



Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed; your rights with respect to your medical information, how to file a complaint concerning a violation of your rights or the privacy or security of your medical information, 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 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 the results of lab tests performed by us. We will provide a copy or a summary of your health information if desired, usually within 15 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 Health Information
2178 Johnson Ave
San Luis Obispo, CA 93401
- If you have any 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.

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 our toll-free, confidential hotline at (805) 326-9623
 - Or you can contact us by email at HA.Compliance@co.slo.ca.us
 - Or send a letter to:
 - Privacy Officer
 - San Luis Obispo County Health Agency
 - 2180 Johnson Ave
 - Contact the Department of Health and Human Services at:



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Office of Civil Rights
U.S. Department of Health and Human Services
200 Independence Ave, S.W.
Room 509F HHH Bldg
Washington, D.C. 20201

- Or you can file a complaint online at: <https://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html>
- Or you can call toll-free at 1 (800) 368-1019 – TDD 1 (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. Other uses and disclosures not listed in this notice will be made only with your written authorization. You may revoke this authorization at any time, in writing.

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 client 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 the following 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).



- Fundraising purposes (the Health Agency will not contact you for any fundraising effort).
- Most sharing of psychotherapy notes

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 sends us information about your diagnosis and treatment plan so that we can arrange additional services

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 for health plans or other entities.
 - *Example:* We give information about you to your health insurance plan so that 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: <https://www.hhs.gov/hipaa/for-individuals/index.html>

Note: This Notice will separately describe the ways that the County can use or disclose HIV/AIDS results.



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 worker's compensation, law enforcement, and other government requests:

- We can use or share health information about you:
 - For worker's 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 some kinds of subpoenas.



Uses and Disclosures of HIV/AIDS information:

- In general, written authorization (by client or authorized representative) is required for the disclosure of HIV/AIDS test results. The following exceptions apply:
 - Disclosures made to your health care provider for purposes of diagnosis, treatment, or care.
 - State reporting requirements for Public Health purposes.
 - Payment: to bill for the cost of your healthcare (for example, to bill Medi-Cal or Medicare).
 - Operations: we may use or disclose your information to support our business operations (for example, to evaluate staff performance or review the quality of services provided to you).
 - Other disclosures that may be required under the law.

Health Information Exchange (HIE):

San Luis Obispo County Behavioral Health (SLOBH) participates in a Health Information Exchange (HIE) operated by California Mental Health Services Authority (CalMHSA). Through this HIE, your health information may be electronically shared with hospitals, behavioral health providers, county health programs, physicians, social workers, and other HIE participants who may provide physical or behavioral health services to you. As part of DHCS's CalAIM (California Advancing and Innovating Medi-Cal) program to provide clients with "whole person care", your health information is aggregated and shared in real time in collaboration with other programs contracted with DHCS to provide covered services under Medi-Cal. An HIE is the vehicle used to ensure that you are provided the most efficient means of accessing healthcare under Medi-Cal. Such services provided could include but are not limited to coordinating your care per CalAIM initiatives, communication between clinical staff regarding your treatment, managing the organization, and billing for services provided to you. Some types of health information, such as substance use disorder, HIV, and reproductive health information will not be shared within the HIE, unless you authorize SLOBH to make the disclosure or it is otherwise allowed. In certain circumstances, other types of health information about you can be shared without your authorization, such as in instances listed elsewhere in this Notice. If you do not want SLOBH to share your information within the HIE, you may opt out of the information sharing by contacting CalMHSA at OptOut@calmhsa.org. Opting out will prevent future sharing of your health information via the CalMHSA HIE, but HIE participants may still be able to access information about you from other sources which are already allowed to share your information by law or through your authorization.



For Clients of Substance Use Disorder Treatment Programs (42 CFR part 2.22 Notice):

Federal law and regulations protect the confidentiality of substance use disorder client records. Generally, the program may not say that you attend the program or disclose any information identifying you as having a substance use disorder.

Federal law allows us to share your substance use disorder information for the following reasons:

- If you (or your authorized representative) consents in writing.
- The disclosure is allowed by a court order
- The disclosure is made to medical personnel in a medical emergency
- The disclosure is made to qualified personnel for research, audit, or program evaluation.
- The disclosure is made pursuant to an agreement with a qualified service organization.
- If you commit a crime on our premises or against our personnel or you file a claim against us.
- If we need to report suspected child abuse or any other report that is required by law.
- The disclosure is made to public health authorities, if they are de-identified per HIPAA standards

Additional changes to 42 CFR Part 2 were made under the Coronavirus Aid, Relief, and Economic Security (CARES) Act.

Client Consent:

- A single consent is allowed for all future disclosures for treatment, payment, and healthcare operations.
- If the Health Agency receives records under this consent, we are allowed to redisclose the records under HIPAA, not 42 CFR Part 2.
- SUD Counseling notes require additional consent to release.
- Consents for civil, administrative, criminal, or legislative proceedings cannot be combined with a consent for any other use or disclosure.
- Any disclosures made are required to contain a copy of the consent or a clear explanation of what's applicable to the consent.



- Your records cannot be used in civil, criminal, administrative, and legislative proceedings against you without your consent or a court order.

In the case of fundraising:

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

Breach Notification:

- We will inform you if your information is subject to a breach, as required by the HIPAA Breach Notification Rule.

Creation of a Safe Harbor:

- Prior to requesting records, an investigative agency must look for a provider in SAMHSA’s online treatment facility locator and check a provider’s Client Notice or HIPAA Notice of Privacy Practices to determine whether the provider is subject to Part 2.

You may get more information by seeing federal regulations at 42 CFR Part 2. Violation of these regulations is a crime, and suspected violations may be reported to the following agencies:

SAMHSA – 5600 Fishers Lane, Rockville, MD 20857 or
<https://www.samhsa.gov/about/contact>

U.S. Attorney, Central District – 312 N. Spring St, #1200, Los Angeles, CA 90012 or
<https://www.justice.gov/usao-cdca/contact>

Violations of the Federal law and regulations by a program is a crime.

Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. Federal law and regulations do not protect any information about a crime committed by a client either at the program or against any person who works for the program or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or Local authorities.



Our responsibilities

- We are required by law to maintain the privacy and security of your protected health information, subject to the exceptions noted herein.
- 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:
<https://www.hhs.gov/hipaa/for-individuals/index.html>

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

- **Mental Health Services – See:**
<https://www.slocounty.ca.gov/departments/health-agency/behavioral-health>
- **Drug and Alcohol Services – See:**
<https://www.slocounty.ca.gov/departments/health-agency/behavioral-health/drug-and-alcohol-services>

You may call and ask about Behavioral Health programs and clinic locations by calling 1 (800) 838-1381.

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 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 website.
- This notice is effective August 2025.



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For questions about this notice:

- Contact the Health Agency Compliance Program Manager at (805) 781-4788
- Or send an email to:
Ha.Compliance@co.slo.ca.us
- Or send a letter to:
County of SLO Health Agency
Compliance Program Manager
2180 Johnson Ave
San Luis Obispo, CA 93401



Nondiscrimination Notice

Discrimination is against the law. County of San Luis Obispo Health Agency (SLOHA) follows Federal civil rights laws. SLOHA does not discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

SLOHA provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages.

If you need these services, contact SLOHA 24 hours a day, 7 days a week by calling 1-800-838-1381. Or, if you cannot hear or speak well, please call 1-800-735-2922 California Relay Service/TTY. Upon request, this document can be made available to you in braille, large print, audio, or accessible electronic formats.

How to File a Grievance

If you believe that SLOHA has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with



SLOHA. You can file a grievance by phone, in writing, in person, or electronically:

- By phone: Contact SLOHA between 8am to 5pm, Monday through Friday by calling 1-800-838-1381. Or, if you cannot hear or speak well, please call 1-800-735-2922 California Relay Service/TTY.
- In writing: Fill out a grievance form, or write a letter and send it to:
County of San Luis Obispo Health Agency
Attn: Patients' Rights Advocate
2180 Johnson Ave
San Luis Obispo, CA 93401
- In person: Visit your provider's office or SLOHA and say you want to file a grievance
- Electronically: Visit SLOHA's website at slocounty.ca.gov

Office of Civil Rights – California Department of Health Care Services

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights by phone, in writing, or electronically:

- By phone: Call 1-916-440-7370. If you cannot speak or hear well, please call TTY/TDD 1-800-537-7697.
- In writing: Fill out a complaint form or send a letter to:
U.S. Department of Health and Human Services
200 Independence Ave, SW
Room 509F, HHH Building
Washington, D.C. 20201
Complaint forms are available at
<https://www.hhs.gov/ocr/complaints/index.html>.
- Electronically: Visit the Office for Civil Rights Complaint Portal at
<https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>



Office of Civil Rights – U.S. Department of Health and Human Services

If you believe you have been discriminated against on the basis of race, color, national origin, age, or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office of Civil Rights by phone, in writing, or electronically:

- By phone: Call 1-800-368-1019. If you cannot speak or hear well, please call TTY/TDD 1-800-537-7697.
- In writing: Fill out a complaint form or send a letter to:
U.S. Department of Health and Human Services
Independence Ave, SW
Room 509F, HHH Building
Washington, D.C. 20201
Complaint forms are available at
<https://www.hhs.gov/ocr/complaints/index.html>
- Electronically: Visit the Office for Civil Rights Complaint Portal at
<https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>