

**County of Ventura
Health Insurance Portability and Accountability Act
Notice of Privacy Practices**

Effective Date: 14 April 2003

**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

WHO WILL FOLLOW THIS NOTICE

- Any health care professional authorized to enter information into your chart.
- All departments and units of the Health Care Agency.
- Any member of a volunteer group we allow to help you while you are using our health related services.
- Any county employee providing services to the general public who collects, maintains, controls or manages Protected Health Information about you as part of their obligation to provide such services.
- All employees, staff and other health care professionals working for the Health Care Agency.

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 care and services you receive at the County Hospital or other County medical facility that provides health services. This information is necessary to provide you with the highest quality of care and to comply with certain legal requirements. This notice applies to all of the records of your care whether generated at the County Hospital other Ventura County agency personnel or your personal doctor connected to the County. 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. We may disclose medical information about you to doctors, nurses, technicians, medical students, other hospital personnel and other health care professionals who are involved in taking care of you. Different departments of the hospital may share medical information about you in order to coordinate the different services you may need, such as prescriptions, lab work and x-rays. We may also disclose medical information about you to people outside the hospital who may be involved in your medical care after you leave the hospital, such as family members, clergy or other County workers who may provide services that are part of your care. If you are using other County services that do not directly involve the hospital but medical information is being collected, managed, stored or controlled about you, we may disclose information between County departments in order to provide these services.

FOR PAYMENT: The County may use and disclose medical information about you so that the treatment and services you receive at the hospital, other County departments and you receive services and 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. These uses and disclosures are necessary for hospital, Health Care Agency and other County department operations and to ensure all of our patients receive quality care. We may use medical information to review treatment, services and to evaluate the performance of our staff in caring for you. We may also combine medical information about hospital patients and other County records to help us decide what additional services the County should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, other hospital personnel and other health care professionals for review and learning purposes. We may also combine the medical information obtained from you with medical information from other departments within the County or outside hospitals and other government agencies to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

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.

HOSPITAL DIRECTORY: The County may include certain information about you in the hospital directory while you are a patient at the hospital. This information may include your name, location in the hospital, your general condition and your religious affiliation. Unless there is a specific written request from you to the contrary, this directory information, except for your religious affiliation, may be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This information is released so your family, friends and clergy can visit you in the hospital and generally know how you are doing.

INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE: The County may release medical information about you to a friend or family member who is involved in your medical care. We may also disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

RESEARCH: Under certain circumstances, the County may use and disclose medical information about you for research purposes. All research projects are subject to a special review and approval process. This process evaluates proposed research projects and its use of medical information balancing the researcher's needs with patient's privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may disclose medical information about you to people preparing to conduct a research project. We may do this for example to help researchers look for patients with specific medical needs, so long as the medical information they view is necessary for research needs and does not leave County control. We will ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care.

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

ORGANS AND TISSUE DONATION: If you are an organ donor, we may release information about you to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

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. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

LAWSUITS AND DISPUTES: The County may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request or other lawful process but only if efforts have been made to tell you about the request (in writing) or to obtain a court order restricting the disclosure of the information requested.

LAW ENFORCEMENT: The County may release medical information about you if asked 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.

CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS: The County may release medical information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also release medical information about patients of the hospital to funeral directors as necessary to carry out their duties.

NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES: The County may release medical information about you to authorized federal officials for intelligence, counter-intelligence and other national security activities authorized by law.

PROTECTIVE SERVICES FOR THE PRESIDENT AND OTHERS: The County may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, or conduct special investigations.

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. Usually, this includes medical and billing records, but may not include some mental health information. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the County Privacy Officer. 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.

We may deny your request to inspect and copy your medical information in certain, very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

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 hospital, Health Care Agency, 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 April 14,

2003. Your request should indicate in what form you want the accounting. 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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