

YOUR PRIVACY RIGHTS

- You have the right to ask us not to use or share your information in the ways listed in this notice. We are not required to agree to your request, except if you ask us to not share information with your health plan about a service you paid for in full, out of pocket.
- You have the right to ask us to contact you only in writing or at a different address, post office box, or telephone number. We will accept reasonable request when necessary to protect your safety.
- You have the right to view or get a copy of your medical record on file with Nevada County. We may not be able to provide your entire record, but we will provide the information we are able to. You may be asked to pay the cost of copies and postage related to this request.
- You have the right to ask to change a piece of information in your record which you believe to be incorrect. If we created the error, we will amend it. If we got the information from another source, we will tell you who we got it from and you can ask them to change it. If it is not an error, we will let you know.
- You have the right to ask who we have shared your information with. We keep a list in each client file of who has requested the information and who we gave it to.
- You have the right to be notified by us, if your information is accessed or used in an impermissible way. We will notify you in writing.

NEVADA COUNTY CANNOT REQUEST YOU WAIVE ANY OF YOUR RIGHTS DESCRIBED IN THIS NOTICE AS A CONDITION OF RECEIVING TREATMENT AND CANNOT RETALIATE AGAINST YOU FOR FILING A COMPLAINT.

HOW TO CONTACT US TO USE YOUR RIGHTS

If you want to use any of the privacy rights explained in this notice, please contact the program you are enrolled in and request a "Universal HIPAA Client Rights Form."

HOW TO COMPLAIN

If you believe that your privacy rights have been violated and wish to complain, you may file a complaint by contacting:

Nevada County Privacy Officer
950 Maidu Ave
Nevada City, CA 95959
(530) 265-1632

You may also contact the Nevada County Department of Behavioral Health Patient's Rights Advocate at (530) 470-2722.

Or you may complain to the Secretary of the U.S. Department of Health and Human Services by writing or calling the Office for Civil Rights, 90 7th Street, Suite 4-100, San Francisco, CA 94103; phone: (800) 368-1019, or (800) 537-7697 TTY/TDD; fax: (415) 437-8329.

You have the right to get a paper copy of this Notice at the location where you receive services from the County.

**This Notice is also available on
the departments' websites at:
www.mynevadacounty.com**

NOTICE of PRIVACY PRACTICES

*Effective: April 14, 2003
Revised: March 1, 2013*

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

*County of Nevada
Health and Human Services Agency
Department of Behavioral Health
& Department of Public Health*

PRIVACY AND YOU

Your health information is personal and private. Nevada County is required by law to maintain the privacy of protected health information and to provide individuals with this notice of our legal duties and privacy practices as related to protected health information. This applies to the information you provide to us, as well as the information we get from your other doctors, therapists, clinics, labs, and your insurance provider. Nevada County must give this notice to you and tell you how we may use and share or “disclose” information about you.

Nevada County must obey the rules in this Notice. We have the right to change our privacy practices. If we do make changes, the revised Notice will be available at all our health offices and the new Notice will apply to all the health information we have at that time.

HOW WE MAY USE AND SHARE INFORMATION

Nevada County must obey laws on how we use and share your information, such as your name, address, personal facts, the medical care you had, and your medical records. Any information shared must be for a reason related to your care or allowed by law. Such reasons include:

To treat your medical condition/s we may use or share your information with other health care providers involved in your treatment.

To bill for your medical care, we may share information with your insurance provider or the person paying for the services you receive.

To administer our programs, we may use your information for assessment, training, quality improvement, or other managerial purposes.

OTHER WAYS WE MAY SHARE YOUR INFORMATION

We may share limited medical information about you for research purposes.

We report statistical information to the State of California and our local Public Health Authority (the Nevada County Department of Public Health).

We may share your information with the Department of Health Care Services in order to check your eligibility and help you enroll in Medi-Cal, California Children’s Services, or Child Health and Disability Prevention (CHDP) Program.

We may share limited information with other County Departments who assist us in billing, collections, legal services, management, administration, and compliance.

We may share information with the federal government when it is checking on how we are meeting privacy laws.

We must share your information as required by law to report suspected abuse, neglect or domestic violence or for workers’ compensation.

We may share your information as required by law, in response to a court order or subpoena from a court, investigator, or lawyer.

We may contact you as a reminder of an appointment or tell you about additional services which may help you.

IF YOU ARE ON MEDI-CAL, THE LAW MAY NOT ALLOW SHARING SOME INFORMATION. MEDI-CAL RULES SAY INFORMATION CAN ONLY BE USED OR SHARED FOR REASONS CONNECTED WITH THE OPERATION OF THE MEDI-CAL PROGRAM.

Some California laws limit the sharing of information. For example special laws protect information about HIV/AIDS status, mental health treatment, developmental disabilities, and drug and alcohol abuse. Nevada County will obey these laws.

WHEN WRITTEN PERMISSION IS NEEDED

Nevada County must have written permission from you or your personal representative before sharing information in a way not described in this notice. If you give Nevada County written permission to use or share your information for other reasons, you may take back your written permission at any time.

For example, you may be asked to provide written permission to allow us to share information with other programs or entities which could help to improve your overall health situation such as education and support programs, nutrition counseling, and peer or child advocates. We also participate in Multi-disciplinary Treatment Teams and collaborative inter-agency case management teams with other county departments and community based organizations in order to coordinate health care programs. We will only share your protected health information with your permission in these situations.

If you have any questions about this Notice, and want more information, please contact the Nevada County HIPAA Privacy Officer at:

Health and Human Services Agency
Attn: HIPAA Privacy Officer
950 Maidu Ave
Nevada City, CA 95959
(530) 265-1632