

**COUNTY OF SAN DIEGO – SAN DIEGO COUNTY MENTAL HEALTH PLAN
NOTICE OF PRIVACY PRACTICES**

Effective Date: April 14, 2003

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:

Privacy Officer
County of San Diego Compliance Office
P.O. Box 85524 (Mail Stop: P501)
San Diego, CA 92186-5524
(619) 515-4244

Your medical/health information is personal, and the County of San Diego – San Diego County Mental Health Plan (MHP) is committed to protecting it. Your medical/health 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 and all of our employees and other personnel are required to follow in handling your medical/health information.

We are Legally Required to: Keep your medical/health information, also known as "protected health information" or "PHI," confidential, give you this Notice of our legal duties and privacy practices with respect to your medical/health information, 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 our policies and procedures regarding your medical/health information. 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 any staff person, or go to the County of San Diego's web site at <http://www.co.san-diego.ca.us>.

HOW WE MAY USE AND DISCLOSE YOUR MEDICAL/HEALTH INFORMATION

In order to provide you with insurance coverage, we need medical/health information and other personal information about you, and we may obtain that information from many sources, including you, your employer or benefits plan sponsor, other insurers, HMOs or third-party administrators, and health care providers.

For Treatment: We may disclose information to doctors, dentists, pharmacies, hospitals and other health care providers who take care of you. For example, doctors may request medical

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information from us to supplement their own records. We may also use personal information in sending certain information to doctors for patient safety or other treatment-related reasons.

We may use and disclose your medical/health information 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. (At your request, a form will be provided to you for this purpose.)

We may use and disclose your medical/health information to recommend possible treatment options or alternatives that may be of interest to you. Additionally we may use and disclose your medical/health information 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 may use and disclose medical/health information about you so that the treatment and services you receive may be billed to and payment may be collected from you, other insurance companies or a third party. For example, we may need to give your health plan information about psychiatric services you received through MHP so another health plan will pay us or reimburse you for the treatment. 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.

For Health Care Operations: We may use and disclose medical/health information about you for health care operations. These uses and disclosures are necessary to run MHP and make sure that all of our clients receive quality care. For example, we may use medical/health information to review our treatment and services and to evaluate the performance of doctors providing treatment to you. We may also combine medical/health information about many MHP clients to decide what additional services MHP should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, counselors, medical/health care students, and other agency personnel for review and learning purposes. We may also combine the medical/health information we have with medical/health information from other agencies to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical/health information so others may use it to study medical/health care and medical/health care delivery without learning who the specific clients are.

**USES AND DISCLOSURES OF MEDICAL/HEALTH INFORMATION THAT GIVE
YOU THE OPPORTUNITY TO OBJECT**

Unless you object, we may disclose your medical/health information to a friend or family member, your parent or any other person identified by you who is involved in your health care or payment for your health care. Your objection must be in writing (at your request, a form will be provided to you for this purpose). We will not honor your objection in circumstances where doing so would expose you or someone else to danger, as determined by your treatment team.

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In the event of a disaster we may disclose your medical/health information to a disaster relief agency such as the Red Cross, so that your family can be notified about your condition, status and location.

Unless you object, we may also include some of your medical/health information in a facility directory. The information disclosed will include your name, your location in the facility, your condition described in general terms that do not communicate specific medical information about you and your religious affiliation. This information may be disclosed to members of the clergy, and except for religious affiliation, to other persons who ask for you by name. Your objection must be in writing and you may object to the inclusion of some or all of this information in the facility directory (at your request, a form will be provided to you for this purpose).

USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION

Research: Under certain circumstances, we may use and disclose medical/health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all clients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical/health information, trying to balance the research needs with clients' need for privacy of their medical/health information. Before we use or disclose medical/health information for research, the project will have been approved through this research approval process, but we may, however, disclose medical/health information about you to people preparing to conduct a research project, for example, to help them look for clients with specific medical/health needs, so long as the medical/health information they review does not leave MHP.

As Required By Law: We will use and disclose medical/health information when required to do so by federal or state law or regulation.

To Avert a Serious Threat to Health or Safety: We may use and disclose your medical/health information 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 medical/health information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Activities: We may disclose your medical/health information for public health activities. These activities generally include 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 of recalls of products they may be using;

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- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;

Abuse, Neglect or Domestic Violence: We may disclose your medical/health information when notifying the appropriate government authority if we believe you have been the 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 medical/health information to a federal or state 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.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose your medical/health information in response to a court or administrative order. We may also disclose your medical/health information in response to a subpoena, discovery request, or other lawful process by someone else involved in a dispute.

Law Enforcement: We may disclose your medical/health information if asked to do so by law enforcement officials in any of 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: We may disclose your medical/health information to authorized federal officials for intelligence and other national security activities authorized by law. For example, we may disclose your medical/health information to federal officials so they may provide protection to the President of the United States or foreign heads of state, or to conduct special investigations authorized by law.

We may disclose your medical/health information to officials in the Department of State who make decisions regarding your suitability for a security clearance or service abroad.

We may disclose medical/health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical/health information about clients of MHP to funeral directors as necessary to carry out their duties.

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If you are an inmate of a correctional institution, you may lose the rights outlined in this Notice. Furthermore, if you are an inmate or are in the lawful custody of a law enforcement official, we may disclose your medical/health information to a law enforcement official.

OTHER USES OF YOUR PROTECTED HEALTH CARE INFORMATION

Other uses and disclosures of your medical/health information 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 medical/health information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your medical/health information 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 provided to you.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

Right to Inspect and Obtain Copies:

With certain exceptions, you have the right to inspect and obtain copies of your medical/health information from our records. To inspect and obtain copies of your medical/health information, 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 medical/health information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We will not charge you a fee for inspecting your records if you do not request to copy your records.

We may deny your request to inspect and obtain copies of parts of your medical/health information. If you are denied the right to inspect and obtain copies of your medical/health information in our records, you may appeal this decision and request that another licensed health care professional designated by the MHP, who was not involved in your treatment review the denial. (At your request, a form will be provided to you for this request.)

Right to Request an Amendment: If you feel that your medical/health information 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 your 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. (At your request, a form and a list of County sites will be provided to you for this purpose.)

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.

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Right to an Accounting of Disclosures: With the exception of certain disclosures, including those for treatment, payment and health care operations and those authorized by you, you have the right to request a list of the disclosures we have made of your medical/health information. To request this list, you must submit your request in writing to your case manager or the person in charge of your treatment. (At your request, 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. 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 withdraw or change your request 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 medical/health information. We are not required to agree to your request. If we agree, we will comply with your 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, and to whom you want the limitation to apply. An example of such a limitation might be limits on disclosures we may make to your spouse. (At your request, 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 at a post office box. To request confidential communications, you must make your request in writing to your case manager or the person in charge of your treatment. (At your request, 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 reasonable requests.

Right to a Paper Copy of This Notice: You may ask us for a paper copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are entitled to receive a paper copy of this Notice. To obtain a paper copy of this Notice, ask any staff person. You may also obtain a copy of this Notice at our website, <http://www.co.san-diego.ca.us>.

COMPLAINTS

You have the right to file a complaint if you believe that MHP staff has not complied with the practices outlined in this Notice. All complaints must be submitted in writing. You will not be penalized in anyway for filing a complaint.

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If you believe your privacy rights have been violated you may file a complaint with the MHP or with the Federal Government. To file a complaint with the MHP, contact:

Privacy Officer
County of San Diego Compliance Office
P.O. Box 85524 (Mail Stop: P501)
San Diego, CA 92186-5524
(619) 515-4244

To file a complaint with the Federal Government, contact:

U.S. Department of Health and Human Services
Region IX, Office for Civil Rights
50 United Nations Plaza – Room 322
San Francisco, California 94102
Voice Phone: (415) 437-8310
Facsimile: (415) 437-8329
TDD: (415) 437-8311
E-mail: OCRComplaint@hhs.gov

Please contact the privacy officer listed above, if you want specific information for filing a complaint with the federal Office for Civil Rights.