



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.

PRIVACY AND YOU

Your health information is personal and private. The County of Sacramento health plan(s) must keep your health information private. We get information about you when you apply for a County of Sacramento health plan. Our doctors, dentists, clinics, labs and other health care records may keep medical information about you in their file. Your doctors, dentists, clinics, labs, and hospitals send information to us when they ask us to approve and pay for your health care. We must give you this Notice of the law and how we keep your health information private.

CHANGES TO NOTICE OF PRIVACY PRACTICES

A County of Sacramento health plan must follow the rules in this Notice. We have the right to change this Notice in the future and to make any new Notice effective for all health information that we maintain. If we do make changes, we will post the new Notice at our service sites and send you a copy within 60 days if there are any important changes.

HOW WE MAY USE AND SHARE YOUR INFORMATION

The County of Sacramento health plan(s) must obey laws on how we use and share your information, such as your name, address, personal facts, the medical care you had and your medical records. The County may use and share your health information to provide health care, to obtain payment for health care and to administer County health plans. The County may use and share your health information for such reasons as:

- To approve eligibility and medical and dental benefits
- To establish ways to pay for health care
- To approve, provide, and pay for health care
- To investigate or prosecute health plan cases (like fraud)

WHY WE MAY USE OR SHARE YOUR HEALTH INFORMATION:

1. For Treatment: A County of Sacramento health plan may use and share health information with health care providers who are involved in your health care. We will share information with necessary providers to make sure you get the care you need. For example, the County of Sacramento may use and share your health information to decide what treatment you need.

2. For Payment: When a County of Sacramento health plan pays your health care bills, we share health information with your health care provider and others who bill us for your health care. We may send some bills to other health plans or groups who pay the bills. For example, the County of Sacramento may provide your health information with the bill. This health information may include your health condition(s), your doctor's name and the types of services you are receiving.

3. For Health Care Operations: We may use your health records to check the quality of the health care you get. We may also use them in audits, fraud and abuse programs, planning, and managing the County of Sacramento health plan(s).

4. For Health Notices: We may send you notices about free health exams and other topics. For example, before school starts, we may send a notice of places in Sacramento where your children can get free shots for school.

5. For Judicial and Administrative Proceedings: We may use and share health information about you in response to a court or administrative order, a subpoena, a discovery request or other lawful process. For example, if a lawyer gives us a valid subpoena, we may share your medical and/or dental records.

6. For Appeals: If you or your health care provider appeal County of Sacramento health program decisions made about your health care services, your health information may be used to decide these appeals. For example, a person thinks that they should get medical, dental or psychological treatment but the County of Sacramento does not approve the request. If the person appeals the decision, we may use and share that person's health information for the appeal.

7. For Eligibility: We may share your information with federal, state and local agencies when you apply for a County of Sacramento health plan to verify eligibility, and for other purposes related to the administration of the County of Sacramento health plan. For example, the State of California requests to look at your medical records to see if you are eligible for a new Medi-Cal program. We may share your health information to determine eligibility.

8. For Abuse Reports and Investigations: We may use and share your health information with Child Protective Service, Adult Protective Service or law enforcement when required by state or federal law.

9. To Avoid Harm: We may use and share your health information to law enforcement to avoid a serious threat to the health and safety of a person or the public.

10. **For Public Health Activities:** We may use and share your health information with the public health agency that keeps and updates vital records, such as births and death, and track some diseases.

11. **For Health Oversight Activities:** We may use and share your health information to inspect, monitor or investigate health care providers. For example, we may use and share your health information to investigate the quality of services you are receiving.

12. **For Government Programs:** We may use and share your health information with public benefits government programs. For example, we may share your information for the determination of Supplemental Security Income (SSI) benefits.

13. **Family, Friends and Others:** We may share your health information with persons involved in your medical care, unless you tell us not to share the information. For example, you want a family member to pick up your prescription at the pharmacy. We will give that person your prescription unless you tell us not to.

14. **For Research Purposes:** We may use and share your health information for research purposes regarding your treatment or to create studies that do not identify you.

15. **Appointment Reminders:** We may call you or send you a letter to remind you that you have an appointment for services, unless you tell us not to contact you with a reminder. For example, we may pull all client information for appointments and send you a post card reminding you of your appointment.

16. **Treatment Alternatives:** We may use and share your health information to tell you about alternative treatments that may interest you. We may use and share your health information with other providers or plans in order to find alternative treatment options for you.

17. **Law Enforcement.** We may disclose health information about you to law enforcement when required by federal or state law. For example, law enforcement is asking about your health when investigating a situation.

18. **Required by Law.** We may use or disclose health information about you when required or permitted by federal or state law.

WRITTEN PERMISSION

A County of Sacramento health plan may use or share your information in limited ways. If we want to use your health information in a way not listed above, we must get your permission in writing. If you give permission, you may cancel your permission. If you cancel your permission, we will follow your instructions unless we have already relied on your consent and taken some action.

Other Laws Protecting your health information: Other laws may require your written permission to share certain mental health, alcohol and drug treatment, HIV/AIDS testing or treatment.

WHAT ARE YOUR PRIVACY RIGHTS?

You have the right to:

- Ask us to contact you in writing only, at a different address, post office box, or by telephone only. We will agree to any reasonable requests.
- Look at and get a copy of your County of Sacramento health information that the County maintains. A personal representative who has the legal right to act for you may look at and get it for you. We have information about your health plan eligibility, your health care bills, your care and some medical records. If you want to look at or get a copy of your health care information, you must make your request in writing. You will need to pay a fee for us to copy and mail the records. We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so and will notify you in writing. If we deny your request, you may have a right to have our decision reviewed by another person.
- Ask the County to change information in your records if it is not correct or complete. If the County makes the change, we will try to notify others who have copies of the inaccurate or incomplete information. We may deny your request to change the information in certain circumstances. If we deny your request, we will explain our reason for doing so and will notify you in writing. You may send a letter to disagree with the denial.
- Receive a list of the people with whom the County has shared your health information for reasons other than treatment, payment or the County's health plan operations. The list may also include when the information was shared, why it was shared and what information was shared. The list will start on April 14, 2003. The first list that you request within a 12-month period will be given to you without a charge. The County may charge you for the cost of providing additional lists within a 12-month period. If we deny your request, we will explain our reason for doing so and will notify you in writing.
- Request that the County limit the way we use or share your health information for treatment, payment, and health operations. We are not required to agree to your request. If we deny your request, we will explain our reason for doing so and will notify you in writing. If we agree to your request, we must follow your restrictions, except if the information is needed for emergency treatment. You may cancel the restrictions at any time. In addition, we may cancel a restriction at any time if we notify you.
- Ask for a paper copy of this Notice of Privacy Practices. You can also find this Notice on our website at: www.saccounty.net/hipaa

******* IMPORTANT *******

A COUNTY OF SACRAMENTO HEALTH PLAN THAT PAYS FOR YOUR MEDICAL CARE, BUT DOES NOT PROVIDE THAT MEDICAL CARE, DOES NOT HAVE FULL COPIES OF YOUR MEDICAL RECORDS. IF YOU WANT TO LOOK AT, GET A COPY OF, OR CHANGE YOUR MEDICAL RECORDS, PLEASE CONTACT YOUR DOCTOR, DENTIST, OR CLINIC.

HOW DO I GET INFORMATION ABOUT MY PRIVACY RIGHTS OR FILE A COMPLAINT?

Contact us

- If you would like to ask questions about this Notice.
- If you want to use any of the privacy rights explained in this Notice.
- If you think that your privacy rights have been violated.
- If you are not happy with the privacy policies and procedures.

Also, you may file a complaint either with the County of Sacramento or the federal government (Secretary).

Contact us either by phone or in writing:

Office of HIPAA
Mail Code 37-1000X
7001-A East Parkway
Sacramento, CA 95823
(866) 234-6883 or (877) 877-735-2929 TTY

To file a complaint with the federal government (Secretary), contact the Office of HIPAA who will provide you with the address for the U.S. Department of Health and Human Services, Office for Civil Rights.

NO RETALIATION

A County of Sacramento health plan cannot take away your health care benefits or retaliate in any way if you file a complaint or use any of the privacy rights in this Notice.

To get a copy of this notice in other languages, alternative format in compliance with the Americans With Disabilities Act, please call or write the Office of HIPAA above.