

# **NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW  
AMADOR COUNTY PUBLIC HEALTH IMMUNIZATIONS/TB TESTING  
MAY USE AND DISCLOSE  
YOUR PERSONAL HEALTH INFORMATION AND HOW  
YOU CAN OBTAIN ACCESS TO THIS INFORMATION**

**PLEASE READ IT CAREFULLY**

## WHO WILL FOLLOW THE PRIVACY PRACTICES IN THIS NOTICE:

This notice describes the privacy practices of Amador County Public Health (ACPH) and of any individual health care professional or health care agency or organization with whom Amador County Public Health may contract for services and who may provide you with such services at our request or upon our referral.

## OUR PLEDGE REGARDING YOUR HEALTH INFORMATION:

ACPH creates records of health care to provide quality care and comply with legal requirements. ACPH understands your health information is personal and private, and we are committed to protecting this information in accordance with the law.

The law requires ACPH to keep your health information private and to provide you with this notice of our legal duties and privacy practices when you receive health care and related services from ACPH. The law also requires ACPH to follow the terms of the notice that is currently in effect.

This notice outlines the ways in which ACPH may use and disclose health information about you. ACPH reserves the right to change practices and make new provisions effective for all health information it maintains. You may request an updated copy of this notice at any time.

### **A. General Requirement For Written Authorization For Use Or Disclosure Of Health Information**

As is required by state or federal law, ACPH generally will obtain your written authorization before using your health information or sharing it with others outside of ACPH.

## **B. Exceptions To The Requirement Of Prior Written Authorization**

ACPH may use and disclose the your health information for the following purposes without obtaining your prior written authorization, as allowed by state and federal law:

### 1. For treatment

ACPH uses and discloses health information to provide you with health care and related services. For instance:

Doctors, nurses, or other ACPH employees may record your health information, and they may share such information with other ACPH employees.

ACPH may disclose health information to people outside ACPH involved in your care who provide treatment and related services.

ACPH may use and disclose health information to contact you to remind you about appointments for treatment or health care-related services.

In emergencies, ACPH may use or disclose health information to provide you treatment. ACPH will make its best effort to obtain your permission to use or disclose your health information as soon as reasonably practical.

### 2. For payment

ACPH may use and disclose your health information to bill you, insurance companies, or third parties for services you receive from us. The information on or accompanying these bills may identify you, as well as diagnoses, assessments, procedures performed, and medical supplies used. Additionally, we may also be required to obtain prior approval from a health plan to determine whether recommended services are covered under the plan.

### 3. For health care operations

ACPH may use information in your health record to assess the care and outcomes in your case to improve our services, for statistical analysis, for educational purposes, and in administrative processes such as purchasing medical devices, or for auditing financial data. In some of these instances, we may remove information that personally identifies you.

### 4. For disaster relief

ACPH may use or disclose your health record to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

5. To avert a serious threat to health or safety

ACPH may use and disclose your health information when necessary to prevent a serious threat to your health or safety, or to the health or safety of the public or another person.

6. As required by law

ACPH will disclose your health information when required to do so by federal, state or local law.

7. As required by a court or administrative order

ACPH will disclose your health information in response to a court or administrative order, and other lawful purposes.

8. For mandated reporting of abuse

ACPH will disclose your health information as required by law to report instances of known or suspected abuse, neglect or domestic violence.

9. For health oversight activities

ACPH may use or disclose your health information as necessary for the government to monitor the public health care system, government programs and compliance with civil rights laws.

10. As required in judicial and administrative proceedings

ACPH will disclose your health information as allowed by law, in response to a subpoena, discovery request or other lawful process. In these situations, prior to the disclosure we will make a good faith effort to inform you of the request and/or to obtain an order protecting the information requested. We will also disclose only so much information as is necessary and relevant to the request.

11. For certain military and veterans purposes

If you are in the military or are a military veteran, ACPH may disclose your health information to the appropriate military authorities as required by military command authorities.

12. For certain law enforcement purposes

ACPH may disclose your health information if asked to do so by a law enforcement official under the following circumstances:

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 our facility;

In emergency circumstances: to report a crime, the location of the crime or victim, or the identity, description or location of the person who committed the crime.

13. To coroners, medical examiners, and funeral directors

14. For inmates and correctional institutions: If you are an inmate of a correctional institution or under the custody of a law enforcement official, ACPH may release your health information to the correctional institution or a law enforcement official, as necessary for the institution to provide you with health care; to protect your health and safety or the health and safety of others; or for the safety and security of the correctional institution.

15. For reasons of national security, intelligence activities, and protective services for the President and others

ACPH may disclose your health information as permitted by law to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law, for the conduct of special investigations, and/or for the protection of the President or other authorized persons or foreign heads of state.

16. As authorized by State worker's compensation laws

17. For public health activities

ACPH may disclose your health information as required by law for public health activities, such as disease and vital statistics reporting and FDA oversight activities.

18. Research

ACPH may disclose your health information for research purposes. All research projects are subject to special approval, and must have gone through the approval process before we will disclose your health information to the project. We will ask your permission if the researcher needs to know your name, address, or other information that reveals who you are, or if the researcher will be involved in your treatment or care.

19. Health information which does not identify you

ACPH may use or disclose your health information if we have removed any information that might reveal who you are.

### **C. Use Or Disclosure Of Your Health Information For Marketing, Fundraising Or Other Purposes**

ACPH will not disclose your health information for marketing, fundraising, or other reasons not listed above without your prior written permission, and you may withdraw that permission in writing at any time. If you do, ACPH will no longer use or disclose health information about you for the reasons you permitted. You understand ACPH is unable to retract disclosures already made with your permission, and must retain records of care already provided.

### **D. Rights and Responsibilities**

With regard to health information, ACPH recognizes and commits to safeguard your:

- 1. Right to request restrictions on certain use and disclosure.** You have the right to request a restriction or limitation on the health information ACPH uses or discloses for treatment, payment or health care operations. You also have the right to request a limit on information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. **The law does not require ACPH to agree to your request.** If ACPH agrees, it will comply unless the information is needed to provide you with emergency treatment. Requests must be in writing and submitted to ACPH 10877 Conductor Blvd, Suite 400, Sutter Creek CA 95685. Your request must state the information you want to limit; whether to limit use, disclosure, or both; and, to whom the limits apply. For instance, you may ask not to disclose to your spouse.
- 2. Right to confidential communications.** You have the right to ask ACPH to communicate with you in a certain way, or at a certain location.
- 3. Right to inspect and copy records.** You have the right to inspect and obtain copies of your health information. Requests must be in writing and submitted to ACPH 10877 Conductor Blvd, Suite 400, Sutter Creek CA 95685. ACPH may charge you a fee for the costs of fulfilling your request for copies of your health information. ACPH may deny requests to inspect or copy psychotherapy notes, mental health records, or materials for legal proceedings. You may ask for review of a denial by another licensed health care professional chosen by ACPH. ACPH will comply with the results of that review. If you are in custody at the time of the request, ACPH may deny your request for copies of your health information.
- 4. Right to amend your health records.** If you believe that health information ACPH has about you is incorrect or incomplete, you may ask us to amend it. Requests must be in writing and submitted to ACPH 10877 Conductor Blvd, Suite 400, Sutter Creek CA 95685. You must also provide a reason supporting your request. ACPH may deny your request if it is not in writing or if it does not include a reason supporting the request. ACPH may

also deny requests if your request asks us to amend information that:

- Was not created by ACPH;
- Is not health information kept by or for ACPH;
- Is not information you are permitted to inspect and copy; or,
- Is accurate and complete.

**5. Right to an accounting of certain disclosures.** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of your health information other than for our own uses for treatment, payment and health care operations. Requests must be in writing and submitted to ACPH 10877 Conductor Blvd, Suite 400, Sutter Creek CA 95685. Your request must state a time period during 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 (for example, on paper, electronically, or otherwise.) The first list you request in a twelve-month period is free. ACPH may charge you the cost of providing or reproducing additional lists. When told the cost, you may withdraw or modify your request.

**6. Right to obtain a paper copy of the notice of privacy practices upon request.** You have the right to request a paper copy of this notice from us at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

**7. Right to file complaints without fear of retaliation.** Under law, ACPH cannot penalize you for filing a complaint. If you believe ACPH violated your privacy rights, you may file a complaint with the Amador County Privacy Complaints Official or with the U.S. Secretary of Health and Human Services at the addresses given below.

### **PRIVACY COMPLAINTS CONTACTS**

Privacy Complaints Official  
Amador County Counsel  
810 Court Street  
Jackson CA 95642  
(209) 223-6366

U.S. Department of Health & Human Services  
50 United Nations Plaza, Room 322  
San Francisco CA 94102  
(415) 437-8310