



County of Marin 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.

This Notice is available in other languages and alternate formats that meet the guidelines for the Americans with Disabilities Act (ADA). For more information, please contact the County of Marin at (415) 473-2973 (phone/fax) or HIPAA@marincounty.org (email) or TTY (415) 473-3344 if hearing is impaired
Para obtener más información, por favor llame (415) 473-2973
Để biết thêm thông tin xin vui lòng gọi (415) 473-2973

The Health Insurance Portability and Accountability Act of 1996 (called "HIPAA") is a law requiring the County of Marin to make sure your personal medical and other treatment information is kept private. The County of Marin is also required to give you this notice, so that if the County has any of your personal information, you will know how the County may use it, or whether and how the County may give your information to others.

County of Marin programs and services are already keeping your personal medical information private. HIPAA establishes the minimum standards for these protections.

Uses and Disclosures: The County of Marin may use and give out (disclose) your personal medical and other treatment information without your written authorization for the following reasons:

Treatment: For the coordination of your treatment with other health care providers who are treating you (for example, a discussion between your primary doctor and a specialist to confirm the medications you are taking).

Payment: to bill for the cost of your health care (for example, to bill Medi-Cal or Medicare).

Health Care Operations: we may use or disclose your medical information to support our business operations (for example to evaluate the performance of our staff, or to review the quality of treatment or services provided to you).

We may use and disclose medical information to contact and remind you about appointments. If you do not answer our call we make to the phone number you provide to us, we may leave the appointment reminder in a message. We may also call you by name, in a waiting room, when we are ready to see you for your appointment.

The County of Marin may also use or give out your personal medical and other treatment information, without your written authorization, but only for these reasons:

- If state and federal agencies that have the legal right to see your medical and other treatment information ask for it. For example, to make sure that the County is billing Medi-Cal correctly; or for Federal Medicare and Medicaid health care oversight, investigation and quality assurance purposes.
- If we need the information for public health activities (for example, reporting outbreaks of serious diseases),
- If a court with legal authority or another agency orders us to release the information,
- If the information is needed by law enforcement (for example, when law enforcement requires information to locate a missing person),
- For research studies that meet all privacy law requirements (for example, research related to the prevention of disease),
- If the information will help to avoid a serious and immediate threat to health or safety (for example, suicide prevention),
- In the event of a disaster, we may disclose information to a relief organization so that they may coordinate disaster notification efforts, and
- If we need the information in order to contact you about new or changed benefits.

If you have given us permission to use or disclose your psychotherapy notes, you may revoke that permission at any time.

Federal law says that the County **must** use and give out your personal medical and other treatment information in the following circumstances:

- If you or someone who has legal right to act for you asks for the information,
- If the federal government asks for it, or
- If some other law requires that your medical information be disclosed.

The law requires Marin County to get your permission, in writing, before the County can use or give out your personal medical and other treatment information for any purpose that is not listed in this notice. You may take back your written permission at any time. However, if you take back your permission, you have to notify the County in writing, and it will not affect disclosures the County already made based on your earlier permission to use or give out your information.

By law, you have the right to:

- See and get a copy of your personal medical and treatment information held by the County.
- Have your personal medical and other treatment information changed if you believe that it is wrong or if information is missing, and if the County agrees. If the County disagrees, you may have a statement of your disagreement added to your personal information.
- Get a list of those who the County has shared your personal medical and other treatment information with. The list will not cover your personal health information that was given to you or your personal representative, information you authorized us to share with a third party or information that was given out for law enforcement purposes.
- Receive confidential communications and ask the County to communicate with you in a particular method or at a particular location to maintain the confidentiality of such communications.
- Ask the County to limit how your personal medical and other treatment information is used and given out to pay your claims and run the program that provides services to you (please note that the County may not be able to agree to your request). If you pay in full for a service, out-of-pocket, and you request that the service information not be shared with your health plan (health insurance company), The County must honor your request, unless a provision in law requires us to make that disclosure.
- Receive notification of a breach of your unsecured personal medical and treatment information.
- Get a separate paper copy of this Notice.

If you have questions or would like more information about this notice, please call the County's Privacy Officer: c/o Department of Health and Human Services, 3240 Kerner Blvd, San Rafael, CA 94901 (415) 473-2973 (phone/fax) or HIPAA@marincounty.org (email) or TTY (415) 473-3344 if hearing is impaired

The County works hard to prevent any harm to you caused by the improper use of your personal medical information by our workforce. To exercise any of your rights described in the Notice or you have questions or if you believe that a person who works for the County has given out or used your personal medical information improperly and you wish to file a complaint or report, please contact the Privacy Officer, using the contact information listed above.

Filing a complaint will not negatively affect the services you receive from the County. If you file a complaint or testify, help with an investigation, a review, a proceeding or a hearing, or if you oppose any act or practice that you believe is unlawful under the HIPAA rules, people who work for the County cannot take any other actions against you. If you believe any negative actions have been taken against you because you filed a complaint, please let our Privacy Officer know right away.

You may also file a complaint directly 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.

By law, Marin County is required to follow the terms in the Notice. Marin County has the right to change the way your personal medical and other treatment information is used and given out. If Marin County makes significant changes, you will be informed of the new Notice and offered a copy on your next visit for treatment. The new Notice will be posted on the County of Marin website.

The privacy practices listed in this Notice are effective September 23, 2013.