

Notice of Privacy Practice



Department of Homeless Services and Housing			
Subject:	HSH Notice of Privacy Practice		
Policy No.:	701.1	Category:	Personnel
Effective Date:	January 1, 2026		
Approved By:	Stephen Phillips, Privacy Officer		

PURPOSE:

The purpose of this policy is to establish the process for providing a Notice of Privacy Practices (Notice) to patients regarding the use and disclosure of their Protected Health Information (PHI), as well as the Department of Homeless Services and Housing (HSH) legal duties with respect to PHI.

DEFINITION(S):

Authorization means the signed Authorization used by HSH to obtain a patient’s permission prior to using or disclosing that patient’s PHI for purposes that do not fall within the definitions of treatment, payment or health care operations and other purposes that do not require that patient’s permission.

Health Care Operations include conducting quality assessment and improvement activities including outcomes evaluation and development of clinical guidelines (provided that the obtaining of generalizable knowledge is not the primary purpose of any studies), competency assessments of clinical staff, staff training and skills improvement, activities related to the creation, renewal, or replacement of health insurance or health benefits, risk management, compliance activities, customer service and other everyday business activities that ensure quality in the provision of patient care and services.

Payment includes the activities of a health plan or health care provider for coverage and reimbursement of services provided to a patient which includes eligibility determination for benefits, and adjudication or subrogation of health benefit claims; risk adjusting amounts due based on enrollee health status and demographic characteristics; billing, claims management, collection activities, obtaining payment under a contract for reinsurance and related health care data processing; review of health care services with respect to medical necessity, coverage under a health plan, appropriateness of care, or justification of charges; utilization review activities including precertification and pre authorization of services, concurrent and retrospective review of services; and disclosure to consumer reporting agencies of any of the following PHI related to collection of premiums or reimbursement 1) name and address; 2) date of birth; 3) social security number; 4) payment history; 5) account number; and 6) name and address of the health care provider and/or health plan.

Protected Health Information (PHI) means individually identifiable information that (1) is created or received by a health care provider, health plan, employer, or health care clearinghouse, and (2) relates to past, present or future physical or mental health or condition of an individual, provision of health care to an individual, or the past, present or future payment for health care provided to an individual; and (3) identifies the individual (or for which there is a reasonable basis for believing that the information can be used to identify the individual) that is transmitted or maintained in electronic or any other form or medium. PHI does not include education and student medical records protected by the Family Educational Rights and Privacy Act or employment records.

Treatment means the provision, coordination, or management of healthcare and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party, and include consultation between health care provider to another, or the referral of a patient for health care from one health care provider to another.

POLICY:

It is the policy of HSH to make available the most up-to-date Notice of Privacy Practices to each of its patients at the earliest encounter, including service delivered electronically. The applicable Notice shall adequately describe the uses and disclosures of PHI that may be made by HSH, as well as the patients' rights and HSH' legal duties with respect to PHI.

Workforce Members with questions related to the content of the applicable Notice should talk to their supervisor, or the HSH Privacy Officer/designee.

PROCEDURE:

- I. The Notice will be distributed or otherwise made available as follows:
 - A. The Notice shall be offered to the patient no later than the date of the first service delivery, including service delivered electronically. The Notice may be provided in person or electronically, including email.
 - B. In an emergency treatment situation, the Notice shall be provided, as soon as reasonably practicable, to the patient, family caregiver or legal representative based upon the patient's condition and ability to understand his/her rights.
 - C. HSH will make a good faith effort to obtain a signed "*Acknowledgement of Receipt*" form from each patient when the Notice is provided to the patient, family caregiver or their legal representative and documented in the patient's electronic medical record or case records, as appropriate, and included as part of the patient's designated record set.
 - D. If the patient either refuses or is unable to sign, HSH must document its good faith effort and the reason that the patient's acknowledgement could not be obtained on the Inability to Obtain Acknowledgement section of the "*Acknowledgement of Receipt*" form. The "*Acknowledgement of Receipt*" form will be documented in the patient's electronic medical record or case record, as appropriate, and included as part of the patient's designated record set.
 - E. If a patient receives the Notice electronically or by first class mail, the patient will be requested to acknowledge receipt of the Notice electronically or by return e-mail. If the patient does not return the acknowledgment form, no further effort need be made.
 - F. The Notice shall be prominently posted and available for download on the HSH website.
 - G. HSH shall take reasonable steps to ensure meaningful access for limited English proficient persons, which may include access to translator or translated versions of documents in the appropriate threshold languages as determined by HSH.
- II. HSH's Notice is only valid for HSH. If other notices and/or acknowledgements of receipts are included in a patient's record, HSH must still provide its own Notice and make a good faith effort to obtain a separate "*Acknowledgement of Receipt*."

- III. HSH will promptly revise its Notice whenever there is a material change in the law or to the uses or disclosures of PHI, patients' rights, or the legal duties of HSH with respect to privacy of PHI and/or its privacy practices. If the Notice is revised because of a change in HSH policy or procedure, the policy/procedure cannot be implemented prior to the dated of the revised Notice.
 - A. The HSH Privacy Officer is responsible for working with County Counsel to revise the Notice.
 - B. Except as required by law, a material change to any term of the Notice may not be implemented prior to the effective date of the Notice in which the material change is reflected.
 - C. The revised Notice shall be posted and made available to patients upon request. The revised Notice will also be posted on the HSH website.
- IV. HSH will document compliance with and maintain the Notice, as applicable, by retaining copies of the applicable Notice issued by HSH for a period of at least six (6) years from the date of its creation or the date when it last was in effect, whichever is later.

FORMS:

- V. Acknowledgment of Receipt Form Los Angeles County Health Agency Notice of Privacy Practices.

REFERENCE(S)/AUTHORITY:

45 Code of Federal Regulations: Part 164:

Section 164.520, Notice of Privacy Practices

Section 164.502(i), Uses and Disclosures Consistent with Notice