



San Mateo County Family Health Services Division

NOTICE OF PRIVACY PRACTICES SUMMARY

Family Health Services values your privacy and will protect health information about you or your child. The complete **Notice of Privacy Practices** tells you in detail about how we safeguard your health information to make sure only the minimum amount of information is used or disclosed to individuals with a legal right to access or read your health information. **PLEASE REVIEW IT CAREFULLY.**

“Use” means the sharing and using of information by Family Health staff.

“Disclosure” is the release of information by us to others outside of Family Health Services.

“Authorization” is you giving us written permission to release your information to you or to other persons.

By law, you have the legal right to:

- Be given this written notice explaining how Family Health Services will use and disclose your information
- See your records and get a copy of them, with a few exceptions
- Ask to correct or add to your health records
- Find out, in writing, where we disclosed your health information
- Authorize the release of your own health information; Family Health Services may release information needed for treatment, payment or our own business operations without your authorization

The Notice will tell you:

- How to ask Family Health Services about seeing your chart, getting a copy, making changes or releasing your information.
- How we will respond to any of your requests.
- How to make a complaint about the use or disclosure of your Protected Health Information. It will tell you how you may complain to Family Health Services and that you may also complain to the Secretary of Health and Human Services.

San Mateo Family Health Services pledges that we will follow this Notice. It will be posted at all Family Health Services sites, and if any part of it changes, new notices will be available.

If you have any questions about your privacy rights, please contact:

The San Mateo County Privacy Officer at 650-573-2182

San Mateo County Family Health Services

NOTICE OF PRIVACY PRACTICES

Effective Date: February 13, 2013

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.

If you have any questions about this notice, please contact the San Mateo County Privacy Officer at 650-573-2182.

WHO WILL FOLLOW THIS NOTICE

This notice describes the practices of San Mateo County Family Health Services and that of:

- Any health care professional authorized to provide treatment and to enter information into your public health record.
- Any volunteer or student who provides services to you.
- All employees, contract staff and other Family Health Services personnel.

All Family Health Services' providers, teams and clinics follow the terms of this notice. In addition, these providers, teams and clinics may share health information with each other for treatment, payment or medical operations purposes described in this notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that health information about you is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from San Mateo County Family Health Services. We need this 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 County Family Health Services, whether made by your doctor, public health nurse, treatment team or other personnel. In addition, for services provided at County Medical Clinics or at San Mateo County Health Center, there may be other policies or notices regarding the use and disclosure of your medical information created in those locations.

This notice will tell you about the ways in which we may use and disclose health information about you.

We are required by law to:

- Make sure that health information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to public health information about you; and
- Follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures 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:** We may use medical information about you to provide you with treatment or services. We may disclose health information about you to your doctors, nurses, therapists, case managers, students, or other health personnel who are involved in taking care of you. We may also disclose information about your care to other non-Family Health Services professionals caring for you. For example, a public health nurse assisting you with your new baby may need to contact your child's pediatrician to find out which immunizations your baby has received. Different health teams also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work, referrals and case management. We also may

- disclose health information about you to people outside the County system who may be involved in your health or medical care, such as your other case managers or, with your consent, family members, clergy or others who may be providing services that are part of your care.
- **For Payment:** We may use and disclose health information about you so that the treatment and services you receive from San Mateo County Family Health Services 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 insurance information about the services you need so that your health plan will pay us or reimburse you for these services. We may also tell your health plan about a service or treatment you are going to receive in order to obtain prior approval or to determine whether your plan will cover the service.
 - **For Health Care Operations:** We may use and disclose health information about you for Family Health Services operations. These uses and disclosures are necessary to run our system and make sure that all of our clients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many clients to decide what additional services Family Health Services should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, therapists, students, and other Family Health Services personnel for review and learning purposes. We may also combine the health information we have with health information from other counties to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific clients are.
 - **Appointment Reminders:** We may use and disclose medical information to contact you as a reminder that you have an appointment for assessment or treatment by Family Health Services.
 - **Health-Related Benefits and Services:** We may use and disclose health information to tell you about health-related benefits or services that may be of interest to you.
 - **Individuals Involved in Your Care or Payment for Your Care.** We may release health information about you, with your consent, to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. If you are admitted into a hospital, we may release medical information to a family member or others involved in your care so that they can know where you are. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
 - **Research:** Under certain circumstances, we may use and disclose health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all clients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with clients' need for privacy of their health information. Before we use or disclose health information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for clients with specific health needs, so long as the information they review does not leave Family Health Services. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care.
 - **As Required By Law.** We will disclose health information about you when required to do so by federal, state, or local law.
 - **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 the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

SPECIAL SITUATIONS

- **Military and Veterans:** If you are a member of the armed forces, we may release health information about you as required by military command authorities.
- **Workers' Compensation:** We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **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 the abuse or neglect of children, elders and dependent adults;
 - 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;
 - To notify the appropriate government authority if we believe a client has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **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.
- **Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process to 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 requested.
- **Law Enforcement:** We may release health information if asked to do so by a law enforcement official:
 - In response to a court order, subpoena, warrant, summons or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - About a death we believe may be the result of criminal conduct;
 - About criminal conduct at health locations; and
 - In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.
- **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.
- **National Security and Intelligence Activities:** We may release health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- **Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official. This release 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) the safety and security of the correctional institution.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

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

- **Right to Inspect and Copy:** You have the right to inspect and copy health information that may be used to make decisions about your care. Usually, this includes health services information and billing records, but certain health information may not be included. To inspect and copy health information that may be used to make decisions about you, you must submit your request in writing to the program where you are receiving services, OR to San Mateo County Family Health

Services, 2000 Alameda De Las Pulgas, Suite 200, San Mateo, CA 94403, Attention: Privacy Officer. If you request a copy of the information, we may charge a fee for the costs 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 health information, you may request that the denial be reviewed. Another licensed health care professional chosen by us 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 health 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 for as long as the information is kept by or for Family Health Services.

To request an amendment, your request must be made in writing and submitted to the clinic where you are treated OR to San Mateo County Family Health Services, 2000 Alameda De Las Pulgas, Suite 200, San Mateo, CA 94403, Attention: Privacy Officer. In addition, 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 health information kept by or for Family Health Services;
- 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 health information about you other than for our own uses for treatment, payment and health care operations. Those functions are described above.

To request this list or accounting of disclosures, you must submit your request in writing to the program where you are receiving services, OR to San Mateo County Family Health Services, 2000 Alameda De Las Pulgas, Suite 200, San Mateo, CA 94403, Attention: Privacy Officer. Your request must state a time period that may not be longer than six years ago 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.

- **Right to Request Restrictions:** 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 limit 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 not use or disclose information about a surgery you had.

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 services.

To request restrictions, you must make your request in writing to the program where you are receiving services, OR to San Mateo County Family Health Services, 2000 Alameda De Las Pulgas, Suite 200, San Mateo, CA 94403, Attention Privacy Officer. In your request, you must tell us (1) what information you want to limit; and (2) to whom you want the limits to apply, for example, disclosures to your spouse.

- **Right to Request Confidential Communications:** You have the right to request that we communicate with you about health 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 the clinic where you are receiving treatment, OR to San Mateo County Family Health Services, 2000 Alameda De Las Pulgas, Suite 200, San Mateo, CA 94403, Attention Privacy Officer. 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 paper copy of this notice, you may ask for one at the program where you are receiving services, OR you may write to San Mateo County Family Health Services, 2000 Alameda De Las Pulgas, Suite 200, San Mateo, CA 94403, Attention: Privacy Officer.

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 at all service sites. The notice will contain, on the first page in the top right-hand corner, the effective date. If the notice has changed, you will be notified and offered a revised copy at your next visit.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with San Mateo County Privacy Officer. Complaints may be submitted verbally or in writing. Telephone the office of the Privacy Officer at 650-573-2182 to obtain a complaint form or to file a verbal complaint.

You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL 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 disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer disclose medical information about you for the reasons covered by your written authorization. You understand that we are not able 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.