



COUNTY OF LOS ANGELES
655 Maple Avenue
Los Angeles, California 90014
213-752-1900
homeless.lacounty.gov

Los Angeles County Department of Homeless Services and Housing Notice of Privacy Practices

Effective Date: September 1, 2026

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Los Angeles County Department of Homeless Services and Housing (HSH) understands that your health and personal information is private and sensitive. We are committed to protecting the confidentiality of your information while supporting your health, housing stability, care coordination, and access to services.

This Notice explains:

- How HSH may use and disclose your protected health information
- Your rights regarding your information
- HSH's legal responsibilities to protect your information
- How you may contact the HSH Privacy Office or file a complaint

WHO WILL FOLLOW THIS NOTICE OF PRIVACY PRACTICES

This Notice describes the privacy practices of the Los Angeles County Department of Homeless Services and Housing (HSH).

This Notice applies to HSH workforce members, including employees, contractors, volunteers, trainees, interns, case managers, housing navigators, outreach teams, care coordinators, clinicians, supervisors, consultants, and other individuals who help provide or support HSH programs and services.

This Notice applies to protected health information maintained by HSH in paper, electronic, verbal, or other forms. The services provided by HSH may involve coordination with hospitals, clinics, behavioral health providers, managed care plans, social service agencies, shelters, outreach providers, housing providers, and community-based organizations. As part of these services, HSH may create, receive, maintain, use, or disclose protected health information consistent with federal and state privacy laws.

OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

HSH is required by law to:

- Keep your physical and mental health information, also known as protected health information, private and secure
- Provide you with this Notice explaining your rights and our legal duties
- Follow the terms of the Notice currently in effect



- Notify you if a breach occurs involving your unsecured protected health information

HSH uses administrative, technical, and physical safeguards to help protect your information from unauthorized access, use, or disclosure. We understand that individuals receiving homelessness related services may face unique privacy and safety concerns, and we work to ensure information is shared only as permitted or required by law.

USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

The following sections describe different ways HSH may use or disclose your protected health information without your written authorization, unless authorization is otherwise required by law.

Not every possible use or disclosure is listed below. However, all permitted uses and disclosures fall within one of the categories described in this Notice.

Treatment

HSH may use and disclose your health information to provide, coordinate, or manage your care, treatment, housing support services, behavioral health services, and related supportive services.

For example, HSH may share information with doctors, nurses, therapists, counselors, hospitals, clinics, outreach teams, case managers, housing navigators, managed care plans, behavioral health providers, substance use disorder treatment providers, social workers, or community-based organizations involved in your care.

Information may be shared to support referrals, coordinate services, avoid duplication of services, support continuity of care, assess eligibility for services, assist with discharge planning, or respond to emergencies involving your health or safety.

Payment

HSH may use and disclose your health information to bill and receive payment for services provided to you. This may include disclosing your health information to your payment source, such as your insurance company, Medicare or Medi-Cal. For example, HSH may disclose limited information to Medi-Cal, a managed care plan, or another payer to verify eligibility for supportive services or behavioral health programs or to ask for prior authorization for services.

Health Care Operations

HSH may use and disclose your health information for operational, administrative, compliance, and quality improvement activities necessary to support our programs and services.

These activities help HSH improve service delivery and participant outcomes, monitor quality and performance, support workforce training, conduct audits and compliance reviews, investigate complaints or incidents, evaluate provider performance, support risk management activities, and meet legal or contractual obligations.

HSH may also use information internally to evaluate whether participants are receiving appropriate and timely services and to improve coordination across programs and providers.

Business Associates

HSH works with outside organizations and vendors that help support our operations and services, such as technology providers, consultants, auditors, legal advisors, records management vendors, and data hosting providers.

These organizations are HSH's business associates and may need access to certain health information in order to perform services on behalf of HSH. When this occurs, HSH has written agreements requiring these organizations to protect your information and comply with applicable privacy and security laws.

Health Information Exchange and Coordinated Care Systems

HSH, along with other providers of services, may participate in secure electronic systems, health information exchanges, and coordinated care platforms that allow authorized providers and agencies to share information for treatment, care coordination, and service delivery purposes.

These systems help participating providers and agencies coordinate care, reduce duplication of services, improve communication among care teams, support continuity of care, identify gaps in services, and improve health and housing outcomes.

Depending on the system and applicable law, you may have the right to opt out of having your information shared through certain health information exchanges or coordinated care systems. If you choose to opt out, your information will no longer be shared through the applicable system to the extent required by law and permitted by the system's opt-out process. Your decision to opt out will not affect your eligibility to receive services from HSH. You may also be able to change your decision and opt back in at a later time.

Certain uses or disclosures of your information may still be permitted or required by law even if you opt out of a health information exchange or coordinated care system. Other disclosures may require your authorization or

consent depending on the type of information involved and applicable federal or state law.

To learn whether an opt-out option is available, to request to opt out, or to change your information-sharing preference, please contact the HSH Privacy Office using the contact information provided at the end of this Notice.

Appointment Reminders and Service Communications

HSH may contact you regarding appointments, outreach visits, case management meetings, housing related appointments, eligibility renewals, referrals, benefit related updates, or other important service communications.

Communications may occur by phone, voicemail, mail, email, text message, or other communication methods you have provided to us. HSH will make reasonable efforts to communicate with you in a confidential manner consistent with your preferences and applicable law.

Discuss Treatment Alternatives, Benefits, and Services With You

HSH may use or disclose your health information to inform you about treatment options, behavioral health programs, housing resources, supportive services, public assistance programs, care coordination opportunities, wellness programs, or other services that may support your health, safety, or housing stability.

For example, we may contact you regarding housing navigation services, behavioral health support, transportation assistance, substance use treatment services, or community-based resources that may benefit you.

Individuals Involved in Your Care or Payment for Your Care

HSH may disclose relevant health information to a family member, caregiver, authorized representative, close friend, or another person involved in your care or payment for your care when appropriate.

We may do this if you agree to the disclosure, if you do not object when given the opportunity, or if we determine that sharing the information is in your best interest based on professional judgment. If you are unable to agree or object because of an emergency or incapacity, HSH may share limited information necessary to support your care, safety, or service coordination.

Disaster Relief Purposes

HSH may disclose your health information to disaster relief organizations or emergency response agencies assisting with emergency sheltering, emergency response efforts, or care coordination activities during a disaster or public emergency.

This may include helping family members, caregivers, or authorized representatives learn about your condition, location, or service status during an emergency situation. We will give you the opportunity to agree to this disclosure or object to this disclosure, unless we decide that we need to disclose your health information in order to respond to the emergency circumstances

Public Health Purposes

HSH may disclose health information for public health activities permitted or required by law. These activities may include:

- Preventing or controlling disease, injury, or disability
- Reporting communicable diseases
- Reporting abuse or neglect
- Assisting with public health investigations
- Supporting emergency response activities
- Reporting certain injuries, threats, or safety concerns as required by law

HSH may also disclose health information to appropriate government authorities if we believe an individual has been the victim of abuse, neglect, or domestic violence, when permitted or required by law.

Health Oversight Activities

HSH may disclose your health information to government agencies responsible for oversight activities authorized by law. These activities may include audits, investigations, inspections, licensing reviews, accreditation activities, compliance monitoring, and civil, criminal, or administrative investigations involving health care, behavioral health, housing, or public assistance programs.

Research

In certain circumstances, HSH may use or disclose health information for research purposes when permitted by law. Research activities involving health information are subject to privacy and ethical review processes designed to protect participant confidentiality.

In some situations, your written authorization may be required before information is used or disclosed for research. In other cases, information may be de-identified or reviewed through legally authorized processes that permit limited use of information while maintaining privacy protections.

Judicial and Administrative Proceedings

HSH may disclose your health information in response to a court order, administrative order, subpoena, discovery request, or other lawful legal process when permitted or required by law.

When appropriate, HSH will take reasonable steps to ensure disclosures are limited and consistent with applicable privacy laws.

Law Enforcement

HSH may disclose health information to law enforcement agencies when permitted or required by law. This may include disclosures related to valid warrants or court orders, reporting certain injuries or crimes, responding to threats to health or safety, assisting with locating missing persons, or reporting crimes occurring on HSH premises.

Any disclosures to law enforcement will be limited to the information permitted or required under applicable law.

Organ and Tissue Donation

If applicable, HSH may disclose health information to organizations involved in organ procurement, transplantation, or donation activities as permitted by law.

Coroners, Medical Examiners, Funeral Directors, and Decedents

HSH may disclose health information to coroners, medical examiners, or funeral directors as required or permitted by law. We may also share relevant information with family members or others involved in the care or payment for care of a deceased individual unless doing so would be inconsistent with known wishes or legal restrictions.

To Prevent a Serious Threat to Health or Safety

HSH may use or disclose your health information when necessary to prevent or lessen a serious and imminent threat to your health or safety or the health or safety of another person.

Any disclosure would be limited to individuals reasonably able to help prevent or lessen the threat.

Military Personnel and Specialized Government Functions

If you are a member of the armed forces, HSH may disclose your health information to appropriate military authorities when permitted or required by law. HSH may also disclose health information for certain specialized government functions authorized by law, including lawful national security and intelligence activities, protective services for certain government officials, certain government public benefit program activities, or other specifically authorized government functions.

Workers' Compensation

HSH may disclose your health information as authorized by workers' compensation laws or similar programs that provide benefits for work related injuries or illnesses.

As Required by Law

HSH will disclose your health information whenever required to do so by federal, state, or local law.

Breach Notification

HSH is required by law to notify you if there is a breach involving your unsecured protected health information.

If a breach occurs, HSH will provide notification consistent with federal and state legal requirements, including information regarding what happened, what information was involved, steps you may take to protect yourself, and what HSH is doing in response to the incident.

Special Rules for Certain Sensitive Information

Certain types of information receive additional protections under federal and state law. This may include substance use disorder treatment records, HIV related information, certain mental health records, psychotherapy notes, reproductive health information, domestic violence related information, minor consent services, and information protected under 42 CFR Part 2.

In many situations, HSH may not use or disclose this health information without your written authorization unless disclosure is specifically permitted or required by law. HSH applies additional safeguards and access controls to sensitive information where required. There are exceptions, such as HIV test results may be disclosed to your health care provider without written authorization.

Inmates or Individuals in Custody

If you are an inmate or in lawful custody, HSH may disclose health information to correctional institutions or law enforcement officials when necessary for your health care, the health and safety of others, facility operations, transportation, or security related activities as permitted by law.

Fundraising

If HSH engages in fundraising activities permitted by law, we may use limited demographic or service-related information to contact you regarding fundraising opportunities. You have the right to opt out of receiving fundraising communications.

OTHER USES AND DISCLOSURES

Uses and disclosures not described in this Notice will generally require your written authorization unless otherwise permitted or required by law.

HSH will not sell your protected health information or use your health information for certain marketing purposes without authorization unless permitted by law.

If you provide written authorization for a use or disclosure of your health information, you may revoke that authorization at any time in writing. Revocation will not apply to actions already taken based on the authorization before it was revoked.

POTENTIAL REDISCLOSURES

Please be aware that information you authorize for disclosure may be redisclosed by the recipient and may no longer be protected by HIPAA and other applicable laws.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have important rights regarding your protected health information.

Right to Request Restrictions

You have the right to request restrictions on certain uses or disclosures of your health information for treatment, payment, or health care operations. You may also request restrictions on disclosures to family members or others involved in your care.

HSH is not required to agree to requested restrictions unless required by law. If HSH agrees to a restriction, we will comply with the restriction except in certain emergency situations or as otherwise permitted by law.

Right to Request Restrictions for Services Paid Out of Pocket

If you pay for a health care item or service in full out of pocket, you may request that HSH not disclose information about that service to your health plan for payment or operational purposes. HSH will comply with such requests when required by law.

Right to Choose Someone to Act for You

If you have designated a legal representative, guardian, conservator, medical decision maker, or authorized representative, that person may exercise certain rights on your behalf. HSH may request documentation confirming the person's authority before taking action.

Right to Receive Confidential Communications

You may request that HSH communicate with you in a specific way or at a specific location to protect your privacy.

For example, you may request communications through certain phone numbers, mailing addresses, or communication methods. HSH will accommodate reasonable requests consistent with applicable law.

Right to Access, Inspect, and Copy Your Information

You have the right to inspect and obtain copies of your protected health information maintained by HSH, with limited exceptions permitted by law.

You may request paper or electronic copies of your records, and in some cases you may request that copies be sent directly to another person or organization you identify. HSH may charge a reasonable fee permitted by law for copying or mailing records.

Right to Amend Your Information

If you believe information maintained by HSH is incorrect or incomplete, you may request an amendment or correction.

If HSH denies your request, you will receive a written explanation of the denial and information regarding your rights to respond or submit a statement of disagreement.

Right to Receive an Accounting of Disclosures

You have the right to request an accounting of certain disclosures HSH has made of your protected health information. An accounting is a list of certain disclosures of your information made to other persons or organizations.

Your request must identify the period of time you would like the accounting to cover. The accounting may cover disclosures made during the six years before the date of your request, or a shorter period if you choose.

The accounting will not include disclosures made for treatment, payment, health care operations, disclosures authorized by you, or disclosures otherwise excluded by law.

Right to Obtain a Paper Copy of This Notice

You have the right to obtain a paper copy of this Notice at any time, even if you previously agreed to receive it electronically.

Right to File a Complaint

You have the right to file a complaint if you believe your privacy rights have been violated. HSH will not retaliate against you for filing a complaint.

CHANGES TO THIS NOTICE

HSH reserves the right to revise this Notice at any time when required by changes in law, regulation, policy, or operational practices.

Any revised Notice may apply to information already maintained by HSH as well as information received in the future. Updated Notices will be posted on the HSH website and made available upon request.

HOW TO FILE A COMPLAINT OR CONTACT THE PRIVACY OFFICE

If you have questions about this Notice, wish to exercise your privacy rights, or believe your privacy rights have been violated, you may contact:

HSH Privacy Office

Los Angeles County Department of Homeless Services and Housing
Privacy Office

655 Maple Avenue
Los Angeles, California 90013
Phone: 213-752-1900
Email: privacy@hsh.lacounty.gov

You may also file a complaint with:

U.S. Department of Health and Human Services

Office for Civil Rights
Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHS Bldg.
Washington, D.C. 20201
Phone: 1 800 368 1019
TDD: 1 800 537 7697

Website: <https://www.hhs.gov/ocr/privacy/hipaa/complaints/>

Filing a complaint will not affect your services, benefits, housing opportunities, or treatment.

For further information. If you have additional questions about this Notice or inquiries regarding privacy, please contact the County of Los Angeles Chief Executive Office, Chief Information Office - Office of Privacy at (213) 974-2164 or Privacy@ceo.lacounty.gov.