



**Health Services**  
LOS ANGELES COUNTY

## **NOTICE OF PRIVACY PRACTICES**

Effective Date: September 23, 2013

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**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.**

### **WHO WILL FOLLOW THIS NOTICE OF PRIVACY PRACTICES**

This Notice of Privacy Practices (Notice) explains the ways the Los Angeles County Department of Health Services (DHS), including all DHS workforce members, such as doctors, nurses, other health care staff, residents, students training at a DHS facility, and volunteers who help with care at a DHS facility. We may use and disclose (provide to others) medical information about you. The Notice also explains your rights regarding the use and disclosure of your medical information.

We are committed to keeping your medical information private. To manage your care, we create a record of the treatment and services you receive at our facilities. This record is needed to provide you with quality care and to comply with certain legal requirements. This Notice applies to all records of the care provided to you in our facilities.

### **OUR OBLIGATIONS AS TO YOUR HEALTH INFORMATION**

The law requires DHS to:

- Keep your medical records and health information, also known as “protected health information,” private and secure.
- Give you this Notice which explains your rights and our legal duties with respect to your health information.
- Tell you about our privacy practices and follow the terms of this Notice.
- Notify you if there has been a breach of the privacy of your health information.

### **YOUR RIGHTS ABOUT YOUR HEALTH INFORMATION**

You have the following rights regarding your health information in our records:

Right to See and Ask for a Copy of Your Medical Record – With certain exceptions, such as records considered psychotherapy notes, you have the right to see and get a copy of the medical

records we have of your care. To inspect and copy your medical records, you must make your request, in writing, to the facility's Health Information Management Release of Information Unit. For your convenience, you may use the *Request for Access to Health Information* form. If you request a copy of your medical record, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request. If we have your health information available electronically, under certain circumstances, you may be able to obtain this information in an electronic format. The *Request for Access to Health Information* form may be obtained from the DHS website: [www.dhs.lacounty.gov](http://www.dhs.lacounty.gov) or by contacting the health facility where you obtain your services.

In some cases, we may deny your request. In these instances, we will give you the reason for the denial and, with some exceptions, you may request a review of this decision. If you request a review, another licensed health care provider within a DHS facility, who was not involved in the original decision to deny your request, will review the decision. We will follow what he or she decides in the review.

Right to Request Changes (Amendment) Your Health Information – If you feel that the health information contained in your medical record is incorrect or incomplete, you may ask us to correct or update the information. You have the right to request an amendment for as long as we keep the health information. To request an amendment, you must make your request, in writing, to the facility's Health Information Management Release of Information Unit and provide a reason why you are asking for an amendment. For your convenience, you may use the "*Request to Amend Protected Health Information*" form, which may be obtained from the DHS website: [www.dhs.lacounty.gov](http://www.dhs.lacounty.gov) or by contacting the health facility where you obtain your services.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We also may deny your request if you ask to amend health information that:

- Was not created by us;
- Is not part of the health information kept by or for the facility;
- Is not part of the health information that you would be permitted to inspect and copy; or,
- Is accurate and complete.

If we deny your request for amendment, in whole or in part, you have the right to submit a written statement as to what you believe is incorrect or incomplete. If you clearly state in writing that you want your statement to be made part of your medical record, we will attach it to your records and include it whenever we make a disclosure of your health information.

Right to Ask for a List of Disclosures – You have the right to request an "accounting of disclosures," which is a list of the people or organizations which we have given your health information. This list of disclosures will not include all health information we have given out. For

example, it will not include health information given out for your care, to pay for your care, for DHS business operations, or that you have authorized.

To request a copy of this list, your request must state a time period, but not longer than six years. You must submit your request to the facility's Health Information Management Release of Information Unit. For your convenience, you may use the *Request for an Accounting of Disclosures* form may be obtained from the DHS website: [www.dhs.lacounty.gov](http://www.dhs.lacounty.gov) or by contacting the health facility where you obtain your services. You may get one free list within a 12-month period. We may charge you for the costs of providing additional lists. We will tell you the cost at the time of your request so you can withdraw or modify your request before you are charged a fee.

Right to Ask for Restrictions on How We Use or Give Out Your Records – You have the right to ask us to follow special restrictions when using or providing your health information for treatment, payment, or health care operations. You also may ask for restrictions on the records we give out about your care to someone who is involved in taking care of you or paying for your health care, like a family member or friend. For example, you could ask us not to share information about a certain diagnoses or treatment with your spouse.

We will do our best to follow your request; however, when you fully pay out-of-pocket as explained below, we are required to agree to your request. If we do agree, we will comply with your request unless the health information is needed to provide you emergency treatment. To request a restriction, you must submit your request to the facility's Health Information Management Release of Information Unit. You must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse. For your convenience, you may complete and submit a Patient's Request for Restriction on the Use and Disclosure of Protected Health Information form, available from the DHS website: [www.dhs.lacounty.gov](http://www.dhs.lacounty.gov) or by contacting the health facility where you obtain your services. We will tell you if we cannot honor your request.

Right to Ask for Restrictions When You Fully Pay Out-of-Pocket – If you or someone else paid out-of-pocket in full for a health care item or service (in other words, you did not ask us to bill your health plan or health insurance company), you have the right to ask us not to share information about that item or service with them. We must agree to your request, unless the law requires us to share your information. If you or someone else paid out-of-pocket in full for a health care item or service, and you wish to request this special restriction, you must submit your request to the facility's Health Information Management Release of Information Unit. For convenience, you may complete and submit a Patient's Request for Restriction on the Use and Disclosure of Protected Health Information form, available from the DHS website: [www.dhs.lacounty.gov](http://www.dhs.lacounty.gov) or by contacting the health facility where you obtain your services.

Right to Ask for Confidential Communications – You have the right to ask that we communicate with you about your appointments or other matters related to your treatment in a specific way or at a specific location. For example, you may ask that we only contact you at work or by mail. To request confidential communications, submit your written request to the facility's Health Information Management Release of Information Unit. Your request must specify how or where you would like to be contacted. If your request has to do with paying for care, you must tell us how you will pay if you do not want us to share your health information with persons, programs or organizations that may pay for your care. We will not ask you the reason for your request. We will accommodate all reasonable requests. For your convenience, you may submit a Patient's Request for Confidential Communications form, available from the DHS website: [www.dhs.lacounty.gov](http://www.dhs.lacounty.gov) or by contacting the health facility where you obtain your services.

Right to Get a Copy of This Notice – You have the right to receive a paper copy of this Notice at any time, even if you have already received a copy or have agreed to receive it electronically. You may obtain a paper copy of this Notice from the facility where you are receiving services or from your physician. This Notice is also available at the DHS website: [www.dhs.lacounty.gov](http://www.dhs.lacounty.gov).

## **HOW DHS MAY USE AND DISCLOSE YOUR HEALTH INFORMATION**

The following describes the different ways that we may use and disclose your health information. In most cases, we may use and share your health information for treatment, payment, or health care operations, without asking for your specific permission to do so.

Treatment – We create a record of the treatment and services you receive at our facilities and will use this information to provide you with medical treatment or services. We may give this information to doctors, nurses, technicians, medical students, or other facility personnel who are involved in taking care of you at the facility. We may also provide this information to doctors who work at a non-DHS facility, if they are involved in your care. For example, a doctor treating you for diabetes may need to know if you have problems with your heart because some medications affect your blood pressure. We also may share your health information, including providing it to non-DHS workforce, in order to coordinate the different things you need, such as prescriptions, blood pressure checks and lab tests, and to determine a correct diagnosis.

Payment – We will use and disclose your health information in order to get paid for the treatment and services we have provided to you. For example, we may need to give your health plan information about a medication, visit, or treatment session you received at the facility so your health plan will pay us. 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. We may also disclose your health information to other health care providers for their payment purposes. If you pay for your services in full, out of your pocket, you can request us to not provide your health information to third-parties such as a health insurance plan.

Health Care Operations – We may use or disclose your health information for routine business reasons, such as measuring the quality of care we provide, reviewing the performance of our staff, meeting regulatory requirements, or planning for future clinical operations. We may also share your health information with other health care facilities that have a relationship with you (such as your health plan) for their health care operation activities.

Health Information Exchange (HIE) – We, along with other health care providers in the Los Angeles area, participate in one or more health information exchanges. An HIE is a community-wide information system used by participating health care providers to share health information about you for treatment purposes. Should you require treatment from a health care provider that participates in one of these exchanges who does not have your medical records or health information, that health care provider may use the system to gather your health information in order to treat you; for example, he or she may be able to get laboratory or other tests that have already been performed or find out about the treatment that you have already received. We will include your health information in this system.

Business Associates – Some services may be provided by business associates such as a billing service, record storage company, or legal or accounting consultants. We may share your health information with our business associates so they can perform the job we have asked them to do. To protect your health information, we have written contracts with our business associates requiring them to safeguard your information.

Appointment Reminders – We may use and disclose your health information to contact you to remind you about an appointment you have with us.

For Your Own Information –Your health information may be used or disclosed in order to provide you with your own test results, to tell you about treatment options or alternatives, or to provide information to you about health-related benefits or services (such as eligibility for Medi-Cal or Social Security benefits) that may be of interest to you.

Hospital Directory – DHS hospitals maintain a directory that lists patients admitted to the hospital, so family and friends can call or visit you or so you can receive mail. If you do not let us know that you object, we will include your name, location in the hospital, general condition (e.g., fair, stable, critical, etc.), and religious affiliation in the hospital directory. The directory information, except for religious affiliation, will be released to people who ask for you by name, unless you have asked us not to include you or to limit this information. Providing your religious affiliation is your choice. If you decide to give us this information, it may be given to a member of the clergy, such as a priest or rabbi, even if they do not ask for you by name. This information is released so that your family, friends and clergy can visit you in the hospital and generally know how you are doing.

People Who Take Care of You or Help Pay for Your Care – We may disclose your health information to a friend or family member who is involved in your medical care or payment for your health care, if you agree to this disclosure or do not object when given the opportunity to do so. Let us know if you do not want us to discuss your health information with this person. However, there may be times when we will need to use our professional judgment to decide whether the disclosure is in your best interest, such as in an emergency or if you lack the decision-making ability to agree or object or if you are not present. For example, we may allow someone to pick up a prescription for you.

Disaster Relief Purposes – We may disclose your health information to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. We will give you the opportunity to agree or object to this disclosure, unless we decide that we need to disclose your health information in order to respond to the emergency circumstances.

Breach Notification -- We may use and disclose your health information to tell you in the event that there has been unlawful or unauthorized access to your health information. This may include instances when someone not authorized to see your health information looks at your information or your health information is accidentally lost or is stolen. We will also report these occurrences to State and federal authorities, and may need to use your health information to do so. If this happens, we will provide you with a written notice via first-class mail to your last known address.

Fundraising Activities – We may use your health information to contact you in an effort to raise money for our hospitals or clinics. For example, we may send you a letter asking if you would like to make a donation. You can choose not to be contacted for our fundraising efforts. If we send you information about our fundraising efforts, we will include a simple way for you to request that we not contact you in the future for our fundraising efforts.

Marketing – We will not use or disclose your health information for marketing purposes unless we first obtain your written authorization to do so.

Sale of Your Health Information -- Unless we first obtain your written authorization, we will not disclose your health information to anyone if to do so would constitute a sale of your health information.

Research – Your health information may be provided to a researcher if you authorize the use of your health information for research purposes. In some situations, your health information may be released without your authorization to researchers preparing a research protocol or if our Institutional Review Board (the group that makes sure human subjects are protected during research) determines that an authorization is not required. We may also provide limited health data (not containing your name, address, or other direct identifiers) for research, public health, or

health care operations, if the person or organization that receives the information agrees to protect this information and not use it to identify you.

Disclosure Required By Law – We will provide information about you, including health information, when required to do so by federal, state, or local law, for example, the law requires us to report certain types of injuries.

To Prevent a Serious Threat to Health and Safety – Your health information may be released when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Your information would only be given out to someone able to help prevent the threat.

Workers' Compensation – If you were injured or became ill as a result of your employment your health information may be released for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

Public Health Purposes – We may disclose health information about you for public health activities, such as preventing or controlling contagious diseases, like measles or tuberculosis; reporting births or deaths; preventing injury or disability; or reporting the abuse or neglect of children, elders and dependent adults.

Organ and Tissue Donation – If you are an organ donor, we may release health information about you to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank to support this process.

Military Personnel and Veterans – If you are a member of the armed forces, we may release your records as required by military authorities.

Health Oversight Activities – We may provide your health information to federal, state, or local agencies for oversight activities specifically authorized by law, such as to license and inspect health care facilities.

Lawsuits and Disputes – We may provide your health information in response to a court or administrative order. We may also disclose your health information in response to a subpoena or other lawful process issued by someone involved in a legal dispute, but only if efforts have been made to inform you or to obtain an order protecting your information.

Law Enforcement - We may disclose your health information to law enforcement agencies:

- If the police bring you to the hospital and document that exigent circumstances exist to test your blood for alcohol or substance abuse
- If the police present a valid search warrant
- If the police present a valid court order
- To report abuse, neglect, or assaults as required or permitted by law
- To report certain threats to third parties or crimes committed on the premises
- To identify or locate a suspect, fugitive, material witness or missing person, if required or permitted by law
- To report your discharge, if you were involuntarily detained after a peace officer initiated a 72-hour hold for psychiatric evaluation and requested notification.

Funeral Homes, Coroners, Medical Examiners, and Information about Decedents – When required by law, your health record may be released 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 limited health information to a funeral home. We may also give health information to family members or friends of a deceased person if they were involved in the person's care or paid for that care prior to the death and the health information is relevant. However, we won't do this if the health information is not relevant to their involvement or if it is known to us that the deceased person would not have wanted us to share such information.

Specialized Government Functions – We may disclose your health information to authorized federal officials for intelligence, counterintelligence, or other national security activities authorized by law, as well as if required to protect the President, leaders of other countries, or certain other individuals.

Inmates – If you are an inmate or in the custody of law enforcement, we may release your health information to the correctional institution where you are confined or to the law enforcement official having custody. This release would be necessary to allow them to provide you with health care or to protect the health and safety of you, other inmates, or correctional staff.

Disclosures at Your Request – We may disclose your health information to a third party with your authorization. We will require that your authorization be in writing, that the authorization meet all legal requirements, and that we verify your identity.

Complaints and Investigations – The United States Department of Health and Human Services may review our records, which may include your health information, to investigate or review our compliance with laws protecting the privacy of your health information.



Other Uses of Your Medical Information – Other uses and disclosures of your health information that are not covered by this Notice or the laws that apply to us will be made only if you authorize us to do so or if required by law. For example, we cannot use or disclose your health information for marketing purposes, or sell your health information without your written authorization. Your authorization will remain in place until you tell us, in writing, that you are withdrawing it. If you withdraw your authorization, we will no longer use or disclose your health information for the reasons covered by the authorization. However, we will not be able to take back any disclosures that were made when the authorization was in effect, and we are required to keep records of the care we provided to you.

### **CHANGES TO THIS NOTICE**

We have the right to change our privacy practices in this Notice at any time. Any changes will apply to health information we already have about you as well as any health information we receive in the future. If we make major changes in the Notice, we will post the new notice, with the next effective date, in our facilities and post a copy on our website at [www.dhs.lacounty.gov](http://www.dhs.lacounty.gov).

## COMPLAINTS

If you think your privacy rights have been violated, you may file a complaint with Administration at the health facility where you obtain your services or any of the offices listed below.

Los Angeles County Department of Health Services  
Audit and Compliance Division  
313 N. Figueroa Street, Room 801  
Los Angeles, CA 90012  
(800) 711-5366

Los Angeles County Auditor Controller  
Chief HIPAA Privacy Officer  
500 West Temple Street, Suite 525  
Los Angeles, CA 90012  
(213) 974-2164  
Email: [hipaa@auditor.lacounty.gov](mailto:hipaa@auditor.lacounty.gov)

Region IX, Office of Civil Rights  
US Department of Health and Human Services  
90 7<sup>th</sup> Street, Suite 4-100  
San Francisco, CA 94103  
(415) 437-8310  
(415) 437-8329 (Fax)  
(415) 437-8311 (TDD)