



NOTICE OF PRIVACY PRACTICES

- **Your Information**
- **Your Rights**
- **Our Responsibilities**

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.**

You have the right to:

Your Rights

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

See page 2 for more information on these rights and how to exercise them

You have some choices in the way that we use and share information as we:

Your Choices

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Include you in a health information exchange (HIE)
- Provide mental health care
- Market our services and sell your information
- Raise funds

See page 3 for more information on these choices and how to exercise them

We may use and share your information as we:

Our Uses and Disclosures

- ✓ Treat you
- ✓ Run our organization
- ✓ Bill for your services
- ✓ Help with public health and safety issues
- ✓ Do research
- ✓ Comply with the law
- ✓ Respond to organ and tissue donation requests
- ✓ Work with a medical examiner or funeral director
- ✓ Address workers' compensation, law enforcement, and other government requests
- ✓ Respond to lawsuits and legal actions

See pages 3-6 for more information on these uses and disclosures

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- ✓ You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- ✓ We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- ✓ You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- ✓ We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- ✓ You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- ✓ We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- ✓ You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- ✓ If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information

- ✓ You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- ✓ We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- ✓ You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- ✓ If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- ✓ We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- ✓ You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- ✓ You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, SW., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- ✓ We will not retaliate against you for filing a complaint.

TCHSA NOTICE OF PRIVACY PRACTICES

Your Choices

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us.

Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- ✓ Share information with your family, close friends, or others involved in your care
- ✓ Share information in a disaster relief situation
- ✓ Include your information in a hospital directory
- ✓ Exclude your information from a health information exchange (HIE)

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- ✓ Marketing purposes
- ✓ Sale of your information
- ✓ Most sharing of psychotherapy notes

In the case of fundraising:

- ✓ We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

- ✓ We can use your health information and share it with other professionals who are treating you. This sharing may be through an electronic health information exchange (HIE).

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

- ✓ We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

- ✓ We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

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TCHSA NOTICE OF PRIVACY PRACTICES

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues	✓ We can share health information about you for certain situations such as: <ul style="list-style-type: none">• Preventing disease• Helping with product recalls• Reporting adverse reactions to medications• Reporting suspected abuse, neglect, or domestic violence• Preventing or reducing a serious threat to anyone's health or safety
Do research	✓ We can use or share your information for health research.
Comply with the law	✓ We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
Respond to organ and tissue donation requests	✓ We can share health information about you with organ procurement organizations.
Work with a medical examiner or funeral director	✓ We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
Address workers' compensation, law enforcement, and other government requests	✓ We can use or share health information about you: <ul style="list-style-type: none">• For workers' compensation claims• For law enforcement purposes or with a law enforcement official• With health oversight agencies for activities authorized by law• For special government functions such as military, national security, and presidential protective services
Respond to lawsuits and legal actions	✓ We can share health information about you in response to a court or administrative order, or in response to a subpoena.

California-Specific Protections

Sensitive Information: We strictly limit the disclosure of sensitive data, including reproductive, sexual health, and behavioral health records, especially to out-of-state entities.

Geofencing: We do not use geofencing technology around our facilities to track your location or for targeted advertising.

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TCHSA NOTICE OF PRIVACY PRACTICES

Exception for Substance Use Disorder (SUD) Services:

If we create, receive or maintain records regarding your treatment for substance use disorders from a federally assisted program (subject to 42 CFR Part 2), the following stricter protections apply:

- ✓ *Disclosure of information to other providers requires that a release of confidential information be completed for each provider.*
- ✓ *Your SUD records will not be used or disclosed in any civil, criminal, administrative, or legislative proceedings against you without your specific written consent or a court order.*
- ✓ *Information disclosed pursuant to this notice may be subject to redisclosure by the recipient and may no longer be protected by federal privacy rules.*

Exception for Mental Health Services:

In general, information in mental health records may not be released unless you or another person with legal capacity has consented to the release or unless there is a court order for the release or unless there is a specific law requiring the release.

Information given in confidence by a member of a patient's family to a physician, licensed psychologist, social worker with a master's degree in social work, licensed marriage and family therapist, nurse, or attorney generally may not be released even by consent of the client.

Mental health information may be released to law enforcement only:

- ✓ *As needed for the protection of federal and state elective constitutional officers and their families (applies to releasing information to governmental law enforcement agencies);*
- ✓ *When the patient, in the opinion of his or her psychotherapist, presents a serious danger of violence to a reasonably foreseeable victim or victims; or*
- ✓ *When a law enforcement officer presents an arrest warrant to a state hospital, a general acute care hospital, an acute psychiatric hospital, a psychiatric health facility, a mental health rehabilitation center, or a skilled nursing facility, the law enforcement officer may be informed whether or not the individual named on the arrest warrant is presently confined in the facility. In this instance, the officer may not enter the facility to arrest the individual named on the warrant.*

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Our Responsibilities

What responsibilities does TCHSA have when it comes to your health information?

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request in our office, and on our website.

This Notice of Privacy Practices applies to the following organizations.

This notice applies to all Tehama County Health Services (TCHSA) centers. For a full list of centers and programs please visit our website at <https://www.tehamacohealthservices.net>.

*Tehama County Health Services
Melissa Field, Privacy Officer
818 Main Street, Red Bluff, CA 96080*

*Phone: 1-800-528-3259
Fax: (530) 527-0240
Email: privacyofficer@tchsa.net*

**TEHAMA COUNTYHEALTH SERVICES AGENCY
NOTICE OF PRIVACY PRACTICES**

ACKNOWLEDGEMENT OF RECEIPT

By signing this form, you acknowledge receipt of the Notice of Privacy Practices of the Tehama County Health Services Agency (TCHSA). Our Notice of Privacy Practices provides information about how we may use and disclose your protected health information. We encourage you to read it in full.

Our Notice of Privacy Practices is subject to change. If we change our notice, you may obtain a copy of the revised notice by asking any staff person involved in your care. A copy of the current Notice of Privacy Practices is posted in the reception area at every TCHSA site. A copy of the current Notice is also posted on our website:

www.tehamacohealthservices.net/administration/compliance/

If you have any questions about our Notice of Privacy Practices, please contact the Privacy Officer listed on the first page of the Notice.

I acknowledge receipt of the Notice of Privacy Practices of the Tehama County Health Services Agency.

Name of Patient/Client (Please Print)

DOB

Signature of Patient/Client

Date

Name of Personal Representative (Please Print)

Signature of Personal Representative

**TEHAMA COUNTYHEALTH SERVICES AGENCY
NOTICE OF PRIVACY PRACTICES**

Inability to Obtain Acknowledgement

To be completed only if no signature is obtained. If it is not possible to obtain the patient's/client's/personal representative's acknowledgement, describe in the space below the good faith efforts made to obtain the acknowledgement and the reasons why the acknowledgement was not obtained. (Use the back of this page if more space is needed.)

**Staff Member's Name
(Please print)**

**Staff Member's Title
(Please print)**

Staff Member's Signature

Date