heads of state.
- ❖ **Workers' Compensation.** We may disclose medical information to the extent necessary to comply with California law for workers' compensation programs.
- ❖ **Inmates.** If you are an inmate of a correctional institution or under the custody of law enforcement officials, we may release medical information about you to the correctional institution as authorized or required by law.

Other Uses or Disclosures with an Authorization

Other uses or disclosures of your medical information will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke (or cancel) an authorization at any time in writing. If you cancel your authorization in writing, we will not disclose medical information about you after we receive your cancellation, except for disclosures which were being processed before we received your cancellation.

Your Rights Regarding Your Medical Information

You have certain rights regarding your medical health information that we maintain about you. For the following rights, your request must be made in writing and directed to the appropriate Medical Records Division in the Fire, Public Health, or Alcohol, Drug, Mental Health Services Departments.

- ❖ **Right to Access to See and Copy Your Medical Information.** You have the right to review or obtain copies of your medical information records, with some limited exceptions. We may charge a fee for the costs of producing, copying and mailing your requested information, but we will tell you the cost in advance. In certain limited circumstances, we may deny your request, in writing with an explanation, to see and/or receive a copy. If you are denied access to medical information you may have the denial reviewed, in most cases.
- ❖ **Right to Amend Your Medical Information.** If you feel that medical information we may have about you is incorrect or incomplete, you may request that we amend (correct or supplement) the information. Your request must include the reason you are seeking a change. We may deny your request if you ask us to amend information that was not created by the County, is not part of the medical information kept by the County, is not part of the medical information you would be allowed to see and copy, or you ask to amend a record that is already accurate and complete.

If we deny your request to amend, we will notify you in writing. You then have a right to submit to us a written statement of disagreement with our decision.

- ❖ **Right to an Accounting of Disclosures.** You have the right to request an accounting or list of disclosures we have made of your medical information. The list will not include our disclosures related to your treatment, payment or health care operations, or disclosures made to you or with your authorization. The list may also exclude certain other disclosures, such as those permitted by law.

Your request must state a time period for which you want an accounting. This time period may not be longer than six years and may not include dates before April 14, 2003. The first accounting that you request within a 12-month period will be free. For additional lists within the same period, we may charge for providing the accounting, but we will tell you the cost in advance.

- ❖ **Right to Request Restrictions on the Use and Disclosure of Your Medical Information.** You have the right to request that we restrict or limit how we use or disclose your medical information for treatment, payment or health care operations. We may not agree to your request. If we do agree, we will comply with your request unless the information is needed for an emergency. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit how we use or disclose your information, or both; and (3) to whom you want the restrictions 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 may request that we contact you at work rather than home. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.
- ❖ **Right to a Paper Copy of This Notice.** You have a right to a paper copy of this Notice and you may ask us to give you a copy of this Notice at any time. In addition, a copy of this Notice will be posted in our waiting rooms and on the County's website, www.countyofsb.org.

Changes to This Notice

We reserve the right to change the terms of this Notice at any time, effective for medical information that we already have about you as well as any information that we receive in the future. We also post a copy of our current Notice in our waiting rooms and on our website at www.countyofsb.org. In addition, you may always request a copy of the current Notice in effect.

Complaints

If you believe that your privacy rights have been violated or you want to complain to us about our privacy practices, you may file a complaint with the County's Privacy Officer listed below. You may also file a complaint with the Secretary of the Department of Health and Human Services. All complaints to the County must be made in writing and sent to the Privacy Officer listed at the end of this Notice. We will not retaliate against you for filing a complaint.

Contact the County's Privacy Officer

If you have any complaints or questions about this Notice or our privacy practices, please contact:

Santa Barbara County Privacy Officer

Address: 105 E. Anapamu Street Room 108
Santa Barbara, CA 93101-2037

Telephone: (805) 568-2625

Fax: (805) 568-2663

Email: Privacyofficer@co.santa-barbara.ca.us