



County of Marin 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.

This Notice is available in other languages and alternate formats that meet the guidelines for the Americans with Disabilities Act (ADA). For more information, please contact the County of Marin at (415) 473-6948 or HHSCompliance@marincounty.org (email) or TTY (415) 473-3344 if hearing is impaired
Para obtener más información, por favor llame (415) 473-6948
Để biết thêm thông tin xin vui lòng gọi (415) 473-6948

The Health Insurance Portability and Accountability Act of 1996 (called "HIPAA") is a law requiring the County of Marin to make sure your personal medical and other treatment information is kept private. The County of Marin is also required to give you this notice, so that if the County has any of your personal health information, you will know how the County may use it, or whether and how the County may give your protected health information (or "PHI") to others.

County of Marin programs and services are already keeping your personal medical information private. HIPAA establishes the minimum standards for these protections.

Uses and Disclosures: The County of Marin may use and give out (disclose) your personal medical and other treatment information without your written authorization for the following reasons (Note: This Notice will separately describe the ways that the County can use or disclose HIV/AIDS results and substance use disorder treatment records subject to 42 CFR Part 2):

Treatment: For the coordination of your treatment with other health care providers who are treating you (for example, a discussion between your primary doctor and a specialist to confirm the medications you are taking).

Payment: to bill for the cost of your health care (for example, to bill Medi-Cal or Medicare).

Health Care Operations: we may use or disclose your medical information to support our business operations (for example, to evaluate the performance of our staff, or to review the quality of treatment or services provided to you).

Appointment Reminders: We may use and disclose medical information to contact and remind you about appointments. If you do not answer our call we make to the phone number you provide to us, we may leave the appointment reminder in a message. We may also call you by name, in a waiting room, when we are ready to see you for your appointment.

Other Disclosures:

The County of Marin may also use or give out your personal medical and other treatment information for other reasons when required or permitted by law, for example:

If state and federal agencies that have the legal right to see your medical and other treatment information ask for it. For example, to make sure that the County is billing Medi-Cal correctly; or for Federal Medicare and Medicaid health care oversight, investigation and quality assurance purposes.

If we need the information for public health activities (for example, reporting outbreaks of serious diseases),

If a court or another agency with legal authority orders us to release the information,

For research studies that meet all privacy law requirements (for example, research related to the prevention of disease),

If the information will help to avoid a serious and immediate threat to health or safety (for example, warning a victim and notifying authorities of a threat on someone's life.)

In the event of a disaster, we may disclose information to a relief organization so that they may coordinate disaster notification efforts, and

If we need the information in order to contact you about new or changed benefits.

The County **must** disclose your personal medical and other treatment information in the following

circumstances:

If you or your authorized representative asks for the information,

If some other law requires that your medical information be disclosed.

Health Information Exchange: The County of Marin participates in a Health Information Exchange (HIE) whereby we may disclose your health information for purposes of coordinating your care between healthcare providers, and other purposes allowed under the law. The exchange of health information about you can be done electronically through the HIE and can provide faster access, better coordination of care, and assist healthcare providers and public health officials in making informed decisions. Marin County Behavioral Health and Recovery Services will require you to opt-in if you wish to have your information shared through the HIE, other programs will require you to opt-out if you do not want your information to be shared through the HIE. If at any time you want to opt-in or opt-out of the HIE, you may do so in person where you receive Marin County health services, or obtaining the appropriate form through the Marin County HHS website at www.marinhhs.org/HIE

Uses and Disclosures of HIV/AIDS Information:

In general, written authorization (by client or authorized representative) is required for the disclosure of HIV/AIDS test results. The following exceptions apply:

1. Disclosures, including disclosures through the HIE, made to your health care provider for purposes of diagnosis, treatment, or care.
2. State reporting requirements for Public Health purposes.
3. Payment: to bill for the cost of your healthcare (for example, to bill Medi-Cal or Medicare).
4. Health Care Operations: we may use or disclose your medical information to support our business operations (for example, to evaluate the performance of our staff, or to review the quality of treatment or services provided to you).
5. Other disclosures that may be required under the law.

Uses and Disclosures of Substance Use Disorder Treatment Records:

The confidentiality of substance use disorder treatment patient records maintained by a 42 CFR Part 2 program is protected by Federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as having a substance use disorder. Exceptions to this rule include:

1. The patient (or authorized representative), consents in writing.
2. The disclosure is allowed by a court order.
3. The disclosure is made to medical personnel in a medical emergency.
4. The disclosure is made to qualified personnel for research, audit, or program evaluation.
5. The disclosure is made pursuant to an agreement with a qualified service organization (QSO).

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

Disclosures with Your Permission:

If you give the County permission, the County may use or give out your personal medical and other treatment information as directed by you. You may take back your permission at any time. However, if you take back your permission, you have to notify the County HIPAA Privacy Officer in writing at the address listed in the next section below; it will not affect disclosures the County already made based on your earlier permission to use or give out your information.

By law, you have the right to:

See and get a copy of your personal medical and treatment information held by the County, in a designated Record Set.

Have your personal medical and other treatment information corrected if you believe there are errors or if information is missing, and if the County agrees. If the County disagrees, you may have a statement of your disagreement added to your personal information.

Get a list of those who the County has shared your personal medical and other treatment information with. The list will not cover your personal health information that was given to you or your personal representative, information you authorized us to share with a third party or information that was disclosed for purposes of treatment, payment, or healthcare operations (unless disclosure is made through an Electronic Health Record system).

Receive confidential communications and ask the County to communicate with you in a particular method or at a particular location to maintain the confidentiality of such communications.

Ask the County to limit how your personal medical and other treatment information is used or disclosed to pay your claims and run the program that provides services to you (please note that the County may not be able to agree to your request). However, if you pay in full for a service, out-of-pocket, and you request that the service information not be shared with your health plan (health insurance company) the County must honor your request, unless a provision in law requires the County to make that disclosure.

Receive notification of a breach of your unsecured personal medical and treatment information.

Get a separate paper copy of this Notice.

If you have questions or would like more information about this notice, please call the County's Privacy Officer:

c/o Department of Health and Human Services,
20 N. San Rafael Rd, San Rafael, CA 94903
(415) 473-6948 or

HHSCompliance@marincounty.org (email), or TTY (415) 473-3344 if hearing is impaired.

The County works hard to prevent any harm to you caused by the improper use of your personal medical information by our workforce. To exercise any of your rights described in the Notice or you have questions or if you believe that a person who works for the County has given out or used your personal medical information improperly and you wish to file a complaint or report, please contact the County Privacy Officer by calling (415) 473-6948 or emailing HHSCompliance@marincounty.org

Filing a complaint will not negatively affect the services you receive from the County. If you file a complaint or testify, help with an investigation, a review, a proceeding or a hearing, or if you oppose any act or practice that you believe is unlawful under the HIPAA rules, people who work for the County will not retaliate against you. If you believe any negative actions have been taken against you because you filed a complaint, please let our Privacy Officer know right away.

You may also file a complaint directly with the Secretary of the U.S. Department of Health and Human Services within 180 days of your discovery of the incident causing your complaint.

By law, Marin County is required to follow the terms in the Notice. Marin County has the right to change the way your personal medical and other treatment information is used and given out. If Marin County makes significant changes, you will be informed of the new Notice and offered a copy on your next visit for treatment. The new Notice will be posted on the County of Marin website.

The privacy practices listed in this Notice are effective May 1, 2017