



COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH ***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.

Effective date: April 14, 2003

Revised date: June 15, 2009

This Notice describes the practices of Los Angeles County Department of Public Health.

If you have any questions about this Notice or would like further information about your privacy rights, please contact any one of the following people:

- Clinic's Compliance Officer;
- Department of Public Health Privacy Officer, at (888) 228-9064, 5555 Ferguson Dr., Ste. 3033, Commerce, CA 90022;
- County of Los Angeles Chief HIPAA Privacy Officer, at (213) 974-2164; 500 West Temple Street, Rm 410, Los Angeles, CA 90012.

OUR PLEDGE REGARDING YOUR MEDICAL INFORMATION

We understand that medical information about you and your health is personal and confidential. We are committed to protecting your information. As a health care provider, we may create a record of the care and services you receive from the County of Los Angeles' Department of Public Health (Department). We need this record to provide you quality care and to comply with certain legal and billing requirements.

PURPOSE OF THE NOTICE OF PRIVACY PRACTICES

This Notice will tell you the ways in which we may use and disclose your Protected Health Information (PHI). It also describes your rights and certain duties we have about the use and disclosure of your PHI.

This Notice applies to all employees, staff and other personnel of the Department and its volunteers. However, because special rules apply to substance abuse records, this Notice does not apply to substance abuse programs of the Department, as these programs have their own Notice.

Your PHI is information about you, including demographic information that may reasonably identify you, created or received by us concerning your past, present or

future physical or mental health condition. The information may be about payment of your health care, as well.

The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule and State law requires us to keep the privacy of your PHI. Also, we must provide you with this Notice of our legal duties and privacy practices about your PHI. We must follow the terms of this Notice. However, we may change this Notice when the law or our practices change. 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. You will not automatically receive a new Notice. If you would like to receive a copy of any new Notice you may access our web site at www.publichealth.lacounty.gov, or contact one of the people listed above, or at your next appointment. We also post copies of the current Notice in our facilities.

HOW MAY WE SHARE YOUR PHI

The following categories describe the different ways that we may use or disclose your PHI without obtaining an authorization. For each category of use or disclosure, we will explain what we mean and try to give some examples. Not every use or disclosure in a category is listed. But all of the ways we are permitted to use and disclose information falls within one of the categories.

For Treatment: We may use and disclose your PHI to provide you with medical treatment and related services. The Department may share your PHI with doctors, medical staff, counselors, treatment staff, clerks, support staff, and other health care personnel who are involved in your care. We may also share your PHI with individuals or entities for your future care for other treatment reasons. We may also use or share your PHI in response to an emergency.

For Payment: We may use and disclose your PHI to bill and receive payment for the treatment and services you receive. For billing and payment purposes, we may disclose your PHI to your payment source, including insurance or managed care company, Medicare, Medicaid, or another third-party payer. For example, we may give your health plan information about the treatment you received so your health plan will pay us or refund us for the treatment. Or we may contact your health plan to confirm your coverage or to ask for prior authorization for a proposed treatment.

For Health Care Operations: We may use and share your PHI for Department business purposes, such as quality assurance and improvement actions, reviewing the competence and qualifications of health care professionals, medical review, legal services, audit roles, and general administrative purposes. For example, we may use medical information to review our treatment and services and to evaluate our staff's performance in caring for you. We may combine medical information about our patients to decide what added services the Department should offer or whether new treatments are effective. The law may need us to share your PHI with representatives of federal and state regulatory agencies that oversee our business.

Business Associates: There may be some services provided by our business associates, such as a billing service, record company, or legal or accounting consultants. We may share your PHI with our business associates so they can perform the job we have asked them to do. To protect your PHI, we enter a written contract with our business associates that mandate them to safeguard your information.

Appointment Reminders: We may use and reveal your PHI to contact you as a reminder that you have an appointment with a Department clinic or service.

Treatment Alternatives and Other Health-Related Benefits and Services: We may use and disclose PHI to tell you about or recommend possible treatment choices or alternatives. We may tell you about health related benefits, services, or medical education classes that may be of interest to you.

Fundraising Purposes: We may use information about you to contact you to raise money for the Department. We limit the information we release to your contact information, such as you name, address and telephone number and the dates you received treatment or services at the Department. A description of how to opt out of receiving any further fund-raising communications will be part of any fund-raising materials you receive from the Department. If you ask that we not use or share your information for fund-raising purposes, we will make a reasonable effort to ensure that you do not receive future fund-raising communications.

Hospital or Clinic Directory: Except for individuals admitted for psychiatric care or a substance abuse treatment program, we will include limited information about you in our directory, provided that you agree to this, or we give you an opportunity to object. This includes your name, location in the hospital or clinic, your general condition (for example, fair, stable), and your religious affiliation. Unless you ask us not to, we may give your directory information, except for your religious affiliation, to people who ask for you by name. We may give your information and religious affiliation to a member of the clergy, even if the clergy member does not ask for you by name.

Individuals Involved in Your Care or Payment of Your Care: We may disclose your PHI to a family member, a relative, a friend, or person you identify involved in your medical care or payment provided that you agree to this, or we give you an opportunity to object. In addition, we may share your PHI with a private or public entity allowed by law to help in a disaster relief effort. If you are unable to agree or object to the release we may share your information if we decide that it is in your best interest and based on our professional judgment. Or we may reasonably imply that you would not object to the sharing.

Disaster Relief Purposes: We may disclose your PHI to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. We will give you the opportunity to agree to this disclosure or object to this disclosure, unless we decide that we need to disclose your PHI in order to respond to the emergency circumstances.

Public Health Purposes: Public health authorities may require us to disclose your PHI to them. The law may require them to collect or receive your information for preventing or controlling disease, injury, disability; reporting births, deaths, or other statistics. We may report child abuse or neglect. We may tell you about product recalls. We may tell you about exposures to a disease or if you may be at risk of contracting or spreading a disease or condition.

Health Oversight Purposes: We may disclose your PHI to a health oversight agency for purposes allowed by law. For example, we may share your PHI for audits, investigations, inspections, accreditation, licensure, and disciplinary actions.

Research: We may disclose your PHI without your authorization for certain purposes. For Example, in limited circumstances, we may disclose your information to researchers preparing a research protocol or if our Institutional Review Board committee (which is charged with ensuring the protection of human subjects in research) determines that an authorization is not necessary. We also may provide limited health information about you (not including your name, address, or other direct identifiers) for research, public health or health care operations, but only if the recipient of such information signs an agreement to protect the information and not use it to identify you.

Judicial and Administrative Proceedings: If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request, or other legal procedure by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the PHI requested.

Law Enforcement: We may disclose your PHI for certain law enforcement purposes if allowed or mandated by law. For example, to report gunshot wounds; to report emergencies or suspicious deaths; to comply with a court order, warrant, or similar legal procedure; or to answer certain requests for information about crimes.

We may also reveal your PHI if a psychotherapist believes that it is likely that you present a serious danger of violence to yourself or another person.

Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations: We may disclose your PHI to a coroner, medical examiner, or funeral director. If you are an organ donor, we may release your PHI to an organization involved in organ and tissue donations.

To Avert a Serious Threat to Health or Safety: We may use or disclose your PHI to prevent a serious threat to your health or safety. We may use or disclose your PHI to protect the health or safety of the public or another person. Any disclosure would be to someone able to help prevent the threat.

Military and National Security: If you are a member of the armed forces, we may disclose your PHI as mandated by military authorities or the Department of Veterans Affairs. We may disclose your PHI to federal officials to conduct lawful intelligence, counterintelligence and other national security actions allowed by law. We may disclose your PHI with federal officials who provide protection to the President, other people or foreign heads of state, or conduct an investigation.

Workers' Compensation: We may use or reveal your PHI as allowed by workers' compensation laws or related programs.

Special Rules About Disclosure of Psychiatric, Substance Abuse, and HIV-Related Information: For disclosures about PHI for psychiatric conditions, substance abuse, or HIV-related testing and treatment, special limits may apply. For example, usually we may not reveal this information in response to a subpoena, warrant, or other legal purposes without your authorization. We may provide this information without your authorization in response to a court order.

As Required By Law: We will disclose your PHI when required to do so by federal, State, or local laws. For example, we may be required to disclose your PHI for purposes of determining our compliance with ensuring our compliance with HIPAA.

Inmates: If you are an inmate or under the custody of a law enforcement official, we may release your PHI to the correctional institution or law enforcement official. This release would be necessary for the institution to provide you health care and for the safety and security of the correctional institution

WHEN WE MAY NOT USE OR DISCLOSE YOUR PHI

Except as described in this Notice, or as allowed by State or federal law, we will not use or share your PHI without your written authorization.

Your written authorization will specify particular uses or disclosures that you choose to allow. If you do allow us to use or share your PHI for reasons other than treatment, payment, or health care business, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your PHI for the purposes covered by the authorization, except where we have already disclosed or used your PHI because we relied on the authorization.

Psychotherapy Notes: A signed authorization or court order is needed for any use or disclosure of psychotherapy notes except for certain treatment, payment, or health care business.

Marketing: A signed authorization is needed for the use or disclosure of your PHI for a purpose that encourages you to buy or use a product or services, except in some circumstances. For example, when the marketing communication is face-to-face or includes a promotional gift by the Department.

RIGHTS ABOUT YOUR PHI

You have the following rights about your PHI. The following briefly describes how you may exercise these rights.

Right to Request Restrictions of Your PHI: You have the right to ask for certain restrictions on the PHI we use or disclose about you for treatment, payment or health care operations. You may also ask that we follow special limits when disclosing your PHI with someone who is involved in your care or the payment of your health care. For example, you might ask that we limit disclosures to your spouse. You may ask for a limit or revise a limit on the use or disclosure of your PHI by providing a written statement about the specific limitation. You can get a Request for Restriction form from the Department. We do not have to agree to your request.. If we do agree to your request, we will comply with your limit except to provide you with emergency treatment.

If we share your restricted PHI with a health care provider for emergency treatment, we will ask that such health care provider not further use or disclose the information.

Right to Receive Confidential Communications: You have the right to ask that we communicate with you about your appointments or other matters related to your treatment in a specific way. You must complete and give the Department a *Request to Receive Confidential communications by Alternative Means or at Alternative Locations* form. You must specify how or where we may contact you. We will not ask you to explain your requirement. We will grant all reasonable requests.

Right to Access, Inspect, and Copy Your PHI: With certain exceptions, you have the right to access, inspect and get a copy of your PHI that is used to decide about your care for as long as the Department keeps your PHI. To access, inspect and copy your PHI, you must file a request in writing on the *Request for Access to Health Information* form. We may charge a fee for the costs of preparing, copying, mailing, or other supplies related to your request. We may deny, in whole or in part, your request to access, inspect and copy your PHI under certain limited circumstances. If we deny you access, we will provide you a written reason for the denial. You may ask that a Department health care professional who did not review your original request, review the denial. We will comply with the outcome of the review.

Right to Amend Your Protected Health Information: You have the right to ask for an amendment to your PHI if the Department keeps the information. For example, if you feel that your information in our records is wrong or incomplete, you may ask us to correct the information. To seek an amendment, you must complete and file a *Request to Amend Protected Health Information* form. You must state why you believe your PHI is wrong or incomplete. We may deny your request for an amendment. If we deny your request, we will give you a written notice including the reasons for the denial. You may file a Request to Review of Denial of Access form. We may deny your statement of disagreement.

Right to Receive an Accounting of Disclosures of PHI: You have the right to ask for an accounting certain disclosures of your PHI by the Department. This is a list of disclosures we made of your PHI other than our own uses for treatment, payment and health care business. To ask for an accounting of disclosures, you must state a time period, but not longer than six years. The first accounting provided within a twelve-month period is free. We may charge you a fee for each future request. Before we incur any costs, we will tell you of the cost so you may withdraw or change your request.

Right to Obtain a Paper Copy of Notice: You have the right to get a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may ask for a copy of this Notice by contracting the Department. In addition, you may get a copy of this Notice at our web site, www.publichealth.lacounty.gov

COMPLAINTS

If you believe your privacy rights have been violated by us, you may file a complaint by reporting to:

Los Angeles County Department of Public Health
At (888) 228-9064 or
Mail your complaint to
Privacy Officer
Department of Public Health
5555 Ferguson Dr., Ste. 3033
Commerce, CA 90022
OR

County of Los Angeles Chief HIPAA Privacy Officer,
Department of Auditor-Controller
At (213) 974-2164, or
Mail your complaint to:
Chief HIPAA Privacy Officer,
500 West Temple Street, Room 410
Los Angeles, CA 90012
Or send an e-mail to HIPAA@Auditor.lacounty.gov.

You may also file a complaint with:

U.S. Department of Health and Human Services, Region IX, Office for Civil Rights
50 United Nations Plaza – Room 322
San Francisco, CA 94102
Voice Phone: (415) 437-8310
TDD (415) 437-8311
FAX (415) 437-8329
E-mail: www.hhs.gov/ocr