San Luis Obispo County Health Agency

Notice of Privacy Practices
Effective November 25, 2014

Your Information.
Your Rights.
Our Responsibilities.

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

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you, including results of lab tests performed by us. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- You may submit your request in writing at any clinic or by writing to:
  SLO County Medical Records
  2178 Johnson Avenue
  San Luis Obispo, CA. 93401
- If you have questions about the process you may call (805) 781-4724.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

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Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

You can complain if you feel we have violated your rights by contacting us in the following ways:

• You can call the toll-free confidential hotline at:	**(855) 326-9623**
• Or you can contact us by e-mail at:	privacy@co.slo.ca.us
• Or send a letter to:	Privacy Officer San Luis Obispo County Health Agency 2180 Johnson Avenue San Luis Obispo, CA 93401
• Contact the Department of Health and Human Services at:	Office of Civil Rights 90 7th Street, Suite 4-100 San Francisco, CA 94103
• Or you can file a complaint online at: www.hhs.gov/ocr/privacy/hipaa/complaints	
• Or call toll free at:	(800) 368-1019 - TDD (800) 537-7697

You will not be punished or penalized for asking questions or for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

Note: This section lists several of the ways in which healthcare providers may share your information; however, many do not apply to the practices of the San Luis Obispo County Health Agency.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a directory (the Health Agency does not use a patient directory)

  If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes (the Health Agency does not use your information for marketing)
- Sale of your information (the Health Agency does not sell your information)
- Most sharing of psychotherapy notes

In the case of fundraising

- The Health Agency will not contact you for any fundraising effort.

Our Uses and Disclosures

We typically use or share your health information in the following ways.

Treat you

- We can use your health information and share it with other professionals who are treating you.
  - *Example:* A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

- We can use and share your health information to run our organization, improve your care, and contact you when necessary.
  - *Example:* We use health information about you to manage your treatment and services.

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.
  - *Example:* We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For more information see: **www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html**.

Help with public health and safety issues. We can share health information about you for situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to health or safety

Do research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director if an individual dies.

Address workers' compensation, law enforcement, and other government requests.

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes and officials
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For information about our responsibilities for this notice, see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

This notice applies to the following services within the San Luis Obispo County Health Agency:

- **Mental Health Services**
  For more information, see: www.slocounty.ca.gov/health/mentalhealthservices
- **Drug & Alcohol Services**
  For more information, see: www.slocounty.ca.gov/health/DAS_Home
- **Public Health Services**
  For more information, see: www.slocounty.ca.gov/health/publichealth

  You may also ask about Health Agency programs and clinic locations by calling 805-781-5500.

  Health information about services you may have received from our Mental Health or Drug and Alcohol programs is filed in an electronic health records system that is shared between the two programs. Staff members of these two programs are allowed limited access to your health information and only the minimum amount necessary to provide for your treatment, to receive payment for services, and to run the operations of our organization.

Changes to the Terms of this Notice

- We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.
- This notice is effective as of November 25, 2014.

For questions about this notice:

- Contact the County Health Agency Compliance Program Manager at: 805-781-4788.
- Or send an e-mail to: privacy@co.slo.ca.us
- Or send a letter to: SLO County Health Agency
  Compliance Program Manager
  2180 Johnson Avenue
  San Luis Obispo, CA 93401

Discrimination is Against the Law

San Luis Obispo County complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The County does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

San Luis Obispo County:

A. Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters;
B. Written information in other formats;
C. Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, please contact the Health Agency at (800) 838-1381

If you believe that the County has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Leah DeRose, Patient Rights Advocate
2180 Johnson Avenue, San Luis Obispo, CA. 93401
(805) 781-4738, ldrose@co.slo.ca.us

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Leah DeRose (Contact above) is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 1-800-368-1019, 800-537-7697 (TDD) Complaint forms are available at: http://www.hhs.gov/ocr/office/file/index.html.

Español (Spanish)	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (800) 838-1381
繁體中文 (Chinese)	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 (800) 838-1381
Tiếng Việt (Vietnamese)	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (800) 838-1381
한국어 (Korean)	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (800) 838-1381
Tagalog (Filipino)	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (800) 838-1381
Հայերեն (Armenian)	ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք (800) 838-1381
فارسی (israF)	توجه: اگر به زبان فارسی گفتگو می‌کنید، تسهیلات زبانی به صورت رایگان به شما برای (800) 838-1381
Русский (Russian)	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (800) 838-1381
日本語 (Japanese)	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。(800) 838-1381
العربية (Arabic)	ملحوظة: إذا كنت تتحدث اللغة العربية، فإن الخدمات المساعدة اللغوية متوافرة لك مجانًا. اتصل بالرقم (800) 838-1381
ਪੰਜਾਬੀ (Punjabi)	ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। (800) 838-1381
ខ្មែរ (Cambodian)	ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរទូរស័ព្ទ (800) 838-1381 ។
Hmoob (Hmong)	LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau (800) 838-1381
हिंदी (Hindi)	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। (800) 838-1381
ภาษาไทย (Thai)	เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร (800) 838-1381