



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

Who will follow this notice

This Notice describes Contra Costa County's privacy practices for:

- Contra Costa Regional Medical Center
- The Ambulatory Care Health Centers and affiliated satellite clinics located in Antioch, Bay Point, Brentwood, Concord, Martinez, Pittsburg, Richmond, and San Pablo
- The Mental Health Centers of Contra Costa County, and the Contra Costa Mental Health Plan
- The Public Health Centers and programs of Contra Costa County
- The Alcohol and Other Drug Services programs of Contra Costa County
- Emergency Medical Services
- The Contra Costa Health Plan
- The Health, Housing and Homeless Program
- All employees, physicians, health care professional staff, and others authorized to enter information into your medical or health record.
- Volunteers or persons working with us to help you.
- Selected county employees responsible for payment and operational support.
- Self-insured group dental plans and flexible spending health accounts for County employees.
- All providers that the above named entities contract with to provide medical services.

All of the above named entities will follow the terms of this Notice. In addition, all of the above may share medical information with each other for treatment, payment, or health care operations purposes as described in this Notice.

Our promise regarding your medical information

Contra Costa County documents the care and services you receive in written and electronic records. In this Notice, we will refer to those records as "medical

information". We need this information to provide you with quality health care and customer services, evaluate benefits and claims, administer health care coverage, measure performance, and to fulfill legal and regulatory requirements. We understand that medical information about you and your health is personal. We are committed to protecting your medical information and following all state and federal laws related to the protection of your medical information.

This Notice tells you about the ways in which we may use and disclose medical information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- make sure that medical information that identifies you is kept private (with certain exceptions);
- give you this Notice describing our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the Notice that is currently in effect.

How we may use and disclose medical information about you

Sometimes we are allowed by law to use and disclose your medical information without your permission. We briefly describe these uses and disclosures and give you some examples. Some medical information, such as certain mental health, drug or alcohol abuse patient information, and information related to HIV or genetic tests, have stricter requirements for use and disclosure, and your permission will be obtained prior to some uses and disclosures. However, there are still circumstances in which these types of information may be used or disclosed without your permission.

How much medical information is used or disclosed without your permission will vary depending on the intended purpose of the use or disclosure. When we send you an appointment reminder, for example, a very limited amount of medical information will be used or disclosed. At other times, we may need to use or disclose more medical information such as when we are providing medical treatment.

FOR TREATMENT We may use medical information about you to provide you with treatment or services. We may disclose medical information about you to doctors, nurses, therapists, technicians, interns, medical students, residents or other health care personnel who are involved in taking care of you, including offering you medical advice, or to interpreters needed in order to make your treatment accessible to you. For example, a doctor may use the information in your medical record to determine what type of medications, therapy, or procedures are appropriate for you. The treatment plan selected by your doctor will be documented in your record so that other health care professionals can coordinate the different things you need, such as prescriptions, lab tests, referrals, etc. We also may disclose medical information about you to people outside our facilities who may be involved in your continuing medical care, such as skilled nursing facilities, other health care providers, case managers, transport companies, community agencies, family members, and contracted/affiliated pharmacies.

FOR PAYMENT We may use and disclose medical information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about a surgery you received so your health plan will pay us. We may also tell your health plan about a proposed treatment to determine whether your plan will cover the treatment or medication. We may also share your information, when appropriate, with other government programs such as Medicare or Medi-Cal in order to coordinate your benefits and payments, or with practitioners outside the hospital or health centers who are involved in your care, to assist them in obtaining payment for services they provide to you.

The County Health Plans (including the Contra Costa Health Plan and the self-insured group dental plans and flexible spending health accounts for County employees) may use or disclose medical information about you to determine eligibility for plan benefits, obtain premiums, facilitate payment for the treatment and services you receive from health care providers, determine plan responsibility for benefits, and to coordinate benefits.

FOR HEALTH CARE OPERATIONS We may use and disclose medical information about you for certain health care operations. For example, we

may use your medical information to review the quality of the treatment and services we provided, to educate our health care professionals, and to evaluate the performance of our staff in caring for you. We may also combine medical information about many patients to decide what additional services we should offer, or whether certain new treatments are effective. Your medical information may also be used or disclosed for licensing or accreditation purposes.

The County Health Plans may use and disclose health information about you to carry out necessary insurance-related activities. Examples include underwriting, premium rating, conducting or arranging medical review, legal and audit services, fraud and abuse detection, business planning, management, and general administration. However, the County Health Plans are prohibited from using or disclosing genetic information about you for underwriting purposes.

BUSINESS ASSOCIATES We sometimes obtain services through contracts with business associates. We require a business associate to sign a contract with a written agreement stating they will safeguard your protected health information. We may disclose your medical information to our business associates so that they can perform the job we have asked them to do.

ELECTRONIC HEALTH INFORMATION EXCHANGE

We participate in an electronic health information exchange (HIE) which allows health care providers to share your medical information that is necessary for your treatment. The information shared is maintained in a secure system and is not released outside of the healthcare setting without your written authorization. You may opt out of sharing your information by contacting the Health Information Management Department at 1-844-240-6459 or HIMDROI@cchealth.org.

FOR REMINDERS We may contact you to remind you that you have an appointment, or that you should make an appointment at one of our facilities.

FOR HEALTH-RELATED BENEFITS & SERVICES We may contact you about benefits or services that we provide.

FOR TREATMENT ALTERNATIVES We may tell you about or recommend possible treatment options or alternatives that may be of interest to you.

FOR FUND-RAISING We may contact you to provide information about raising money for the hospital and its operations through a foundation related to the hospital. We would only use contact information, such as your name, address, phone number, and the dates you received treatment or services at Contra Costa Regional Medical Center. If you do not want the hospital to contact you for fund-raising efforts, write the Privacy Office of Contra Costa County at 50 Douglas Drive #310-E, Martinez, CA 94553.

FOR THE HOSPITAL DIRECTORY When you are a patient in Contra Costa Regional Medical Center, we create a hospital directory that only contains your name and location in the hospital. Unless you object in writing at the time of admission, this directory information will be released to people who ask for you by name. (Note: If you are admitted to a psychiatric care unit, no information about you will be listed in the hospital directory.)

TO FAMILY AND OTHERS WHEN YOU ARE PRESENT Sometimes a family member or other person involved in your care will be present when we are discussing your medical information. If you object, please tell us and we won't discuss your medical information, or we will ask the person to leave.

TO FAMILY AND OTHERS WHEN YOU ARE NOT PRESENT There may be times when it is necessary to disclose your medical information to a family member or other person involved in your care because there is an emergency, you are not present, or you lack the decision-making capacity to agree or object. In those instances, we will use our professional judgment to determine if it is in your best interest to disclose your medical information. If so, we will limit the disclosure to the medical information that is directly relevant to the person's involvement with your health care. For example, we may allow someone to pick up a prescription for you.

FOR RESEARCH Research of all kinds may involve the use or disclosure of your medical information. Your medical information can generally be used or disclosed for research without your permission if an Institutional Review Board (IRB) approves such use or disclosure. An IRB is a committee that is responsible, under federal law, for reviewing and approving human subjects research to protect the safety and welfare of the participants and the confidentiality of medical information. Your medical information may be important to further research efforts and the development of new knowledge. For

example, a research study may involve a chart review to compare the outcomes of patients who received different types of treatment.

We may disclose medical information about you to researchers preparing to conduct a research project. On occasion, researchers contact patients regarding their interest in participating in certain research studies. Enrollment in those studies can only occur after you have been informed about the study, had an opportunity to ask questions, and indicated your willingness to participate by signing a consent form.

AS REQUIRED BY LAW We 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 We may use and disclose your medical information when necessary to prevent or lessen a serious and imminent threat to your health or safety or someone else's. Any disclosure would be to someone able to help stop or reduce the threat.

FOR DISASTER RELIEF We may disclose your name, city where you live, age, sex, and general condition to a public or private disaster relief organization to assist disaster relief efforts, and to notify your family about your location and status, unless you object at the time.

FOR ORGAN AND TISSUE DONATION If you are an organ or tissue donor, we may release your medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ-donor bank, as necessary to facilitate organ or tissue donation and transplantation.

FOR MILITARY ACTIVITY AND NATIONAL SECURITY We may sometimes use or disclose the medical information of armed forces personnel to the applicable military authorities when they believe it is necessary to properly carry out military missions. We may also disclose your medical information to authorized federal officials as necessary for national security and intelligence activities or for protection of the president and other government officials and dignitaries.

FOR WORKER'S COMPENSATION We may release medical information about you to workers' compensation or similar programs, as required by law. For example, we may communicate your medical information regarding a work-related injury or illness to claims administrators, insurance carriers, and others responsible for evaluating your claim for workers' compensation benefits.

FOR PUBLIC HEALTH DISCLOSURES We may use or disclose medical information about you for public health purposes. These purposes generally include the following:

- to prevent or control disease (such as cancer or tuberculosis), injury, or disability;
- to report births and deaths;
- to report suspected child abuse or neglect, or to identify suspected victims of abuse, neglect, or domestic violence;
- to report reactions to medications or problems with products or medical devices;
- 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 comply with federal and state laws that govern workplace safety; and
- to notify emergency response employees regarding possible exposure to HIV/AIDS, to the extent necessary to comply with state and federal laws.

FOR HEALTH OVERSIGHT ACTIVITIES As health care providers and health plans, we are subject to oversight by accrediting, licensing, federal, and state agencies. These agencies may conduct audits on our operations and activities, and in that process they may review your medical information.

FOR LAWSUITS AND OTHER LEGAL ACTIONS In connection with lawsuits, or other legal proceedings, we may disclose medical information about you in response to a court or administrative order, or in response to a subpoena, discovery request, warrant, summons, or other lawful process. We may disclose your medical information to courts, attorneys, and court employees in the course of conservatorship and certain other judicial or administrative proceedings. We may also use and disclose your medical information, to the extent permitted by law, without your consent to defend a lawsuit.

FOR LAW ENFORCEMENT If asked to do so by law enforcement, and as authorized or required by law, we may release medical information:

- to identify or locate a suspect, fugitive, material witness, or missing person;
- about a suspected victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- about a death suspected to be the result of criminal conduct;
- about criminal conduct at one of our facilities; and

- in case of a medical emergency, to report a crime; the location of the crime or victims; or the identity, description, or location of the person who committed the crime.

TO CORONERS AND FUNERAL DIRECTORS We may release medical information to a coroner or medical examiner to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

INMATES If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution for certain purposes, for example, to protect your health or safety or someone else's. Note: Under the federal law that requires us to give you this Notice, inmates do not have the same rights to control their medical information as other individuals.

MULTI-DISCIPLINARY PERSONNEL TEAMS We may disclose medical information to a multi-disciplinary personnel team relevant to the prevention, identification, management or treatment of an abused child and the child's parents, or elder abuse and neglect.

SPECIAL CATEGORIES OF INFORMATION In some instances, your medical information may be subject to restrictions that limit or preclude some uses or disclosures described in this Notice. For example, there are special restrictions on the use or disclosure of certain categories of information, such as tests for HIV or treatment for mental health conditions or alcohol and drug abuse. Government health benefit programs, such as Medi-Cal, may also limit the disclosure of beneficiary information for purposes unrelated to the program.

All other uses and disclosures of your medical information require your prior written authorization

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. Please note that the revocation will not apply to any authorized use or disclosure of your medical information that took place before we received your revocation. Also, if you gave your authorization to secure a policy of insurance, including health care coverage from us, you may not be permitted to revoke it until the insurer can no longer contest the policy issued to you or a claim under the policy.

MARKETING AND SALES We will not sell or give your information to an outside agency for the purposes of marketing their products to you without your written authorization.

PSYCHOTHERAPY NOTES Most uses and disclosures of psychotherapy notes require written authorization.

Your rights regarding your medical information

Your medical information is the property of Contra Costa County. You have the following rights, however, regarding your medical information, such as your medical and billing records. This section describes how you can exercise these rights.

RIGHT TO INSPECT AND COPY With certain exceptions, you have the right to see and receive copies of your medical information that was used to make decisions about your care, or decisions about your health plan benefits. If your medical information is maintained in an electronic health record, you may obtain a copy of that information, with certain exceptions, in electronic format, and if you choose, you may direct us to transmit an electronic copy directly to another entity or person. Any such designation must be clear, conspicuous, and specific.

If you would like to see or receive a copy of your record on paper or electronically, please write us at the address where you received care. If you don't know where the record that you want is located, please write us at the Privacy Office of Contra Costa County, 50 Douglas Drive #310-E, Martinez, CA 94553. We may charge a fee for the costs of copying, mailing, or other supplies associated with your request. If the copy is in an electronic form, the fee shall not be greater than the cost of labor and materials incurred in responding to your request. If we don't have the record you asked for but we know who does, we will tell you who to contact to request it.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, in most cases, you may have the denial reviewed. Another licensed health care professional chosen by Contra Costa County will review your request and the denial. 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 CORRECT OR UPDATE YOUR MEDICAL INFORMATION If you feel that

your medical information is incorrect or important information is missing, you may request that we correct or add to (amend) your record. Please write to us and tell us what you are asking for and why we should make the correction or addition. Submit your request to the Privacy Office of Contra Costa County, 50 Douglas Drive #310-E, Martinez, CA 94553.

We may deny your request 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;
- is not a part of the medical information kept by or for us;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete in the record.

We will let you know our decision within 60 days of your request. If we agree with you, we will make the correction or addition to your record.

If we deny your request, you have the right to submit an addendum, or piece of paper written by you, not to exceed 250 words, with respect to any item or statement you believe is incomplete or incorrect in your record. If you clearly indicate in writing that you want the addendum to be made part of your medical record, we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect.

RIGHT TO AN ACCOUNTING OF DISCLOSURES

You have the right to receive a list of the disclosures we have made of your medical information. An accounting or list does not include certain disclosures, for example, disclosures to carry out treatment, payment, and health care operations; disclosures that occurred prior to April 14, 2003; disclosures which you authorized us in writing to make; disclosures of your medical information made to you; disclosures to persons acting on your behalf.

To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Office of Contra Costa County, 50 Douglas Drive #310-E, Martinez, CA 94553. Your request must state the time period to be covered, which may not be longer than six years and may not include dates before April 14, 2003. You are entitled to one disclosure accounting in any 12-month period at no charge. If you request any additional accountings less than 12 months later, we may charge a fee.

NOTIFICATIONS We will notify you as required by law if your medical information is unlawfully accessed or disclosed.

RIGHT TO REQUEST LIMITS ON USES AND DISCLOSURES OF YOUR MEDICAL INFORMATION

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. However, by law, we do not have to agree to your request. Because we strongly believe that this information is needed to appropriately manage the care of our members/patients, we rarely grant such a request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

We will honor a request to restrict disclosures to a health plan for services that have been paid out-of-pocket, in full, unless the disclosure is required by law or is determined to be necessary for treatment purposes.

To request restrictions, you must make your request in writing to the Privacy Office of Contra Costa County, 50 Douglas Drive #310-E, Martinez, CA 94553. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

RIGHT TO CHOOSE HOW WE SEND MEDICAL INFORMATION TO YOU

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only phone you at work or use a P.O. Box when we send mail to you.

To request confidential communications, you must make your request in writing, specify how or where you wish to be contacted, and submit it to the Privacy Office of Contra Costa County at 50 Douglas Drive #310-E, Martinez, CA 94553. When we can reasonably and lawfully agree to your request, we will.

RIGHT TO A PAPER COPY OF THIS NOTICE

You have the right to a paper copy of this Notice upon request. One way to obtain a paper copy of this Notice is to ask at the registration area of any Contra Costa Health Services' facility. Or, call the Contra Costa Health Plan Member Services at 1-877-661-6230, or the Privacy Office of Contra Costa County at 925-957-5430.

You may also obtain a copy of this Notice of Privacy Practices on our website at:
<http://cchealth.org/policies/medical-privacy.php>

Changes to this Notice

We may change this Notice and our privacy practices at any time, as long as the change is consistent with state and federal law. Any revised Notice will apply both to the medical information we already have about you at the time of the change, and any medical information created or received after the change takes effect. We will post a copy of our current Notice in all of the Contra Costa Health Services' facilities and on our website at: <http://cchealth.org/policies/medical-privacy.php>

The effective date of the Notice will be on the first page, in the top right-hand corner.

Questions

If you have any questions about this Notice, please contact the Privacy Office of Contra Costa County at 925-957-5430.

If you have questions related to health information privacy, access the Office for Civil Rights' database under "HIPAA" at: www.hhs.gov/ocr/privacy

Complaints

If you believe your privacy rights have been violated, you may file a complaint with any of the following: Contra Costa Health Plan members, please call Member Services at 1-877-661-6230.

Clients of the Contra Costa Mental Health Plan may call the Office of Quality Assurance at 925-957-5160. You can write the Privacy Office of Contra Costa County, 50 Douglas Drive, #310-E, Martinez, CA 94553, or call our 24-hour Privacy Hotline at 1-800-659-4611.

Medi-Cal beneficiaries may file a privacy complaint with the California Department of Health Care Services: Privacy Officer c/o: Office of HIPAA Compliance Department of Health Care Services ; P.O. Box 997413, MS 4722, Sacramento, CA 95899-7413, (866) 866-0602 or (916) 445-4646 Fax: (916) 440-7680 email: privacyofficer@dhcs.ca.gov

You may file a written complaint with the secretary of the Department of Health & Human Services. Instructions on how to file a complaint are found by clicking on "How to File a Complaint" under the section on "HIPAA" at: www.hhs.gov/ocr/privacy

Or, you can call the San Francisco Office for Civil Rights at (415) 437-8310 to request the Health Information Privacy Complaint Form package.

We will not take retaliatory action against you if you file a complaint about our privacy practices.