



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: September 23, 2013

This Notice describes the privacy practices of Los Angeles County Department of Public Health (Department) and how the Department may use and disclose medical information about you.

You will be asked to sign an Acknowledgment form stating that you received this Notice. It is important to read and understand this Notice. 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:

- Privacy Coordinator at the public health facility where you obtain your services;
- Department of Public Health Privacy Officer, at (888) 228-9064, 5555 Ferguson Dr., Ste. 320-10, Commerce, CA 90022;
- County of Los Angeles Chief HIPAA Privacy Officer, at (213) 974-2164; 500 West Temple Street, Rm 515, 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 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 medical information, referred to as "Protected Health Information" or "PHI". It also describes your rights and certain duties we have about the use and disclosure of your PHI.

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 PHI 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.

WAYS WE MAY 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 may 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 your PHI 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.

To 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 disclose your PHI to 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.

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

To Discuss Treatment, Alternatives and Other Health-Related Benefits and Services with You: We may use and disclose PHI to tell you about your health condition or to 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.

For Fundraising: We may use information about you to contact you to raise money for the Department. 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 the Department. We will include a description of how to opt out of receiving any further fund-raising communications in any fund-raising materials you receive from the Department.

To 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 and you do not do so. If you are unable to agree or object, we may decide that it is in your best interest based on our professional judgment to share your information, such as if you are incapacitated or we need to disclose your PHI in an emergency.

For 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.

For 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.

For 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.

For Research: We may disclose your PHI without your authorization for certain research 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.

For 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.

For Law Enforcement Activities: 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, valid search warrant, or similar legal procedure; or to answer certain requests for information about crimes.

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

To Military Personnel and For 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.

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

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 HIPAA.

About 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.

For Breach Notification: We may use and disclose your health information to tell you in the event that there has been a breach of the privacy or security of your PHI. For example, we may notify you if someone not authorized to see your health information looks at your information or your health information is accidentally 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.

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

WAYS WE MAY SHARE YOUR PHI BUT ONLY IF WE FIRST OBTAIN YOUR WRITTEN PERMISSION

Except as described in this Notice, 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 your 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 communication is face-to-face we will not ask you for your written authorization.

Sale of PHI: A signed authorization is needed for any disclosure of your PHI which is a sale of PHI.

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 of certain information 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. To request restrictions of your PHI, you must submit your written request to the Privacy Coordinator at the public health facility where you obtain your services. Except when you pay out-of-pocket as explained below, 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 Request Restrictions of your PHI to a Health Plan When You Fully Pay Out-of-Pocket: You have the right to request a restriction on disclosure of your PHI to a health plan for purposes of payment or health care operations if you 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 Privacy Coordinator at the public health facility where you obtain your services.

Right to Receive Confidential Communications: You have the right to ask that we communicate with you about your appointments or other matters related to you treatment in a specific way. 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. To request confidential communications, submit your written request to the Privacy Coordinator at the public health facility where you obtain your services.

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, or copy your PHI, submit your written request to the Privacy Coordinator at the public health facility where you obtain your services. 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 PHI: 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 request an amendment of your PHI, you must submit a written request to the Privacy Coordinator at the public health facility where you obtain your services. 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. If we deny your request for amendment, in whole or in part, you have the right to submit a written statement disagreeing with the denial and explaining the basis for disagreement, to the Privacy Officer at the public health facility where you obtain services. 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. To request an accounting of disclosures, submit your request to the Privacy Officer at the public health facility where you obtain your services.

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 contacting 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, you may file a complaint with the Privacy Coordinator at the public health facility where you obtain your services or any of the offices listed below:

Los Angeles County Department of Public Health
Privacy Officer
5555 Ferguson Drive, Suite 320-10
Commerce, CA 90022
(888) 228-9064

OR

Los Angeles County Auditor-Controller

Chief HIPAA Privacy Officer
500 West Temple Street, Suite 515
Los Angeles, CA 90012
(213)974-2164
Email: HIPAA@Auditor.lacounty.gov

You may also file a complaint with:

Region IX, Office for Civil Rights
U.S. Department of Health and Human Services
90 7th Street, Suite 4-100
San Francisco, CA 94103
Voice Phone (800) 368-1019
FAX (415) 437-8329
TDD (800) 537-7697