



## IMPERIAL COUNTY PUBLIC HEALTH DEPARTMENT NOTICE OF PRIVACY PRACTICES

**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 call Danila Vargas, Privacy Officer at (442) 265-1340.

### **YOUR INFORMATION IS PRIVATE**

This Notice of Privacy Practices describes how Imperial County Public Health Department may use and disclose your protected health information to carry out treatment, payment, or health care operations, and for other purposes permitted or required by law.

It also describes your rights to access and control your protected health information. "Protected Health Information" is information about you, including demographic information that may identify you and that relates to your past, present, or future physical condition, and related health care services.

Outside of staff and/or the special circumstances described below, no one will have rights to your protected health information unless you give written authorization. This is called a Client Authorization Form. It must be properly completed, dated, and signed by you or your legal guardian. Your written permission is required to release any protected health information about you to an outside entity or person, with the exceptions listed below. You may revoke this permission, in writing, at any time. If you revoke the permission in writing, it will become effective the date it is signed and dated.

### **WHO SEES AND SHARES MY HEALTH INFORMATION**

The following sections describe different ways that we may use and disclose your protected health information. We will explain what is meant by use and disclosure and provide examples. The examples are not all-inclusive, but all the categories of use and disclosure will be covered.

**For Treatment:** We may use and disclose your protected health information to provide, coordinate or manage your health care and any related services. We may disclose information about you to doctors, nurses, technicians, therapists, interns, volunteers, or other department personnel who are involved in your care or case management. For example,

different departments in the county may share information about you in order to coordinate services you may need, such as therapy, medication, and treatment. In addition, we may disclose your protected health information to another health care provider, (such as a laboratory or a specialist) who may be asked to provide assistance in your diagnosis or treatment.

**For Payment:** We may use and disclose, as needed, your protected health information, to obtain payment for your health care services. For example, we may need to contact your health care plan to determine eligibility, the coverage of recommended treatment, and the reimbursement requirements.

**For Health Care Operations:** We may use and disclose your protected health information to assess the quality of care provided by us. We might also combine information about several clients to determine what additional services may be needed, what services might be eliminated, and whether certain new approaches might be effective. We may also use and disclose your protected health information for review and training purposes. We may use or disclose information about you to contact you as a reminder that you have an appointment for services. In our efforts to provide you with prompt and quality care, we may be required to use the telephone, cell phone, facsimile, or email, if we believe it is in your best interest to do so.

### **OTHER USES**

**For Emergencies:** We may use or disclose your protected health information in an emergency or disaster situation. If it is impossible to obtain your consent to release the information, your County caregiver may use or disclose your protected health information in order to treat you.

**For Others Involved in Your Care:** When you are unable to object or consent, we may use and

disclose your protected health information with a member of your family, a close friend, or a person you identify, if we determine (based on our professional judgment) that it is in your best interest to do so.

**For Communication Barriers:** For example, when there is a language barrier to consent, we may use and disclose your protected health information if (based on our professional judgment) it is in your best interest to do so.

**USES OF INFORMATION REQUIRED BY LAW**  
We may use or disclose your protected health information to the extent that disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

**Public Health:** Being a Public Health Agency, we may disclose your protected health information for public health purposes to another health agency that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury, or disability. We may also disclose your protected health information to a foreign governmental agency that is collaborating with us.

**Communicable Diseases:** If authorized, we may disclose your protected health information to a person who may have been exposed to a communicable disease, or may otherwise be at risk of contracting or spreading the disease or condition.

**Health Oversight:** We may disclose your protected health information to a health oversight agency for activities authorized by law, such as: audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights compliance agencies.

**Abuse or Neglect:** We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose protected health information, if we believe that you have been a victim of abuse, neglect or domestic

violence to the governmental agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

**Food and Drug Administration:** We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product problems, biologic product deviations, track products; to enable product recalls, to make repairs or replacements, or to conduct post marketing surveillance, as required.

**Legal Proceedings:** We may also disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (when such a disclosure is expressly authorized) in response to a subpoena, discovery request, or other lawful process.

**Law Enforcement:** We may also disclose protected health information for law enforcement purposes. These law enforcement purposes include: 1) legal processes required by law, 2) limited information requests for identification and location purposes, 3) information pertaining to victims of a crime, 4) suspicion that death has occurred as a result of criminal conduct, 5) in the event that a crime occurs on the County premises, and 6) a medical emergency with likelihood that a crime has occurred.

**Coroners, Funeral Directors, and Organ Donation:** We may disclose protected health information to a coroner or medical examiner for identification purposes, determining the cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the director to carry out his duties. Protected health information may also be disclosed for organ, eye, or tissue donation purposes.

**Research:** We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

**Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Military and National Security:** When the appropriate conditions apply, we may use or disclose protected health information for individuals who are Armed Forces personnel 1) for activities deemed necessary by appropriate military command authorities, 2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or 3) to a foreign military authority, if you are a member of that foreign military service. We may also disclose your protected health information to authorized officials for conducting national security and intelligence activities, to provide protection to the President of the United States, other authorized persons or foreign heads of state.

**Workers' Compensation:** Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally established programs.

**Inmates:** We may use or disclose your protected health information if you are an inmate of a correctional facility and we have created or received protected health information in the course of providing care for you.

**Required Uses and Disclosures:** In accordance with the law, we must make disclosures to you; and when required by the Secretary of Health and Human Services, we must investigate and determine our compliance with the requirements of 45 CFR, sections 164.500 and following.

## **YOUR RIGHTS**

Outside of the applicable Imperial County Public Health staff and the special situations outlined above, no one will have a right to access your protected health information, unless you grant written authorization. An authorization form is available to you for this purpose where you have

been receiving Imperial County Public Health Services. It must be properly completed, dated and signed by you or your authorized representative. Under normal circumstances, written authorization by you is required to release your protected health information to another individual; this includes: spouse, children, mother, father and all other family members.

**You Have the Right to Inspect and Receive a Copy of your Protected Health Information.** This means that you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that are used to make health care decisions about you. Under federal law, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in a civil, criminal or administrative action or proceeding; and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have the right to have this decision reviewed by a licensed healthcare professional not involved in the original decision on access, obtain a request form for access to your medical records (the request needs to be in writing), or to receive information on the designated reviewer. We reserve the right to charge up to \$.25 cents per copy.

**You Have the Right to Request a Restriction of Your Protected Health Information.** This means that you may request us not to use or disclose any part of your protected health information for the purposes of treatment, payment, or healthcare operations. You may also request that any portion of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state in writing: 1) the specific information you want limited and, 2) to whom you want the restriction to apply. You may request a form by calling Danila Vargas, Privacy Officer at (442) 265-1340. We are not required to agree to the restriction you may request. If, in our professional judgment, we do not agree that it is your best

interests to restrict the use and disclosure of your protected health information, your protected health information will not be restricted. If we do agree to the requested restriction, we may not use or disclose your protected health information, unless it is needed for some purpose described above in sections 2 and 3, for example: emergency medical treatment.

**You Have the Right to Receive Confidential Communications from us by Alternative Means or at an Alternative Location.** We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled, or to specify an alternative address or other method of contact. For instance, you may request that we contact you only at work. It is not necessary to provide an explanation of the basis for the request. Please make this request in writing to Danila Vargas, Privacy Officer at (442) 265-1340.

**You May Have the Right to Amend Your Protected Health Information.** This means that you may request a change in your protected health information in a designated record set for as long as we maintain this information. In certain cases we may deny your request for an amendment. If we deny your request for an amendment, it must be in writing, and you have the right to file a statement of disagreement with us, and the right to a review of the denial by a designated official. We may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please notify Danila Vargas, Privacy Officer at (442) 265-1340 to receive a request for an amendment form, and for information on contacting the official designated to review amendment denials.

**You Have the Right to an Accounting of Certain Disclosures we have made, if any, of Your Protected Health Information.** This right applies to disclosures for purposes other than treatment, payment, or healthcare operations as described in this Notice of Privacy Practices. This excludes disclosures we have made in accord with the uses and disclosures outlined above. Please call Danila Vargas, Privacy Officer at (442) 265-1340 to request a form for this purpose.

**Without Your Authorization the Following Records cannot be released:**

1) HIV/AIDS testing results.

**You Have the Right to a Paper Copy of This Notice from us.**

Even if you agreed to accept this notice electronically, you may receive a paper copy upon request.

**CHANGES TO THIS NOTICE**

We reserve the right to change this notice. We reserve the right to make the revised notice effective for your protected health information we currently have or will receive in the future. We will keep a copy of the current Notice of Privacy Practices posted in the reception area at all times. The document is also posted on our County web site.

**WAIVER OF RIGHTS**

We cannot request that you waive any of your rights (for example: the right to file a complaint, the right to access your protected health information, etc.) as a condition of the provision of treatment, payment, enrollment in a health plan, or eligibility for benefits.

**QUESTIONS OR COMPLAINTS**

If you have any question or complaints you may contact us or to the Secretary of Health and Human Services, if you believe we have violated your rights. You may file a complaint by contacting either of the following:

**Imperial County Public Health  
Department Attn: Danila Vargas, Privacy  
Officer  
935 Broadway  
El Centro, CA 92243  
(442) 265-1340  
Department of Health and Human Services  
Office for Civil Rights  
Attn: Regional Manager  
50 United Nations Plaza, Room 322  
San Francisco, CA 94102  
(800) 368-1019**

**You will not be penalized for filing a complaint.** Your benefits will not be affected if you file a complaint. It is against the law for us to take any retaliatory or negative action against you if you file a complaint.