



**Chuck McKetney**

Director of Health and Business Data Analytics  
1000 San Leandro Blvd., Suite 300  
San Leandro, CA 94577  
(510) 667-3092

**NOTICE OF PRIVACY PRACTICES**  
**Health Insurance Portability & Accountability Act (HIPAA) and**  
**Health Information Technology for Economic & Clinical Health (HITECH) Act**

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE  
USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS  
INFORMATION.  
PLEASE REVIEW IT CAREFULLY.**

If you have any questions about this notice, please contact your health care provider or the appropriate Alameda County Health Care Services Agency Department:

- Administration and Indigent Health at (510) 618-3452
- Behavioral Health Care Services, Consumer Assistance Office at (800)779-0787
- Public Health Department Office of the Director at (510) 267-8000
- Department of Environmental Health at (510) 567-6700

**Purpose of this Notice**

This notice describes the privacy practices of Alameda County Health Care Services Agency (ACHCSA), its departments and programs and the individuals who are involved in providing you with health care services. These individuals are health care professionals and other individuals authorized by the County of Alameda to have access to your health information as a part of providing you services or compliance with state and federal laws.

Health care professionals and other individuals include:

- Physical health care professionals (such as medical doctors, nurses, technicians, medical students);
- Behavioral health care professionals (such as psychiatrists, psychologists, licensed clinical social workers, marriage and family therapists, psychiatric technicians, and registered nurses, interns);
- Other individuals who are involved in taking care of you at this agency or who work with this agency to provide care for its clients, including ACHCSA employees, staff, and other personnel who perform services or functions that make your health care possible.

These people may share health information about you with each other and with other health care providers for purposes of treatment, payment, or health care operations, and with other persons for other reasons as described in this notice.

**Our Responsibility**

Your health information is confidential and is protected by certain laws. It is our responsibility to protect this information as required by these laws and to provide you with this notice of our legal duties and privacy practices. It is also our responsibility to abide by the terms of this notice as currently in effect.

This notice will:

- Identify the types of uses and disclosures of your information that can occur without your advance written approval.
- Identify the situations where you will be given an opportunity to agree or disagree with the use or disclosure of your information.
- Advise you that other disclosures of your information will occur only if you have provided us with a written authorization.
- Advise you of your rights regarding your personal health information.

### **How We May Use and Disclose Health Information about You**

The types of uses and disclosures of health information can be divided into categories. Described below are these categories with explanations and some examples. Not every type of use and disclosure can be listed, but all uses and disclosures will fall within one of the categories.

- **Treatment.** We may use or share your health information to provide you with medical treatment or other health services. The term “medical treatment” includes physical health care treatment and also “behavioral health care services” (mental health services and alcohol or other drug treatment services) that you might receive. For example, a licensed clinician may arrange for a psychiatrist to see you about possible medication and might discuss with the psychiatrist his or her insight about your treatment. Or, a member of our staff may prepare an order for laboratory work to be done or to obtain a referral to an outside physician for a physical exam. If you obtain health care from another provider, we may also disclose your health information to your new provider for treatment purposes.
- **Payment.** We may use or share your health information to enable us to bill you or an insurance company or third party for payment for the treatment and services that we had provided to you. For example, we may need to give your health plan information about treatment or counseling you received here so that they will pay us or reimburse you for the services. We may also tell them about treatment or services we plan to provide in order to obtain prior approval or to determine whether your plan will cover the treatment. If you obtain health care from another provider, we may also disclose your health information to your new provider for payment purposes.
- **Health Care Operations.** We may use and disclose health information about you for our own operations. We may share limited portions of your health information with Alameda County departments but only to the extent necessary for the performance of important functions in support of our health care operations. These uses and disclosures are necessary for the administrative operation of the Health Care Services Agency and to make sure that all of our clients receive quality care. For example, we may use your health information:
  - To review our treatment and services and to evaluate the performance of the staff in caring for you.
  - To help decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective.
  - For the review or learning activities of doctors, nurses, clinicians, technicians, other health care staff, students, interns and other agency staff.
  - To help us with our fiscal management and compliance with laws.

If you obtain health care from another provider, we may also disclose your health information to your new provider for certain of its health care operations. In addition, we may remove information that identifies you from this set of health information so that others may use it to study health care and health care delivery without learning the identity of specific patients.

- We may also share medical information about you with the other health care providers, health care clearinghouses and health plans that participate with us in "organized health care arrangements" (OHCAs) for any of the OHCAs' health care operations. OHCAs include hospitals, physician organizations, health plans, and other entities which collectively provide health care services. A listing of the OHCAs we participate in is available from the ACCESS.
- Sign-in Sheet. We may use and disclose medical information about you by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.

Notification and Communication with Family. We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or, unless you had instructed us otherwise, in the event of your death. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. We may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

### **Disclosures For Which We are Not Required to Give You an Opportunity to Agree or Object.**

In addition to the above situations, the law permits us to share your health information without first obtaining your permission. These situations are described next.

- **As Required by Law**. We will disclose health information about you when required to do so by federal, state, or local law. For example, information may need to be disclosed to the Department of Health and Human Services to make sure that your rights have not been violated.
- **Suspicion of Abuse or Neglect**. We will disclose your health information to appropriate agencies if relevant to a suspicion of child abuse or neglect, or elder or dependent adult abuse and neglect, or if you are not a minor, if you are a victim of abuse, neglect or domestic violence and either you agree to the disclosure or we are authorized by law to disclose this and it is believed that disclosure is necessary to prevent serious harm to you or others.
- **Public Health Risks**. 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 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.
- **Health Oversight Activities.** We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Judicial and Administrative Proceedings.** We may, and are sometimes required by law, to disclose your personal health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative
- **Law Enforcement.** We may release health information if asked to do so by a law enforcement official:
- In response to a court order or similar directive.
  - To identify or locate a suspect, witness, missing person, etc.
  - To provide information to law enforcement about a crime victim.
  - To report criminal activity or threats concerning our facilities or staff.
- **Coroners, Medical Examiners and Funeral Directors.** We may release health information 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 health information about patients at our facilities in order to assist funeral directors as necessary to carry out their duties.
- **Organ or Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ donations or transplants.
- **Research.** We may use or disclose your information for research purposes under certain limited circumstances.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety, or to the health and safety of the public or another person. Any disclosure however, would only be to someone who we believe would be able to prevent the threat or harm from happening.
- **For Special Government Functions.** We may use or disclose your health information to assist the government in its performance of functions that relate to you. Your health information may be disclosed (i) to military command authorities if you are a member of the armed forces, to assist in carrying out military mission; (ii) to authorized federal officials for the conduct of

national security activities; (iii) to authorized federal officials for the provision of protective services to the President or other persons or for investigations as permitted by law; (iv) to a correctional institution, if you are in prison, for health care, health and safety purposes; (v) to workers' compensation programs as permitted by law; (vi) to government law enforcement agencies for the protection of federal and state elective constitutional officers and their families; (vii) to the California Department of Justice for movement and identification purposes about certain criminal patients, or regarding persons who may not purchase, possess or control a firearm or deadly weapon; (viii) to the Senate or Assembly Rules Committee for purpose of legislative investigation; (ix) to the statewide protection and advocacy organization and County Patients' Rights Office for purposes of certain investigations as required by law.

➤ **Other Special Categories of Information. If applicable.** Special legal requirements may apply to the use or disclosure of certain categories of information — e.g., tests for the human immunodeficiency virus (HIV) or treatment and services for alcohol and drug abuse. In addition, somewhat different rules may apply to the use and disclosure of medical information related to any general medical (non-mental health) care you receive.

➤ **Psychotherapy Notes. If applicable.** Psychotherapy notes means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. Psychotherapy notes excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

We may use or disclose your psychotherapy notes, as required by law, or:

- For use by the originator of the notes
- In supervised mental health training programs for students, trainees, or practitioners
- By this provider to defend a legal action or other proceeding brought by the individual
- To prevent or lessen a serious & imminent threat to the health or safety of a person or the public
- For the health oversight of the originator of the psychotherapy notes
- For use or disclosure to coroner or medical examiner to report a patient's death
- For use or disclosure necessary to prevent or lessen a serious & imminent threat to the health or safety of a person or the public
- For use or disclosure to you or the Secretary of DHHS in the course of an investigation or as required by law.
- To the coroner or medical examiner after you die. To the extent you revoke an authorization to use or disclose your psychotherapy notes, we will stop using or disclosing these notes.

➤ **Change of Ownership. If applicable.** In the event that this practice/program is sold or merged with another organization, your personal health information/record will become the property of the new owner, although you will maintain the right to request that copies of your personal health information be transferred to another practice/program.

### **Disclosure Only After You Have Been Given Opportunity To Agree or To Object.**

There are situations where we will not share your health information unless we have discussed it with you (if possible) and you have not objected to this sharing. These situations are:

- **Patient Directory.** Where we keep a directory of our patients' names, health status, location of treatment, etc. for purposes of disclosure to members of the clergy or to persons who ask about you by name, we will consult you about whether your information can be shared with these persons.
- **Persons Involved in Your Care or Payment for Your Care.** We may disclose to a family member, a close personal friend, or another person that you have named as being involved with your health care (or the payment for your health care) your health information that is related to the person's involvement. For example, if you ask a family member or friend to pick up a medication for you at the pharmacy, we may tell that person what the medication is and when it will be ready for pick-up. Also, we may notify a family member (or other person responsible for your care) about your location and medical condition provided that you do not object.
- **Disclosures in Communications with You.** We may have contacts with you during which we will share your health information. For example, we may use and disclose health information to contact you as a reminder that you have an appointment for treatment here, or to tell you about or recommend possible treatment options or alternatives that might be of interest to you. We may use and disclose health information about you to tell you about health-related benefits or services that might be of interest to you. We might contact you about our fundraising activities.
- **Other Uses of Health Information.** Other uses and disclosures of health 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 health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

### **Your Rights Regarding Health Information About You**

You have the following rights regarding health information we maintain about you:

- **Breach Notification.** In the case of a breach of unsecured protected personal health information, we will notify you as required by law. If you have provided us with a current email address, we may use email to communicate information related to the breach. In some circumstances our business associate may provide the notification. We may also provide notification by other methods as appropriate. [Note: email notification will only be used if we are certain it will not contain PHI and it will not disclose inappropriate information. For example if our email address is "digestivediseaseassociates.com" an email sent with this address could, if intercepted, identify the patient and their condition.]
- **Right to Inspect and Copy.** You have the right to inspect and copy this health information. Usually this includes medical and billing records, but may not include some mental health information. Certain restrictions apply:

- You must submit your request in writing. We can provide you a form for this and instructions about how to submit it.
- If you request a photocopy, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request.
- You can expect to receive notice related to this request within 10 working days.
- We may deny your request in certain circumstances. If you are denied access to health information, you may request that the denial be reviewed as provided by law.
- If we deny your request to access your psychotherapy notes, you will have the right to have them transferred to another mental health professional.

➤ **Right to Amend.** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. We are not required to make the amendment if we determine that the existing information is accurate and complete. We are not required to remove information from your records. If there is an error, it will be corrected by adding clarifying or supplementing information. You have the right to request an amendment for as long as the information is kept by or for the facility. Certain restrictions apply:

- You must submit your request for the amendment in writing. We can provide you a form for this and instructions about how to submit it.
- 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 creator of the information is no longer available to make the amendment;
  - Is not part of the health information kept by or for our facility;
  - Is not part of the

information which you would be permitted to inspect or copy. Even if we deny your request for an amendment, you have the right to submit a written addendum, with respect to any item or statement in your record you believe is incomplete or incorrect. If you clearly indicate in writing that you want the addendum to be made part of your health 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 Request Special Privacy Protections.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limitation on the health 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 do not use or disclose any information to a friend or family member about your diagnosis or treatment.

If we agree to your request to limit how we use your information for treatment, payment, or healthcare operations we will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, you must make your request in writing to your provider. In your request, you must tell us what information you want to limit, whether you want to limit our use, disclosure or both, and to whom you want the limits to apply.

If you tell us not to disclose information to your health plan concerning mental health care items or services for which you paid for in full, out-of-pocket, we will abide by your request,

unless we must disclose the information for treatment or legal reasons. We reserve the right to accept or reject any other request, and will notify you of our decision.

- **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 your provider. We will not ask you for 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 the 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. You may obtain a copy of this notice from your provider or from any of the above referenced Programs.
  
- **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 health information about you in the six (6) years prior to the date you request the accounting. The accounting will not include:
  - Disclosures needed for treatment, payment or health care operations.
  - Disclosures that we made to you.
  - Disclosures that were merely incidental to an otherwise permitted or required disclosure.
  - Disclosures that were made with your written authorization.
  - Certain other disclosures that we made as allowed or required by law.

To request this list or accounting of disclosures, you must submit your request in writing. We can provide you a form for this and instructions about how to submit it. Your request must state a time period, which may not be longer than six (6) years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

In addition, we are required to notify you as required by law if your health information is unlawfully accessed or disclosed.

### **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 health 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 our facilities and on our provider website. You will receive a copy of a new notice when/if the Notice of Privacy Practices changes, or if you register at a new service site.

### **Complaints**

All programs within the Health Care Services Agency are committed to protecting the privacy of your personal health information. If you believe your privacy rights have been violated, you may

file a complaint with the department where you believe the violation occurred. We will investigate your claim in a timely manner and take corrective action if necessary.

All complaints must be submitted in writing. You will not be penalized for filing a complaint. You may obtain a copy of the form and instructions for filing a complaint by contacting:

<b>BEHAVIORAL HEALTH CARE SERVICES</b>	<b>DEPARTMENT OF ENVIRONMENTAL HEALTH</b>	<b>ADMINISTRATION AND INDIGENT HEALTH</b>	<b>PUBLIC HEALTH DEPARTMENT</b>
Consumer Assistance Office 2000 Embarcadero Cove Suite 400 Oakland, CA 94606 (800) 779-0787	Office of the Director 1131 Harbor Parkway Alameda, CA 94502 (510) 567-6700	Office of the Director 1000 San Leandro Blvd Suite 300 San Leandro, CA 94577 (510) 618-3452	Office of the Director ATTN: Privacy Issue 1000 Broadway 5 <sup>th</sup> Floor Oakland, CA 94607 (510) 267-8000

You may also file a complaint with the U.S. Department of Health and Human Services. The department will ask HCSA to investigate the complaint, so resolving your complaint may take longer than if you contact HCSA directly at the addresses above. To file a complaint with the Secretary of the U.S. Department of Health and Human Services, contact:

**Office of Civil Rights**  
**U.S. Department of Health and Human Services**  
**50 United Nations Plaza, Room 322**  
**San Francisco, CA 94102**  
**415) 437-8310; (415) 437-8311 (TDD)**  
**(415) 437-8329 FAX**  
**Web Site: [www.hhs.gov/ocr](http://www.hhs.gov/ocr)**

Updated: August 2017