

# Butte County Department of Public Health

## Notice of Privacy Practices

Version 1.1  
Effective April 14, 2003

**This notice describes how medical information about you may be used and disclosed to others. It also describes how you can get access to this information. Please read it carefully.**

### Our Pledge

We understand that medical information about you and your health is personal. We are committed to protecting your medical information, also referred to as "Protected Health Information" (PHI). We create a chart or file of the care and services you receive at the Butte County Department of Public Health (BCDPH). We need this chart or file 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 clinics or programs of the BCDPH, whether made by personnel of Public Health Nursing, Laboratory, Health Education or Administration, or your personal health care provider with the exception of California Children's Services (CCS) and the Child Health and Disability Prevention Program (CHDP). Your personal health care provider may have different policies or notices regarding use and disclosure of your medical information created in the office or clinic.

This notice describes the Butte County Department of Public Health (BCDPH) practices and that of:

- any health care professional authorized to enter information into your BCDPH chart or file;

- all divisions of BCDPH with the exception of CCS and CHDP.
- any member of a volunteer group we allow to help you while you are in the BCDPH;
- all employees, staff and other Public Health personnel, with the exception of CCS and CHDP.

### We are required by law to:

- make sure that medical information that identifies you is kept private;
- give you this notice of our legal responsibilities and privacy practices with respect to medical information about you;
- follow the terms of the current Notice of Privacy Practices.

### How we may use and disclose medical information about you:

Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information will fall within one of the following categories.

#### For treatment:

We may use your PHI to provide you with medical treatment or services. We may disclose PHI about you to doctors, nurses, technicians, students or other personnel within the BCDPH. For example, a nurse counseling about pregnancy would need to know if there is a family history of diabetes, because diabetes may affect the developing baby. In addition, the nurse may need to tell other BCDPH personnel, such as WIC staff, so they can advise about foods to eat during pregnancy or the BCDPH Lab so they can do testing.

We may also disclose your PHI to people outside the BCDPH who may be involved in your medical care after you leave here, such as other health care providers, community agencies, or others we work with who provide services that you need for your care.

#### For payment:

We may use and disclose your PHI so that the treatment and services you receive at the BCDPH may be billed to and payment collected from you, from an insurance company, or from a third party. For example, we may need to give your PHI received at the BCDPH to your health plan, so the

plan will pay us or reimburse you for a procedure or service that we perform. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment costs.

#### For health care operations:

We may use and disclose your PHI for operations needed to run the BCDPH and make sure that all of our patients or clients receive quality care. For example:

- to evaluate our treatment, services, or staff performance,
- to decide what additional services the BCDPH should offer,
- for review and learning purposes of BCDPH staff
- to review combined medical information for the purpose of evaluating performance and making improvements in services. In this case we may remove PHI that specifically identifies you,
- to comply with law and regulation, for contractual obligations, patients' claims, grievances or lawsuits, health care contracting, legal services, business planning, development, management, and administration, and underwriting and other insurance activities.

#### Appointment reminders:

We may use and disclose your PHI to contact you to remind you that you have an appointment at BCDPH.

#### Treatment alternatives:

We may use and disclose your PHI to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

#### Health-related benefits & services:

We may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.

#### Individual involved in your care or payment for your care:

With your permission, we may release your PHI to a family member or friend directly related to their involvement with your care or payment for care. In addition we may disclose PHI to an entity assisting in a disaster relief effort so that your family can be

notified about your condition, status, location, or death.

#### Research:

Under certain circumstances, we may use and disclose your PHI for research purposes. For example, we may disclose medical information about you to people preparing to conduct a research project, as long as the medical information they review does not leave the BCDPH.

#### As required by law:

We will disclose your PHI as required to do so by federal, state or local law.

#### To avert a serious threat to health or safety:

We may use and disclose your PHI 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 able to help prevent the threat.

#### Organ and Tissue Donation:

If you are an organ donor, we may release PHI to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

#### Military and veterans:

If you are or were a member of the armed forces, we may release your PHI as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

#### Workers' Compensation:

We may release your PHI for Workers' Compensation or similar programs. These programs provide benefits for work-related injuries or illness.

#### Public health risks:

We may disclose your PHI for public health activities including 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 about recalls of products they may be using;
- 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 patient has been a 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 your PHI to a health oversight agency for activities authorized by law including: audits, investigations, inspections, and licensure.

**Lawsuits and disputes:**

We may disclose your PHI in response to a court, an administrative order, a subpoena, a discovery request, or other lawful process.

**Law enforcement:**

We may release your PHI if requested by 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 the Department of Public Health; 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 your PHI to the extent necessary for these professionals to carry out their duties.

**National security and intelligence activities:**

We may release your PHI to authorized Federal officials for: intelligence, counterintelligence, or to enable them to 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 law enforcement officials, we may release your PHI to the correctional institution or law enforcement official.

**Drug and alcohol information, HIV information and mental health information:**

This information is entitled to special use and disclosure restrictions. BCDPH abides by all applicable state and Federal laws related to the protection of this information.

**Your Rights Regarding Medical Information About You**

You have the following rights relating to your Protected Health Information. To exercise any of the following rights please contact, in writing:

**Butte County Department of Public Health  
Privacy Coordinator  
202 Mira Loma Drive  
Oroville, California 95965  
(530) 538-6144**

**Right to inspect and copy:**

You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually this includes medical and billing records, but may not include some mental health information. If you request a copy of this information, in writing, we will respond within 30 days. 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 so, you may request that the denial be reviewed by another licensed health care professional chosen by the BCDPH. We will comply with the outcome of the review.

**Right to request an amendment or addendum:**

If you feel that your PHI is incorrect or incomplete you may ask us to amend the information or add an addendum. You have the right to request an amendment for as long as the information is kept by or for the BCDPH. You must make the request in

writing and 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. 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 a part of the PHI kept by or for the BCDPH;
- Is not part of the PHI which you would be permitted to inspect and copy; or
- Is determined to be accurate or complete.

**Right to an accounting of disclosures:**

You have the right to request a list of the disclosures we made of your PHI, other than for our own uses for treatment, payment and health care operations (functions described above) and certain other purposes. Your written request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (on paper or electronically). The first list you request within a 12-month period will be free. You may be charged for additional lists.

**Right to request restrictions:**

You have the right to request a restriction or limitation on the PHI we use or disclose about your treatment, payment or health care operations. You may also have the right to request a limitation on the medical information we disclose about you to someone who is involved in your care or the payment, such as a family member or friend. For example, you could ask that we not use or disclose information about your clinic visit.

We are not required to agree to your request. If we do agree, we will comply unless the information is needed to provide you emergency treatment. In your written request you must tell us (1) what information you want to limit; (2) whether you want to limit our use or disclosure, or both; and (3) 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 medical matters in a certain way or a certain location. For example, you can ask that

we only contact you at work or by mail. Your written request must specify how or where you wish to be contacted. We will not ask you for the reason for your request. We will accommodate all reasonable requests.

**Right to a paper copy of this notice:**

You have the right to a paper or electronic copy of this notice. These can be obtained by contacting the BCDPH Privacy Coordinator at the address listed in this brochure. You may also obtain a copy of this notice from our website, [www.buttecounty.net/publichealth/](http://www.buttecounty.net/publichealth/)

**Changes To This Notice:**

We reserve the right to make the revised or changed notice effective for medical 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 all locations of the BCDPH where health care services are available. The notice will contain the effective date. In addition, each time you register at the BCDPH for health care services we will offer you a copy of the current notice in effect.

**Complaints:**

If you believe your privacy rights have been violated you may file a complaint with the

**Butte County Compliance Officer  
25 County Center Dr.  
Oroville, CA 95965**

or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

**Other Uses of Medical Information:**

Other uses and disclosures of PHI 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 your PHI, you may revoke that permission, in writing, at any time. If you revoke your permission we will no longer use or disclose your PHI 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.