



**SANTA BARBARA COUNTY  
PUBLIC HEALTH DEPARTMENT'S  
NOTICE OF PRIVACY PRACTICES**

Effective (October 1, 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:

**Santa Barbara County  
Public Health Privacy Officer  
2115 South Centerpointe Pkwy  
Santa Maria, CA 93455  
Phone 805-346-7243  
Fax 805-346-7327**

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

**WHO WILL FOLLOW THIS NOTICE**

This notice describes the PHD's practices and that of:

- Any health care professional authorized to enter information into your medical record;
- Any member of a volunteer group we allow to help you while you are receiving PHD care;
- All employees, staff and other PHD personnel;

These entities and individuals follow the terms of this notice. As described in this notice, they may share medical information with each other to coordinate your treatment, or for payment or health care operations purposes.

## **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 care and services you receive at PHD. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by PHD.

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 your medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept confidential (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 disclosures we will explain what this means to you and provide 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. This is known as a Release of Information.

### ***FOR TREATMENT***

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, health care students, or other PHD personnel who are involved in taking care of you at PHD. 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. In addition, the doctor may need to tell your dietician if you have diabetes so that the dietician can help you plan your meals and food intake to help you control your diabetes. Different PHD clinics also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside the PHD who may be involved in your medical treatment, such as skilled nursing facilities, home health agencies and specialty physicians or other practitioners. For example, we may give another physician you are currently receiving services from access to your health information to assist in treating you.

### ***FOR PAYMENT***

We may use and disclose medical information about you so that the treatment and services you receive at the PHD may be billed to and payment may be collected from you, an insurance company or a third party payer source. For example, we may need to give your health plan information about surgery you received at the PHD so your health plan will pay us or reimburse

you for the surgery. We may also tell your health plan about a treatment you are going to receive, to obtain prior approval or to determine whether your plan will cover the treatment. We may also provide basic information about you and your health plan, insurance company, or other source of payment to practitioners outside of the PHD who are involved in your care, to assist them in obtaining payment for services they provide to you.

#### ***FOR HEALTH CARE OPERATIONS***

We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to run the PHD and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many PHD patients to decide what additional services the PHD should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, health care students, and other PHD personnel for review and learning purposes. We may also combine the medical information we have with medical information from other healthcare 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 medical 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 medical information to contact you as a reminder that you have an appointment for treatment or care at the PHD.

#### ***FAMILY MEMBERS OR OTHERS YOU DESIGNATE***

We may release medical information about you to a friend or family member you designate who is involved in your medical care. We may also give information to someone who helps pay for your care.

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 PHD 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 someone you have designated to make medical decisions on your behalf).

#### ***FOR RESEARCH***

Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with the patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project must be pre-approved through this research approval process. However we may disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, as long as the medical information they review is not shared with those outside the PHD.

#### ***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.

#### ***PUBLIC HEALTH ACTIVITIES***

We may disclose medical information about you for public health activities. These activities may include, without limitation, 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 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;
- To notify emergency response employees regarding possible exposure to HIV/AIDS 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 you have been notified in the form of a written “notice to consumer” or to obtain an order protecting the information requested.

We may disclose medical information to courts, attorneys and court employees in the course of conservatorship, and certain other judicial or administrative proceedings.

### ***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, certain escapees and certain missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person’s agreement.
- About death we believe may be the result of criminal conduct;
- About criminal conduct at the PHD; and
- In emergency circumstances to report a crime; the location of the crime or victim; or the identity description or location of the person who committed the crime.

### ***CORONERS AND MEDICAL EXAMINERS***

We may release medical 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 medical information about patients of the PHD to funeral directors as necessary 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.

### ***INMATES***

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release 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.

### ***MULTIDISCIPLINARY PERSONNEL TEAMS***

We may disclose medical information to a multidisciplinary personnel team relevant to the prevention, identification, management, or treatment of an abused child, the child’s parents, or an abused elder or dependent adult.

### ***OTHER SPECIAL CATEGORIES OF INFORMATION***

Special legal or health benefit program requirements may apply to the use or disclosure of certain categories of information e.g., beneficiary information, tests for the human immunodeficiency virus (HIV) or treatment and services for alcohol and drug abuse.

### **YOU’RE 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:

**Public Health Department Privacy Officer  
2115 South Centerpointe Pkwy  
Santa Maria, CA 93455**

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.

Under very limited circumstance, we may deny your request to inspect and copy your medical information. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by PHD 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.

***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 PHD.

To request an amendment, your request must be made in writing and submitted to:

**Public Health Department Privacy Officer  
2115 South Centerpointe Pkwy  
Santa Maria, CA 93455**

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 medical information kept by or for the PHD;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Even if we deny your request for 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 include it in 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 the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you, with some-exceptions pursuant to the law.

To request an accounting of disclosures, you must submit your request in writing to:

**Public Health Department Privacy Officer  
2115 South Centerpointe Pkwy  
Santa Maria, CA 93455**

Your request must state a time period that may not be longer than six years.

Your request should indicate in what form you want the list (for example, on paper, 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. For example, you could ask that we not use or disclose information about a type of therapy you had.

*We are not required to agree to your request unless it is for a restriction on disclosures to health plans for services you paid 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:

**Public Health Department Privacy Officer  
2115 South Centerpointe Pkwy  
Santa Maria, CA 93455**

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 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:

**Public Health Department Privacy Officer  
2115 South Centerpointe Pkwy  
Santa Maria, CA 93455**

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; [www.sbcphd.org](http://www.sbcphd.org)

**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. We will post a copy of the current notice at the PHD. The notice will contain the effective date on the first page. In addition, each time you register at the PHD or receive treatment or health care services, you may request 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 PHD or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with the PHD, contact:

**Public Health Dept Privacy Officer  
2115 South Centerpointe Pkwy  
Santa Maria, CA 93455  
805-346-7243**

All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

**OTHER USES OF MEDICAL INFORMATION**

Unless we obtain your written permission, we will never use or disclose your medical information for:

- Marketing purposes;
- Sale of your information; or
- Most uses and disclosures of psychotherapy notes.

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.