

**County of Ventura
Notice of Privacy Practices For Protected Health Information**

Effective Date: October 4, 2016

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:

Risk Management
800 South Victoria Avenue, #1970
Ventura, California 93009
(805) 654-3197

OUR PLEDGE REGARDING MEDICAL INFORMATION

Ventura County understands that information about you and your health is personal. We are committed to protecting your medical information. We create a record of the services you receive through the Wellness Program. This information is necessary to provide you with the services you have requested and to comply with certain legal requirements. This notice applies to all of the records of your services and care generated by and through the Wellness Program. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of medical information created in the doctor's office or clinic.

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 medical information.

THE COUNTY OF VENTURA IS REQUIRED BY LAW TO

- Ensure that medical information that identifies you is kept private as required by law.
- Give you this notice of our legal duties and privacy practices with respect to medical information about you.
- Follow the terms of this notice.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that County personnel may use and disclose medical information. 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.

FOR TREATMENT: The County may use medical information about you to provide you with medical treatment or provide medical services.

FOR PAYMENT: The County may use and disclose medical information about you so that the services you receive through the Wellness Program for which there are charges may be billed to and payment may be collected from you, an insurance company or any third party. We may also tell your health plan about a treatment you are going to receive in order to obtain prior approval or to determine whether your plan will cover the treatment.

FOR HEALTH CARE OPERATIONS: The County may use and disclose medical information about you for hospital or County health care operations.

APPOINTMENT REMINDERS: The County may contact you as a reminder that you have an appointment for treatment or medical care.

TREATMENT ALTERNATIVES: The County may contact you to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

HEALTH-RELATED BENEFITS AND SERVICES: The County may contact you to tell you about health-related benefits or services that may be of interest to you.

RESEARCH: Under certain circumstances, the County may use and disclose certain medical information about you for research purposes.

AS REQUIRED BY LAW: The County 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: The County may use and disclose information about you when necessary to prevent a serious threat to your health and safety, the health or safety of the public or another person. Any disclosure would only be to someone able to help prevent the threat.

SPECIAL SITUATIONS

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 military authority.

WORKERS' COMPENSATION: The County may release medical information about you as necessary to comply with law related to workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

PUBLIC HEALTH ACTIVITIES: The County may disclose medical information about you to agencies involved in certain public health activities. The reasons for such activities include:

- To prevent or control disease, injury or disability.
- To report births or deaths.
- To report the abuse or neglect of children, elders and dependent adults.
- To report reactions to medications or problems with medical 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 a person has been a victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

HEALTH OVERSIGHT ACTIVITIES: The County may disclose medical information to any health agency for activities authorized by law. These oversight activities include audit oversights, investigations, inspections and licensure procedures.

LAW ENFORCEMENT: The County may release medical information about you if required to do so by law enforcement officials:

- As required by a court order, subpoena, warrant, summons or similar process.
- To identify or locate a suspect, fugitive, material witness or missing person.
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement.
- About a death we believe may be the result of criminal conduct.
- About criminal conduct we believe may have occurred at the hospital or on the premise of another County department.
- In emergency circumstances, to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

YOUR 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. If you request a copy of this information, we may charge you a fee for the cost of copying, postage or other supplies associated with your request.

RIGHT TO AMEND: If you feel that medical information we have about you is incorrect or incomplete, you may ask to amend the information. You have the right to request an amendment for as long as the information is kept by the Wellness Program or other County departments providing you service. To request an amendment, your request must be made in writing and submitted to the County Privacy Officer. In addition, you must provide a reason that supports your request.

The County 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 the County, Health Care Agency or other department providing service.
- Is not part of the information that you would be permitted to inspect and copy.
- Is accurate and complete upon review by appropriate staff.

RIGHT TO AN ACCOUNTING OF DISCLOSURES: You have the right to request an “accounting of disclosures” This is a list of disclosures the County made of medical information about you other than our own uses for treatment, payment and health care operations, as those functions are described above.

To request an accounting of disclosures, you must submit your request in writing to the County Privacy Officer. Your request must state the time period for which you are requesting the accounting and may not be longer than six years and may not include any date before October 4, 2010. The first accounting you request within a 12-month period will be free. For additional accountings, we may charge you for the costs associated with providing you this information. We will notify you of the cost of providing the additional accounting at the time of request.

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.

We are not required to agree to this request. 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 the County Privacy Officer. In your request, you must tell us what information you want limited, whether you want to limit our use, disclosure or both, and to whom you want the limits to apply.

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.

To request confidential communication, you must make your request in writing to the County Privacy Officer. 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.

CHANGES TO THIS NOTICE

The County reserves 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 revised notice. The notice will contain the effective date on the first page.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the County and/or the Secretary of the Department of Health and Human Services. To file a complaint with the County, contact the County Privacy Officer.

You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

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, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. 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 records of the care that we have provided to you.

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