



---

# 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.

If you have any questions about this notice, please contact:

DHHS HIPAA Privacy Officer  
507 "F" Street,  
Eureka, CA 95501  
(707) 441-5410 or toll free 833-691-1200

## WHO WILL FOLLOW THIS NOTICE

This Notice describes the practices of Humboldt County Department of Health & Human Services (DHHS).

## OUR PLEDGE REGARDING HEALTH INFORMATION

We understand that your health information is personal, and we are committed to protecting it. We create a record of the care and services you receive from DHHS. We need this record to provide you with quality care and meet legal requirements.

This Notice of Privacy Practices describes how we may use and disclose your health information to carry out treatment, payment and/or health care operations and for other purposes that are permitted or required by law. It also describes your right to access and control your health information.

We are required by law to abide by the terms of this Notice of Privacy Practices.

We are required by law to:

1. Ensure identifiable health information is kept private (with certain exceptions);
2. Notice you of our legal duties and privacy practices regarding health information; and
3. Follow the terms of the notice that are currently in effect.

If more stringent federal, state, or local laws apply, those laws will be followed.

# HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we may use and disclose health information. "Use" means how we utilize information within DHHS. "Disclose" means how we share information with others. For each category of uses and disclosures we explain what we mean and try to give examples. Not every use and disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**Disclosure at Your Request:** We may disclose information when requested by you. This disclosure may require a written authorization by you.

**For Treatment:** We may use and disclose health information to provide you with treatment or services. We may disclose it to doctors, nurses, technicians, or DHHS personnel involved in providing you services. For example, a public health nurse providing immunizations may need to know if you have any known allergies to limit your potential for an adverse reaction. Different divisions of DHHS also may share health information about you in order to coordinate the different things you need, such as prescriptions, lab work and X-rays. We may also disclose health information about you to people outside DHHS who may be involved in your medical care after you receive treatment from DHHS, such as skilled nursing facilities, home health agencies, and physicians or other practitioners. For example, we may give your physician access to your health information to assist your physician in treating you.

**For Payment:** We may use and disclose health information regarding treatment and services you receive for billing and payment collection (from you, an insurance company or a third party). For example, we may need to give your health plan information about services you received in order for them to pay us or reimburse you. We may also tell your health plan about a service you are going to receive to obtain prior approval or determine whether your plan will cover the services.

**For Health Care Operations:** We may use and disclose health information about you for health care operations. These uses and disclosures are necessary to run DHHS and ensure clients receive quality care. For example, we use it to review treatment and services and to evaluate staff performance. We also combine health information about many clients to decide what new services DHHS should offer, what services are not needed, and evaluate the effectiveness of services. We disclose information to doctors, nurses, technicians and other DHHS staff for review and learning purposes. We might combine the health information we have from other agencies to compare results and see where we can make improvements in client care and services. We may remove information that identifies you from this set of health information so others may use it to study health care and health care delivery without learning who the specific clients are.

**Appointment Reminders:** We use and disclose health information to contact you as a reminder that you have an appointment for treatment or medical care.

**Treatment Alternatives:** We use and disclose health information to describe or recommend alternative treatments that may be of interest to you.

**Health-Related Products and Services:** We use and disclose health information to tell you about health-related products or services that may interest you.

**To Individuals Involved in Your Care or Payment for Your Care:** We may disclose health information about you to a friend or family member who is involved in your care. In the event you are incapacitated or there is an emergency, we may disclose health information if in the exercise of professional judgment it is determined the disclosure is in your best interest.

**Health Information Exchanges (HIE):** Humboldt County Department of Health and Human Services (DHHS) participates in HIEs. We may share your information with HIEs where other authorized HIE participants may then access and use your information to enhance your quality of care during an emergency or care coordination. You may opt out of having your information shared through the HIEs by submitting a request at the following locations most relevant to case file type:

- Humboldt County **Behavioral Health** at 720 Wood Street, Eureka, CA;
- Humboldt County **Public Health** at 529 "I" Street, Eureka, CA;
- Humboldt County **Social Services** at 929 Koster Street, Eureka, CA

**Notification:** We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

**Disaster Relief:** We may disclose health information about you to an entity assisting in disaster relief efforts so that family can be notified about your condition, status, and location.

**Research:** Under certain circumstances, we may use and disclose health information about you for research purposes. For example, a research project may involve comparing the health and recovery of patients who received one medication to those who received another, for the same condition. Research projects are subject to a special approval process to evaluate the research needs with patients' need for privacy. Before we use and disclose health information, the project will have been approved through this research approval process, however we may disclose information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the information they review does not leave DHHS. We will always ask for your permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care.

**Business Associates:** There are some services provided in our organization through contracts with business associates. Examples include consultant services for public health, data processing, data storage vendor, and a copy service we may use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information. All of our business associates are obligated to protect the privacy of your information to the same requirements as DHHS and are not allowed to use or disclose any information other than as specified in our contract or as required by law.

**As Required by Law:** We will disclose health information about you when required to do so by federal, state or local law.

**To Avert a Serious Threat to Health or Safety:** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to the person threatened and someone who may be able to help prevent the threat.

**Uses and Disclosures of HIV/AIDS Information:** In general, written authorization (by client or authorized representative) is required for the disclosure of HIV/AIDS test results. The following exceptions apply:

1. Disclosures, including disclosures through the HIE, made to your health care provider for purposes of diagnosis, treatment, or care.
2. State reporting requirements for Public Health purposes.
3. 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). Personally identifiable information will be removed prior to any use.
4. Other disclosures that may be required under the law.

**Uses and Disclosures of Substance Use Disorder Treatment Records:** The confidentiality of substance use disorder treatment patient records maintained by a 42 CFR Part 2 program is protected by Federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as having a substance use disorder. Exceptions to this rule include:

1. The patient (or authorized representative), consents in writing.
2. The disclosure is allowed by a court order.
3. The disclosure is made to medical personnel in a medical emergency.
4. The disclosure is made to qualified personnel for research, audit, or program evaluation.
5. The disclosure is made pursuant to an agreement with a qualified service organization (QSO).

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

### *Special Situations*

We may also use and disclose health information about you for the following special situations:

**Workers' Compensation:** We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Activities:** We may disclose health information about you for public health activities. These activities generally include the following:

1. To prevent or control disease, injury or disability;
2. To report births and deaths;
3. To report the abuse or neglect of children, elders and dependent adults;
4. To report reactions to medications or problems with products;
5. To provide proof of immunization prior to school admission;
6. To notify people of product recalls, repairs or replacement;
7. 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;
8. To notify the appropriate government authority if we believe the client has been the victim of abuse, neglect or domestic violence. We will only make disclosure if you agree or when required or authorized by law; and
9. To notify emergency response employees regarding exposure to HIV/AIDS, to the extent necessary to comply with state and federal laws.

**Health Oversight Activities:** We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor things such as 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 health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested.

**Law Enforcement:** We may release health information if asked to do so by a law enforcement official:

1. In response to a court order, subpoena, warrant, summons or similar process;
2. To identify or locate a suspect, fugitive, material witness, or missing person;
3. About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
4. About a death we believe may be the result of criminal conduct;
5. About criminal conduct on DHHS' premises; and
6. In emergency circumstances to report a crime, the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors:** We may release specific 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 health information about clients to funeral directors as necessary to carry out their duties.

**Organ and Tissue Donation:** We may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Military, National Security and Intelligence Activities:** If you are a member of the armed forces, we may release health information about you as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority. We may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Protective Services for the President and Others:** We may disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons of foreign heads of state or conduct special investigations.

**Correctional Institution:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official. This release would be necessary:

1. For the institution to provide you with health care;
2. To protect your health and safety or the health and safety of others; or
3. For the safety and security of the correctional institution.

**Multidisciplinary Personnel Teams:** We may disclose health information to a multidisciplinary personnel team relevant to the prevention, identification, management, or treatment of an abused child and the child's parents, or elder abuse and neglect.

## YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding health information we maintain about you:

**Right to Inspect and Copy:** You have the right to inspect and copy health information that may be used to make decisions about your care or payment of your care. Usually, this includes medical and billing records, but may not include some Behavioral Health information. You have the right to request Laboratory tests results directly from a HIPAA - covered laboratory. To inspect and copy health information that may be used to make decisions about you, and/or request laboratory results, you must submit your request in writing. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional chosen by DHHS

who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

Requests for lab results must be submitted at the Public Health Laboratory located at 529 "I" Street, Eureka, CA 95501 All other requests to inspect and/or copy health information must be submitted at the following locations most relevant to case file type:

- Humboldt County **Behavioral Health** at 720 Wood Street, Eureka, CA;
- Humboldt County **Public Health** at 529 "I" Street, Eureka, CA;
- Humboldt County **Social Services** at 929 Koster Street, Eureka, CA

**Right to Amend:** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for DHHS. To request an amendment, your request must be made in writing. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

1. Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
2. Is not part of the health information kept by or for DHHS;
3. Is not part of the information which you would be permitted to inspect and copy; or
4. Is accurate and complete.

Even if we deny your request for amendment, you have the right to submit a written addendum, not to exceed 250 words, with respect to any item or statement in your record you believe is incomplete or incorrect. If you clearly indicate in writing that you want the addendum to be made part of your health record we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect.

**Right to an Accounting of Disclosures:** You have the right to request an "accounting of disclosure." This is a list of the disclosures we made of health information about you other than our own uses for treatment, payment and health care operations, (as those functions are described above) and with other exceptions pursuant to the law. To request this list or accounting of disclosures, you must submit your request in writing. Your request must state a time period 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). The first list you request within a 12 month period is 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 choose to withdraw or modify your request at that time before costs are incurred.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the health information we use and disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a treatment you received. DHHS is not required to agree to your requested restriction except if you request that DHHS not disclose

protected health information to your health plan or insurer for payment or health care operations with respect to healthcare for which you have paid us "out-of-pocket" in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, you must make your request in writing. In your request, you must provide:

1. What information you want to restrict or limit;
2. Whether you want to restrict or limit our use, disclosure or both; and
3. To whom you want the restriction or limits to apply, for example, disclosures to your spouse.

*Out-of-Pocket-Payments.* If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your health information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

**Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. You are responsible for providing us updates if there are changes to your request. These changes will also need to be in writing.

**Right to Receive Notice of a Breach:** You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

**Right to a Paper Copy of This Notice:** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

To obtain a paper copy of this notice:

1. Visit our website at: <https://humboldt.gov.org>
2. Leave a message on the HIPAA line (707) 441-5410 or toll free 833-691-1200 with your name and an address where the notice can be mailed; or
3. Write to or come in to any of the three specified locations:
  - a. Humboldt County **Behavioral Health** at 720 Wood Street, Eureka, CA;
  - b. Humboldt County **Public Health** at 529 "I" Street, Eureka, CA;
  - c. Humboldt County **Social Services** at 929 Koster Street, Eureka, CA

**Right to Receive an Electronic Copy of Medical Records:** If your health information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your health information in the form or format you request, if it is readily producible in such form or format. If the health information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We

may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

## YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES

The following uses and disclosures of your health information will be made only with your written authorization:

1. For marketing purposes, including subsidized treatment communications;
2. Disclosures that constitute a sale of your health information;
3. Psychotherapy notes contained in your health information; and
4. Health information that contains genetic information that will be used for underwriting purposes.

## CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as future information. We will post a copy of the current notice at DHHS. The notice will contain on the first page the effective date. We may change the terms of our notice, at any time. The new notice will be effective for all health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. You may obtain a revised version by accessing our website, or calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

**Effective date of this notice:** April 14, 2003

**Revised:** January 17, 2024

## COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Humboldt County Department of Health & Human Services (DHHS) or with the Secretary of the United States Department of Health & Human Services. To file a complaint with Humboldt County DHHS, contact:

DHHS HIPAA Privacy Officer  
507 "F" Street, Eureka,  
CA 95501  
(707) 441-5410 or toll free 833-691-1200

All complaints must be submitted in writing

You will not be penalized for filing a complaint

## OTHER USES OF HEALTH INFORMATION

Uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, this will stop any further use or disclosure of your health information for the purposes covered by your written authorization, except if we have already acted in reliance on your permission. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

You may obtain more information about your rights under HIPAA at: <https://www.hhs.gov/hipaa>