



## Your Information. Your Rights. Our Responsibilities.

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.**

### Your Rights

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

#### **To get a copy of your medical record:**

- You can ask to see or obtain an electronic or paper copy of your medical record and other health information we have on file, including the results of lab tests. 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 a 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.

#### **To correct your medical record:**

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

#### **To request confidential communications:**

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



### **To limit what information 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.

### **To 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.

### **To receive 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.

### **To 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.

### **To file a complaint if you feel your rights are violated:**

- If you feel that we have violated your privacy rights, you can file a complaint with the County and/or with the U.S. Department of Health and Human Services (HHS).
  - To file a complaint with the County of San Luis Obispo, you can:
    - Call the County’s toll-free, confidential hotline at (805) 326-9623
    - Contact the privacy officer by email at [HA.Compliance@co.slo.ca.us](mailto:HA.Compliance@co.slo.ca.us)
    - Send a letter to:

Privacy Officer  
San Luis Obispo County Health Agency  
2180 Johnson Ave, San Luis Obispo, CA 93401



San Luis Obispo County Health Agency, Public Health  
Notice of Privacy Practices  
Effective September 2025

- To file a complaint with HHS, you can:
  - Call a toll-free hotline at 1 (800) 368-1019 – TDD 1 (800) 537-7697
  - File a complaint online with HHS at: <https://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html>
  - Send a letter to:
    - 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

**You will not be treated differently 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, let us know. 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 patient information for marketing)
- Sale of your information (the Health Agency does not sell patient information)
- Fundraising purposes (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.**

**To 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.

**To 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.

**To 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 medical 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 before we can lawfully share your information for these purposes.



San Luis Obispo County Health Agency, Public Health  
Notice of Privacy Practices  
Effective September 2025

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.

**To 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

**To conduct research:**

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

**To 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.

**To respond to organ and tissue donation requests:**

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

**To work with a medical examiner or funeral director:**

- We can share health information with a coroner, medical examiner, or funeral director if you die.

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

- We can use or share health information about you for:
  - Worker's compensation claims
  - Law enforcement purposes and officials
  - Activities authorized by law with health oversight agencies
  - Special government functions such as military, national security, and presidential protective services.



### **To 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.

### **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.
  - Obtaining payment for the cost of your healthcare (example: billing Medi-Cal or Medicare). Using or disclosing your information to support business operations (example: to evaluate staff performance or review the quality of services).
  - Other disclosures that may be required under the law.
  - HIV/AIDS information shall **not** be shared within Public Health's HIE without additional consent.

### **Health Information Exchange (HIE):**

To the extent permitted by law, San Luis Obispo County Public Health (SLOPH) participates in a Health Information Exchange operated by Manifest Medex (Medex) and may disclose your protected health information to other healthcare providers and health plans who request that information via the Exchange and have an authorized reason to access that information. Within Medex, your health information is aggregated and shared in real time so that healthcare professionals have an efficient means of accessing your medical record data. Reasons for accessing this information include but are not limited to coordinating your care, communication between clinical staff about your treatment, managing the organization, and billing for services provided to you. In cases where your specific consent or authorization is required to disclose certain health information to others, SLOPH shall not disclose that health information to other healthcare providers or health plans participating in Medex. Sensitive information that requires your additional consent in order to be shared includes psychotherapy notes, treatment for substance or alcohol use disorders, and records of HIV tests. 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 SLOPH to share your health information within Medex, you may opt out of the information sharing by filling out the form online at



San Luis Obispo County Health Agency, Public Health  
Notice of Privacy Practices  
Effective September 2025

<https://www.manifestmedex.org/opt-out/> or by calling 1 (800) 490-7617. Opting out will prevent any future sharing of your health information via HIE, but HIE participants may still be able to access information about you previously shared, or from other sources which are already allowed to share your information by law or through your authorization. If you desire to opt back in at a future point, you may do so by calling 1 (800) 490-7617 or by filling out the form at <https://www.manifestmedex.org/resources/opt-out-2/>.

In addition to Medex, SLOPH is part of an organized health care arrangement including participants in OCHIN. A current list of OCHIN participants is available at <https://ochin.org/network/>. As a business associate of SLOPH, OCHIN supplies information technology and related services to SLOPH and other OCHIN participants. OCHIN also engages in quality assessment and improvement activities on behalf of its participants. For example, OCHIN coordinates clinical review activities on behalf of participating organizations to establish best practice standards and access clinical benefits that may be derived from the use of electronic health record systems. OCHIN also helps participants work collaboratively to improve the management of internal and external patient referrals. Your health information may be shared by SLOPH with other OCHIN participants when necessary for health care operation purposes of the organized health care arrangement.

The personal health information may include past, present, and future medical information as well as information outlined in the Privacy Rules. The information, to the extent disclosed, will be disclosed consistent with the Privacy Rules or any other applicable law as amended from time to time. You have the right to change your mind and withdraw this consent, however, the information may have already been provided as allowed by you. This consent will remain in effect until revoked by you in writing. If requested, you will be provided a list of entities to which your information has been disclosed.

If you do not want SLOPH to share your health information with other OCHIN participants, you may opt out of the information sharing by filling out the form online at <https://www.slocounty.ca.gov/departments/health-agency/compliance-and-privacy-program/forms-documents/health-agency-hipaa-support-forms/public-health-hie-consent-and-faq-english> or by doing so in person at a SLOPH clinic. Opting out will prevent any future sharing of your health information via OCHIN, but OCHIN participants may still be able to access information about you previously shared, or from other sources which are already allowed to share your information by law or through your authorization. If you desire to opt back in at a future point, you may do so by filling out the form at <https://www.slocounty.ca.gov/departments/health-agency/compliance-and-privacy->



[program/forms-documents/health-agency-hipaa-support-forms/public-health-hie-consent-and-faq-english](#), or by doing so in person at a SLOPH clinic.

## 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.
- 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:

- **Public Health Services – See:**  
<https://www.slocounty.ca.gov/departments/health-agency/public-health>

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





San Luis Obispo County Health Agency, Public Health  
Notice of Privacy Practices  
Effective September 2025

**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 September 2025.

**For questions about this notice, you can:**

- Contact the Health Agency Compliance Program Manager at (805) 781-4788
- Send an email to: [Ha.Compliance@co.slo.ca.us](mailto:Ha.Compliance@co.slo.ca.us)
- Send a letter to:  
County of SLO Health Agency  
Compliance Program Manager  
2180 Johnson Avenue  
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 1-805-781-5500. 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: Clinical Quality Assurance Coordinator**  
**2191 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 SLO PH's website at [sartments/health-agency/public-health/all-public-health-services/planning,-evaluation-policy/customer-satisfaction-survey](https://sartments.health-agency/public-health/all-public-health-services/planning,-evaluation-policy/customer-satisfaction-survey)

## 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>