

This notice describes the health care information privacy practices of the County of Yuba. This notice describes how your medical information may be used and disclosed, how you can access your health care information and our obligation as a provider to protect your health information.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH CARE INFORMATION:

WITHOUT YOUR AUTHORIZATION

Treatment:

We may use or disclose your health care information to provide you with treatment or services. Information may be shared with your doctors, therapists, nurse practitioners, nurses, social workers, health assistants, and other health care personnel to create and carry out a plan for your treatment. We may also share your health care information with health care providers outside of our system who may be involved in your medical treatment. We may use your health care information to tell you about services that may be of interest to you.

Payment:

We may use or disclose your health care information to obtain payment for the health care services you receive. We may provide information to a health benefits plan for health care provided to you.

Health Care Operations:

We may use and disclose your health care information for health care operations. We may use your health care information to review the quality of the service you receive. We may also use your health care information for the reporting of communicable diseases as required by law.

Personal Representatives:

We may disclose your health care information to your personal representative when he/she asks for that information and verifies that he/she is indeed your personal representative.

Persons Involved in Care or Payment of Care:

We may disclose your health care information to your family or other persons who are involved in your health care as

permitted by law. You have the right to object to the sharing of this information.

Public Health Activities:

We may use or disclose your health care information to public health authorities as permitted by law. This may include sharing your health care information: to prevent or control disease, injury or disability; to report child abuse or neglect; to the Food and Drug Administration about food, nutritional supplements, products, or product recalls; to a person who may have been exposed to a disease or to an employer for health care management in their facility.

Victims of Abuse, Neglect or Domestic Violence:

We may disclose your health care information to government agencies, including social service or protective service agencies, to report if we suspect you are a victim of abuse, neglect or domestic violence when required by law.

Health Care Oversight:

We may disclose your health care information to agencies that monitor health care.

Judicial and Administrative Proceedings:

We may disclose your health care information in response to court orders.

Law Enforcement:

We may disclose your health care information for law enforcement purposes when required or permitted by law.

Required by Law:

We may disclose your health care information to others when required by law.

Coroners:

We may disclose your health care information to a coroner, medical examiner, or funeral director as authorized by law.

Organ Donations:

If you are an organ or tissue donor, we may use or disclose your health care information as permitted by law to organizations that work with, obtain, bank, or transplant organs or tissue.

Research:

We may use and disclose your health care information for research purposes under certain circumstances.

Health and Safety:

We may use or disclose your health care information, when necessary, to persons who are able to prevent or lessen a serious threat to your health and/or safety and/or the safety of another person, or of the public.

Worker's Compensation:

We may disclose your health care information as authorized by law to worker's compensation or similar programs.

Specialized Government Functions:

We may disclose your health care information as required or permitted by law, to government agencies with special oversight functions

Inmates:

If you are an inmate of a jail or prison or under the custody of a law enforcement official, we may give your health care information to that person or facility as required or permitted by law.

DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

Marketing:

We may communicate with you about products or services relating to your treatment, case management or care coordination. However, we must obtain your written authorization to disclose your health care information prior to using your health information to send you any marketing materials.

Other Laws Protecting Health Information:

Other laws may require your written authorization to allow us to disclose certain specific health care information including: mental health, alcohol and drug abuse treatment, HIV/AIDS testing or treatment, and genetic testing information.

YOUR PROTECTED HEALTH INFORMATION PRIVACY RIGHTS

Right to Inspect and Copy:

In most cases, you have the right to look at or get copies of your health care records. You must make your request to do so in writing. You may be charged a fee for copies of your records. You may also request a summary of the health care information in your record, but you will be charged a fee for this summary.

Right to Request Amendment:

You have a right to ask that changes be made to your health care records if you believe that the records are not complete or not correct. If we do not agree to your requested changes, we may deny your request. ***You then have the right to disagree with our denial in writing.***

Right to a List of Disclosures:

You have the right to ask for a list of certain disclosures of your health care information that have been made after April 14, 2003. You must make your request for this information in writing. This list will not include disclosures made for treatment, payment, or health care operations. The list will not include information provided directly to you or your family. The list will not include information that was sent with your prior authorization. If you request a list more than once during a year, we may charge you a fee.

Right to Request Restrictions:

You have the right to request restrictions on how your information is used or disclosed. We will agree to the request to restrict the disclosure of protected health information if: the disclosure to a health plan is for the purpose of carrying out payment or health care operations, unless otherwise required by law, and the protected health information pertains solely to a health care item or service for which you have paid us in full. Your request must be in writing and directed to the appropriate County department listed on the front of this pamphlet. We are not required to grant your request

Right to Request Confidential Communications:

You have the right to see or get copies of your records in a manner or place that may protect your privacy. We will accommodate any reasonable request.

Right to Revoke Your Authorization:

There may be other disclosures of your health information that will require your written authorization. You generally have the right to revoke an authorization. If you revoke an authorization, it will stop future uses and disclosures except to the extent that we have already undertaken an action in reliance on your authorization. In some cases, individuals in the criminal justice system may not be able to cancel an authorization until the end of their correctional supervision or similar event.

Right to Receive a Paper Copy of this Notice:

You have the right to receive a paper copy of this notice at any time.

Complaints:

You have the right to file a complaint with Yuba County if you do not agree with how we have used or disclosed information about you. You may also file written complaints with the Office for Civil Rights, U.S. Department of Health and Human Services at 90 7th Street, Suite 4-100, San Francisco, CA 94103. We will not retaliate against you for filing a complaint.

Right to be Notified of a Breach:

You have the right to be notified in the event that we (or one of our business associates) discover a breach of unsecured protected health information.

EFFECTIVE DATE OF THIS NOTICE

This notice is effective on July 1, 2017. We reserve the right to change this notice. Any changes will apply to information that we already have about you. We will post a current copy of this notice.

FOR MORE INFORMATION

If you have any questions about this notice or need more information, please contact Yuba County Health and Human Services Department or Victim Witness.



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, HOW YOU CAN GET ACCESS TO THIS INFORMATION AND OUR OBLIGATION AS A PROVIDER TO PROTECT THE PRIVACY OF YOUR PERSONAL INFORMATION. PLEASE REVIEW IT CAREFULLY.

EFFECTIVE JULY 1, 2017

COUNTY OF YUBA

HEALTH & HUMAN SERVICES DEPARTMENT (HHSD)
5730 Packard Avenue, Suite 100
Marysville, CA 95901

Public Health
Phone (530) 749-6366

HHSD HIPAA Privacy Officer
Phone (530) 749-6311

VICTIM WITNESS
209 6th St.
Marysville, CA 95901
Phone (530) 741-6275

Victim Witness HIPAA Compliance Officer
Phone (530) 749-7317