



# Mariposa County Health Department

Robert W. Ryder, MD, MSc, Health Officer

Public Health Section  
5085 Bullion Street  
Post Office Box 5  
Mariposa, California 95338  
(209) 966-3689 FAX (209) 966-4929

Environmental Health Section  
5100 Bullion Street  
Post Office Box 5  
Mariposa, California 95338  
(209) 966-2220 FAX (209) 966-8248

health@mariposacounty.org

## **Privacy of Health Information**

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Effective Date: April 14, 2003

Mariposa County Public Health Department

### **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.**

If you have any questions about this Notice, you may contact either the person in charge of your treatment, or contact:

**Mariposa County  
Public Health Department  
Attn: HIPAA Privacy Officer  
5085 Bullion Street/Post Office Box 5  
Mariposa, CA 95338  
(209) 966-3689**

Your medical information is personal, and we at Mariposa County are committed to protecting it. Your medical information is also very important to our ability to provide you with quality care, and to comply with certain laws. This Notice describes the privacy practices we, all of our employees and other personnel, are required to follow for your medical information.

**We are Legally Required to:** Keep your medical information, also known as “protected health information” or “PHI”, private, give you this Notice of our legal duties and privacy practices with respect to your PHI, and comply with this Notice.

### **CHANGES TO THIS NOTICE**

We reserve the right to revise or change the terms of this Notice, and to apply those changes to your PHI. You have the right to be notified of any changes to this Notice and to receive a copy of those changes in writing. To obtain a copy of this Notice once it has been changed, you can either ask your treatment provider, or the HIPAA Privacy Officer. A copy of the most current notice is posted in every Department facility waiting area and is also posted on the Health Department web site, [www.mariposacounty.org](http://www.mariposacounty.org).

## **HOW WE MAY USE AND DISCLOSE YOUR PHI**

**For Treatment:** We create a record of the treatment and services you receive at our facilities. We need this record to provide you with quality care and to comply with certain legal requirements.

Your treatment team may disclose your PHI to other doctors, therapists, nurses, students in training, or other personnel who are involved in taking care of you. For example, a doctor treating you may need to know if you are taking other medications. Your treatment team may share your PHI in order to coordinate the different things you need, such as prescriptions, or repeat lab work.

We also may disclose your PHI to people outside this agency who may be involved in your treatment such as your case manager, or other third parties for coordination and management of your health care.

We may use and disclose your PHI to contact you with a reminder that you have an appointment for treatment. You have the right to tell us how you want to receive appointment reminders. A form may be provided to you for this request.

We may use and disclose your PHI to recommend possible treatment options or alternatives that may be of interest to you. Additionally we may use and disclose PHI to tell you about health-related benefits or services that may be of interest to you (for example, Medi-Cal eligibility or Social Security benefits). You have the right to refuse this information.

**For Payment:** We use and disclose your PHI in order to get paid for the treatment and services we have provided you. For example, insurance companies require that our bills include descriptions of the treatment and services we have provided you. We will only disclose the minimum necessary information to accomplish this purpose and will not divulge the entire contents of your file unless required.

**For Health Care Operations:** We may use and disclose your PHI to operate our facilities, and to meet certain state and federal regulations. For example, we may use your PHI to review our treatment and services and to evaluate the performance of our staff in caring for you.

### **USES AND DISCLOSURES OF PHI THAT GIVE YOU THE OPPORTUNITY TO OBJECT**

Unless you object, we may disclose your PHI to a friend or family member, your parent or any other person designated by you who is involved in your health care or payment for your health care. Your objection must be in writing. We will not honor the objection in circumstances where doing so would expose you or someone else to danger, as determined by your treatment team. Additionally, in the event of a disaster we may disclose your PHI to a disaster relief agency such as the Red Cross, so that your family can be notified about your condition, status and location.

### **OTHER USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION**

**Research:** We may disclose your PHI to medical researchers who request it for approved medical research projects; however, with very limited exceptions such disclosures must be cleared through a special approval process before any PHI is disclosed to the researchers, who will be required to safeguard the PHI they receive.

**As Required By Law:** We will disclose your PHI when required to do so by federal or state 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 the health and safety of the public or another person.

**Workers' Compensation:** We may disclose your PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Activities:** We may disclose your PHI for public health activities, such as those aimed at preventing or controlling disease, preventing injury or disability, and reporting the abuse or neglect of children, elders and dependent adults.

**Health Oversight Activities:** We may disclose your PHI to a health oversight agency for activities authorized by law. These oversight activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws. Both the federal government and state departments have oversight authority over San Joaquin County regarding health services.

**Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process.

**Law Enforcement:** We may disclose your PHI if asked to do so by law enforcement officials in the following circumstances:

- 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 any of our facilities; or
- In emergency circumstances to report a crime; the location of the crime, the victim(s); or the identity, description or location of the person who committed the crime.

**Specialized Governmental Functions:** In the course of National Security and Intelligence activities, we may disclose your PHI to authorized federal officials for intelligence and other national security activities authorized by law.

For example, we may disclose your PHI to authorize federal officials so they may provide protection to the President of the United States, or to conduct special investigations authorized by law.

We may disclose your PHI to officials in the Department of State who make decisions regarding your suitability for a security clearance or service aboard.

## **OTHER USES OF YOUR PROTECTED HEALTH CARE INFORMATION**

Other uses and disclosure of your PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose your PHI, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your PHI for the reasons covered by the authorization, except that, we are unable to take back any disclosures we have already made when the authorization was in effect, and we are required to retain our records of the care that we provide to you.

## MINIMUM NECESSARY DISCLOSURE

In every instance where Mariposa County Public Health Services discloses your PHI, we will use only the minimum necessary to accomplish that purpose. Each type of disclosure will be reviewed separately to determine what the minimum necessary consists of.

## YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

**Right to Inspect and Copy:** With certain exceptions, you have the right to inspect and copy your PHI from our records. To inspect and copy your PHI you must submit a request in writing to your case manager or the person in charge of your treatment. If you request a copy of your PHI, we will charge a fee for the costs of copying, mailing or other supplies associated with your request. A form will be provided to you for this request.

We may deny your request to inspect and copy your PHI. If you are denied the right to inspect and copy your PHI in our records, you may request that the Public Health Services HIPAA Privacy Officer review that decision. A form will be provided to you for this purpose.

**Right to Request an Amendment:** If you feel that your PHI in our records is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as we keep the information. To request an amendment, you must submit a request in writing to the case manager or the person in charge of your treatment. In addition, you must tell us the reason for the amendment. Your request will become part of your record. A form will be provided to you for this purpose.

In addition, we may deny your request if you ask us to amend information that was not created by us, or is part of the information which you were not permitted to inspect and copy, or is deemed accurate and complete by your treatment team.

**Right to an Accounting of Disclosures:** With the exception of disclosures that were made for our own uses for purposes of treatment, payment and health care operations, you have the right to request a list of the disclosures we have made of your PHI. To request this list, you must submit your request in writing to your case manager or the person in charge of your treatment. A form will be provided to you for this purpose.

Your 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 how you want to receive this list. 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 that we follow additional, special restrictions when using or disclosing your PHI. We are not required to agree to your request. If we do agree, we will comply with our request unless the information is needed to provide you with emergency treatment as determined by your doctor. To request restrictions, you must make your request in writing to your case manager or the person in charge of your treatment. In your request, you must tell us what

information you want to limit, the type of limitation, to whom you want the limitation to apply and for how long you want that limitation to last (for example, disclosures to your spouse). A form will be provided to you for this purpose.

**Right to Request Confidential Communications:** You have the right to request that we communicate with you about appointments or other matters related to your treatment in a specific way or at a specific 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 case manager or the person in charge of your treatment. A form will be provided to you for this purpose. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

**Right to a Paper Copy of This Notice:** You are entitled to receive a paper copy of this Notice at any time. To obtain a paper copy of this Notice ask any staff person.

### **COMPLAINTS:**

If you believe that a member of our workforce has inappropriately disclosed or used your personal health information, the Privacy Officer will investigate your claim. You also have the right to file your complaint 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.

If you file a complaint or testify, assist or participate in an investigation, a review, a proceeding or a hearing; or if you oppose any act or practice that you believe is unlawful under privacy rules regarding medical information, members of our workforce cannot intimidate, threaten, coerce, discriminate or take any other retaliatory actions against you. If you believe that any intimidating or retaliatory actions have been taken against you, please let our Privacy Officer know immediately.

We are required to mitigate, to the extent practicable, any harmful effects to you resulting from the use or disclosure of protected health information that is in violation of applicable privacy rules and regulations.

To file a complaint with the County, contact:

**Mariposa County Health Department  
ATTN: Privacy Officer  
5085 Bullion Street  
Post Office Box 5  
Mariposa, CA 95338  
(209) 966-3689**

To file a complaint with the Federal government, contact:

**U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
(202) 619-0553**