

COUNTY OF LAKE
Behavioral Health Department



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.

Lake County Behavioral Health Department (LCBHD), including Mental Health Services and Alcohol and Other Drug Services (AODS), provides many types of services, such as health and social services. The department's staff must collect information about you to provide these services. LCBHD knows that information that is collected about you and your health is private. LCBHD is required to protect this information by Federal and state law; we call this "protected health information" (PHI). LCBHD is also required to follow the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009 which describes notification regulations of any breach occurrences (*Notification Requirements under Section 13402 of Title XIII*). If you have any questions about this notice, please contact **LCBHD- Privacy Official at (707) 274-9101**.

WHO WILL FOLLOW THIS NOTICE

This notice describes our department's practices and that of:

- Any health care professional authorized to enter information into your clinical chart.
- All facilities of this department.
- Any member of a volunteer who may be involved in your care.
- All employees, staff and other department personnel.

All these entities, sites and locations follow the terms of this notice. In addition, these entities, sites and location may share medical information with each other for treatment, payment, or health care operations purposes described in this notice.

OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the personnel in this department.

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. We may disclose information when requested by you. This disclosure at your request requires a written authorization by you.

We are required by law to:

- Make sure that medical information that identifies you is kept private (with certain exceptions);
- Give you this notice of 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 PROTECTED HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosure we will explain what we mean and try to give some examples. 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 department may use or disclose information with health care providers who are involved in your health care. For example, information may be shared to create and carry out a plan for your treatment

FOR PAYMENT - We may use and disclose medical information about you so that the treatment and services you receive at the department 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 type of service so your health plan will pay us or reimburse you for the service. We may also tell your health plan about treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

FOR HEALTH CARE OPERATIONS - The department may use or disclose information in order to manage its programs and activities. For example, the department may use PHI to review the quality of services you receive; we may remove information that identifies you from your information so others may use it to study health care and health care delivery without learning who the specific consumers are.

FOR APPOINTMENTS AND OTHER HEALTH INFORMATION - The department may send you reminders for medical care, checkups, or reminders of upcoming scheduled appointments and may send you information about health services that may be of interest to you.

FOR HEALTH OVERSIGHT ACTIVITIES - The department may use or disclose information to inspect or investigate health care providers for oversight activities, including quality assurance and licensure audits, in order to monitor the health care system, programs, and compliance.

AS REQUIRED BY LAW AND FOR LAW ENFORCEMENT - LCBHD may use or permitted by federal or state law, or by a court order, or to authorized federal officials for intelligence, counter intelligence, and other national security activities authorized by law.

If you are involved in a lawsuit or a dispute, we may disclose medical information about 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 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 information request.

If you are an inmate of correctional institute or under the custody of a law enforcement official, we may disclose medical information about you to the correctional institute or law enforcement official. This disclosure would be necessary 1) for the institution to provide you with health care; 2) to protect your health and safety or the health and safety of others; or 3) for the safety and security of the correctional institution.

FOR ABUSE REPORTS AND INVESTIGATIONS - The department is required by law to receive and investigate reports of abuse and/or the department may disclose PHI to law enforcement in order to avoid a serious threat to the health and safety of a person or the public.

TO AVERT A SERIOUS THREAT TO HEATH OR SAFETY - We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

FOR GOVERNMENT PROGRAMS - LCBHD may use and disclose information for public benefits under other government programs. For example, we may disclose information for the determination of Supplemental Security Income (SSI) benefits or release medical information about you for workers' compensation or similar programs.

DISCLOSURES TO FAMILY, FRIENDS, AND OTHERS – LCBHD may disclose information to your family or other persons who are involved in your medical care. You have the right to object to the sharing of this information.

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 foreign military authority.

OTHER USES AND DISCLOSURES REQUIRE YOUR WRITTEN AUTHORIZATION

For other situations, LCBHD will ask for your written authorization before using or disclosing information. You may cancel this authorization at any time in writing. LCBHD cannot take back any uses or disclosures already made with your authorization. If you are asked to sign an authorization to use or disclose information, you can cancel that authorization at any time. You must make the request in writing. This will not affect information that has already been shared.

Other laws protect PHI. Many LCBHD programs have other laws for the use and disclosure of information about you. For example, you must give your written authorization for LCBHD to use and disclose your mental health and chemical dependency treatment records.

YOUR PHI PRIVACY RIGHTS

You have the following rights regarding medical information we maintain about you.

RIGHT TO INSPECT AND COPY – In most cases, you have the right to look at or get copies of your records. You must make the request in writing. You will be charged a fee for the cost of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. A licensed health care professional chosen by our department 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 AMEND – If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment, your request must be made in writing and submitted to **LCBHD – Attn: Privacy Officer, P.O. BOX 1024, LUCERNE, CA 95458**. You must provide a reason that supports your request.

We 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 or for the department;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

RIGHT TO AN ACCOUNTING OF DISCLOSURES – You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you other than our uses for treatment, payment, and health care operations, and with other exceptions pursuant to the law. To request this list or account of disclosures, you must submit your request in writing to **LCBHD – Attn: Privacy Officer, P.O. BOX 1024, LUCERNE, CA 95458**. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. The list will not include information provided directly to you or your family, or information that was sent with your authorization. You will be charged a fee for the cost of copying, mailing or other supplies associated with your 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, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. In most cases, we are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. However, if you pay for a treatment or procedure wholly out-of-pocket, you may request that we not disclose information about that particular treatment to your health plan; we are required to honor that request.

To request restrictions, you must make your request in writing to **LCBHD Attn: Privacy Officer, P.O. BOX 1024, LUCERNE, CA 95458**. 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; 3) to whom you want the limits to apply, for example, disclosure to your spouse.

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. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to **LCBHD Attn: Privacy Officer, P.O. BOX 1024, LUCERNE, CA 95458**. 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. To obtain a copy of this notice please call our Lucerne Office at: **LCBHD (707) 274-9101** or our Clearlake Office at: **(707) 994-7090**.

RIGHT TO FILE A COMPLAINT OR REPORT A PROBLEM– You have the right to file a complaint if you do not agree with how LCBHD has used or disclosed information about you. You may file a complaint by writing **LCBHD Attn: Privacy Officer, P.O. BOX 1024, LUCERNE, CA 95458** or **calling the LCBHD, Privacy Officer at (707) 274-9101**. Your benefits will not be affected by any complaints you make. LCBHD cannot retaliate against you for filing a complaint, cooperating in an investigation, or refusing to agree to something that you believe to be unlawful.

You may also contact:

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, OFFICE FOR CIVIL RIGHTS
ATTENTION: REGIONAL MANAGER
50 UNITED NATIONS PLAZA, ROOM 322
SAN FRANCISCO, CA 94102
PHONE: (800) 368-1019**

CHANGES TO THIS NOTICE – We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for mental health or alcohol and other drug services information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the lobbies of our facilities. The notice will contain the effective date on the top right-hand corner of this document. In addition, each time you register at one of our facilities, we will offer you a copy of the current notice in effect.