LOS ANGELES COUNTY HEALTH AGENCY
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: May 30, 2017

WHO WILL FOLLOW THIS NOTICE OF PRIVACY PRACTICES

This Notice describes the privacy practices followed by the workforce members of the **County of Los Angeles Department of Health Services, Mental Health, and Public Health**, collectively referred to as the Health Agency (Agency). Workforce members include doctors, nurses, residents, therapists, case managers, students, volunteers, and other health care staff who help with your care at an Agency facility.

OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

The law requires the Agency to:

- Keep your medical records and health information, also known as “protected health information," private and secure.
- Give you this Notice which explains your rights and our legal duties with respect to your health information.
- Tell you about our privacy practices and follow the terms of this Notice.
- Notify you if there has been a breach of the privacy of your health information.

USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

The following categories describe the different ways that we may use or disclose your health information without obtaining your 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. However, all of the ways we may use and disclose information falls within one of the categories.

Treatment: We may use and disclose your health information to provide you with medical treatment and related services. We may share your health information 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 health

information with treatment providers for your future care for other treatment reasons. In addition, we may use or share your health information in response to an emergency.

Payment: We may use and disclose your health information to bill and receive payment for the treatment and services you receive. For billing and payment purposes, we may disclose your health information 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.

Health Care Operations: We may use and share your health information for Agency 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 your health information to review our treatment and services and to evaluate our staff's performance in caring for you. We may combine health information about our patients to decide what added services the Agency should offer or whether new treatments are effective. The law may need us to share your health information with representatives of federal and State regulatory agencies that oversee our business.

Business Associates: We may share your health information with our business associates so they can perform the job we have asked them to do. Some services provided by our business associates include a billing service, record storage company, or legal or accounting consultants. To protect your health information, we have written contracts with our business associates requiring them to safeguard your information.

Health Information Exchange: We, along with other health care providers in the Los Angeles area, may participate in one or more Health Information Exchanges (HIE). An HIE is a community-wide information system used by participating health care providers to share health information about you for treatment purposes. Should you require treatment from a health care provider that participates in one of these exchanges who does not have your medical records or health information, that health care provider can use the system to gather your health information in order to treat you. For example, he or she may be able to get laboratory or other tests that have already been performed or find out about treatment(s) that you have already received. We will include your health information in this system. If you would prefer your information not be shared with the HIE (opt-out) or have previously opted out of HIE participation and would like to share your information with the HIE (opt-in), please notify your registration staff or the business office at the facility where you obtain health care. The staff can help you change your preference using the *HIE Change of Sharing Status* form.

Hospital Directory: Our hospitals maintain a directory that lists patients admitted to the hospital so family and friends can call or visit you or so you can receive mail. If you do not object, we will include your name, location in the hospital, general condition (e.g., fair, stable, critical, etc.), and religious affiliation in the hospital directory. The directory

information, except for religious affiliation, will be released to people who ask for you by name, unless you have asked us not to include you or to limit this information. Providing your religious affiliation is your choice. If you decide to give us this information, it may be given to a member of the clergy, such as a priest or rabbi, even if they do not ask for you by name.

Appointment Reminders: We may use and disclose your health information to contact you as a reminder that you have an appointment at one of our facilities via standard mail (postcard), telephone, email, or text messaging.

Discuss Treatment, Alternatives and Other Health-Related Benefits and Services with You: We may use and disclose your health information to tell you about your health condition or to recommend possible treatment choices or alternatives. We may tell you about health-related benefits, medical education classes or services (such as eligibility for Medicaid or Social Security benefits), that may be of interest to you.

To Individuals Involved in Your Care or Payment of Your Care: We may disclose your health information to a family member, a relative, a close friend, or other individual involved in your medical care or payment for your medical care if we obtain your verbal agreement, or if we give you an opportunity to object to such a disclosure, and you do not raise an objection. If you are unable to agree or object at the time we give you the opportunity to do so, we may decide that it is in your best interest, based on our professional judgment, to share your health information, such as if you are incapacitated or during an emergency.

Disaster Relief Purposes: We may disclose your health information to an organization 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 health information in order to respond to the emergency circumstances.

Public Health Purposes: We may disclose health information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with 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 you have been the victim of abuse, neglect, or domestic violence.

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

Research: Your health information may be provided to a researcher if you authorize the use of your health information for research purposes. In some situations, we may disclose your information to researchers preparing a research protocol or if our Institutional Review Board (IRB) Committee determines that an authorization is not necessary. The IRB Committee is charged with ensuring the protection of human subjects in research. 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 person or organization that receives the 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 health information in response to a court or administrative order. We may also disclose your health information 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 health information requested.

Law Enforcement: We may disclose your health information to law enforcement agencies:

- If the police bring you to the hospital and document that exigent circumstances exist to test your blood for alcohol or substance abuse; or
- If the police present a valid search warrant; or
- If the police present a valid court order; or
- To report abuse, neglect, or assaults as required or permitted by law; or
- To report certain threats to third parties or crimes committed on the premises; or
- To identify or locate a suspect, fugitive, material witness or missing person, if required or permitted by law; or
- To report your discharge, if you were involuntarily detained after a peace officer initiated a 72-hour hold for psychiatric evaluation and requested notification.

Organ and Tissue Donation: If you are an organ donor, we may release your health information to an organization involved in organ and tissue donations.

Coroners, Medical Examiners, Funeral Directors and Information About Decedents: When required by law, your health information may be released to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release limited health information to a funeral home. We may also give health information to family members or friends of a deceased person if they were involved in the person's care or paid for

that care prior to the death and the health information is relevant. However, we will not do this if the health information is not relevant to their involvement or if it is known to us that the deceased person would not have wanted us to share such information.

To Prevent a Serious Threat to Health or Safety: We may use and disclose certain information about you when necessary to prevent a serious threat to your health and safety or the health and safety of others. Any such disclosure, however, would only be to the extent required or permitted by federal, State or local laws and regulations.

Military Personnel: If you are a member of the armed forces, we may disclose your health information as mandated by military authorities or the Department of Veterans Affairs.

Specialized Government Functions and National Security: We may disclose your health information to federal officials to conduct lawful intelligence, counterintelligence and other national security actions allowed by law. We may disclose your health information to federal officials who provide protection to the President, other people or foreign heads of state, or conduct an investigation.

Workers' Compensation: We may disclose your health information as allowed by workers' compensation laws or related programs. For example, we may communicate your health information regarding a work-related injury or illness to claims administrators, insurance carriers, and others responsible for evaluating your claim for workers' compensation benefits.

As Required By Law: We will disclose your health information when required to do so by federal, State, or local laws. For example, the law requires us to report certain types of injuries.

Breach Notification: We may use and disclose your health information to tell you in the event that there has been unlawful or unauthorized access to your health information, such as when someone not authorized to see your health information looks at your information or your health information is accidently lost or is stolen. We will also report these occurrences to State and federal authorities, and may need to use your health information to do so. If this happens, we will provide you with a written notice via first-class mail to your last known address.

Special Rules for Disclosure of Psychiatric, Substance Abuse, and HIV-Related Information: For disclosures of health information about psychiatric conditions, substance abuse, or HIV-related testing and treatment, special rules may apply. In general, health information relating to care for psychiatric conditions, substance abuse or HIV-related testing and treatment may not be disclosed without your permission or a court order. There are exceptions to this general rule. For example, HIV test results may be disclosed to your provider of health care without written authorization.

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

Fundraising: We may use information about you to contact you to raise money for our hospitals or clinics. We will limit any information we release about you such as your name, address and telephone number and the dates you received treatment or services at our facilities. For example, we may send you a letter asking if you would like to make a donation. You can choose not to be contacted for our fundraising efforts. If we send you information about our fundraising efforts, we will include a simple way for you to request that we not contact you in the future for our fundraising efforts.

OTHER USES AND DISCLOSURES

Except as described in this Notice, or as allowed by State or federal law, we will not use or share your health information without your written authorization. For example, we cannot use or disclose your health information for marketing purposes, or sell your health information without your written authorization. If you sign an authorization and later change your mind, you can let us know in writing. This will stop any future uses and disclosures of your information but will not require us to take back any information we already disclosed.

YOUR RIGHTS ABOUT YOUR HEALTH INFORMATION

You have the following rights about your health information, which you can exercise by submitting your request at the facility where you obtain health care. For your convenience, the applicable forms can be found on our websites at dhs.lacounty.gov, dmh.lacounty.gov or publichealth.lacounty.gov.

Right to Request Restrictions of Your Health Information: You have the right to ask us to follow special restrictions when using or providing your health information for treatment, payment or health care operations. You may also ask for restrictions on the records we give out to someone who is involved in your care or the payment of your health care. For example, you might ask us to not to share certain information with your spouse.

We are not required to agree to your request and will tell you if we cannot honor your request. However, if we do agree, we will comply unless the health information is needed to provide you emergency treatment. If we share your restricted health information with a health care provider for emergency treatment, we will ask the health care provider to not further use or disclose the information.

Right to Ask for Restrictions When You Fully Pay Out-of-Pocket: You have the right to request a restriction on the disclosure of your health information to a health plan for purposes of payment or health care operations if you or someone else paid out-of-

pocket, in full, for a health care item or service. We must agree to your request, unless the law requires us to share your information. If you paid out-of-pocket in full for a health care item or service, and you wish to request this special restriction, you must submit your written request to the facility where you obtain health care.

Right 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 this person has the proper authority before we take any action.

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 (e.g., only calling you at work). You must specify how or where we may contact you. We will grant all reasonable requests.

Right to Access, Inspect, and Copy Your Health Information: With certain exceptions, such as records considered psychotherapy notes, you have the right to see and get a copy of the medical records we have of your care. To inspect and copy your medical records, you must make your request, in writing, to the facility where you obtain health care. If you request a copy of your medical record, we may charge a fee for the costs of copying, mailing, or supplies associated with your request. If we deny your request, we will provide you with a written decision.

Right to Amend Your Health Information: If you feel that the health information contained in your medical record is incorrect or incomplete, you may ask us to correct or update the information. You have the right to request an amendment for as long as we keep the health information. To request an amendment, you must make your request, in writing, to the facility where you obtain health care. You must state why you believe your health information is wrong or incomplete. In certain cases, we may deny your request for an amendment. If we deny your request, we will give you a written reason.

Right to Receive an Accounting of Disclosures of Health Information: You have the right to ask for an accounting of certain disclosures of your health information made by the Agency. This is a list of disclosures we made of your health information 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 process your request, we will tell you the cost so you may change or withdraw your request.

Right to Obtain a Paper Copy of Notice: You have the right to receive a paper copy of this Notice at any time, even if you have already received a copy or have agreed to receive this Notice electronically. You may obtain a paper copy of this Notice from the facility where you obtain health care. An electronic copy of this Notice is also available on our websites: dhs.lacounty.gov, dmh.lacounty.gov or publichealth.lacounty.gov.

CHANGES TO THIS NOTICE

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 health 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 we change this Notice, we will post the revised Notice in our facilities and on the above-mentioned websites. You may also obtain any revised Notice from the facility where you obtain health care.

HOW TO FILE A COMPLAINT

If you believe your privacy rights have been violated by us, you may file a complaint with the facility where you obtain health care or any of the offices listed below. The law prohibits retaliation against an individual for filing a complaint.

County of Los Angeles
Department of Health Services
Privacy Officer
5801 E. Slauson Avenue, Suite 150
Commerce, CA 90040
(800) 711-5366
DHShipaaprivacyoffice@dhs.lacounty.gov

County of Los Angeles
Department of Public Health
Privacy Officer
313 N. Figueroa Street, Suite 430
Los Angeles, CA 90012
(888) 228-9064
HIPAA@ph.lacounty.gov

County of Los Angeles
Department of Mental Health
Director of Patients' Rights Office
510 S. Vermont Avenue, 21st Floor
Los Angeles, CA 90020
(800) 700-9996

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights online at https://ocrportal.hhs.gov/ocr by email to OCRComplaint@hhs.gov or by mail:

Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S. W.
Room 509F HHS Bldg.
Washington, D.C. 20201

If you have additional questions about this Notice or inquiries regarding privacy, please contact the County of Los Angeles Chief Executive Office, Chief Information Office - Office of Privacy at (213) 974-2164 or Privacy@ceo.lacounty.gov