



# Como Reportar Exposición de COVID-19 en el Sitio de Trabajo

Para asegurar la salud y bien estar de empleadores, empleados y miembros de nuestra comunidad, negocios y actividades deben reportar inmediatamente cualquier caso confirmado de COVID-19 al Departamento de Salud Pública del Condado de Yolo.

**El Departamento de Salud Pública del Condado de Yolo requiere que TODOS los negocios tomen los siguientes pasos:**

## 1. SIGA



**SIGA** la Guía de COVID-19 Industrias de California para recomendaciones claras y tareas para preparar su negocio.

<https://covid19.ca.gov/industry-guidance/>.

## 2. REPORTE



**REPORTE** casos confirmados de COVID-19 al Departamento de Salud Pública. Revise y entregue el Kit de Exposición en el Lugar de Trabajo [aquí](#) y los Documentos de Privacidad (las paginas después de esta).

- Identifique y enumere todos los casos positivos y los contactos cercanos (aquellos dentro de 6 pies de distancia por 15 minutos o mas dentro de un periodo de 24 horas) de una persona infectada.
- Envíe la lista por FAX Confidencial al 530-669-1549 o envíe un correo electrónico cifrado a: [yoloCOVIDreporting@yolocounty.org](mailto:yoloCOVIDreporting@yolocounty.org). Incluya en su mensaje el nombre de su negocio, ciudad, punto de contacto, y una actualización breve de la situación (ej. 3 empleados fuera con fiebre y toz, 1 empleado con resultados de laboratorio positivos de COVID-19).

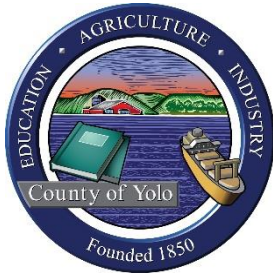
## 3. PREPÁRESE



**PREPARESE** para recibir una llamada del Departamento de Salud Pública. Para prepararse:

- Tome medidas para aislar a los contactos cercanos si aun están en el trabajo. Si esto no es posible, mándelos a su hogar para aislarse.
- Comience a implementar la Guía Industrial (vea el enlace arriba) para responder a casos de COVID-19 en su sitio de empleo y prevenir la propagación del virus.

Para información adicional sobre COVID-19, el plan “Roadmap to Recovery,” o guía para el uso de cubre bocas, visite: [www.yolocounty.org/coronavirus-roadmap](http://www.yolocounty.org/coronavirus-roadmap).



# COUNTY OF YOLO

Health and Human Services Agency

*Karen Larsen, LMFT*  
Director

MAILING ADDRESS  
137 N. Cottonwood Street • Woodland, CA 95695  
(530) 666-8940 • www.yolocounty.org

## COUNTY OF YOLO NOTICE OF PRIVACY PRACTICES

Effective April 14, 2003

**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.**

### PRIVACY AND YOU

Your health information is personal and private. We receive health information from you, your doctors, clinics, labs, hospitals, and other service providers in order to better serve you. Yolo County is required by law to maintain the privacy of the protected health information we have about you. We are also required by law to provide you with this Notice of our legal duties and the privacy practices we use when dealing with your protected health information.

### CHANGES TO NOTICE OF PRIVACY PRACTICES

The County must obey the terms of the Notice of Privacy Practices that we currently have in effect. We have the right to make a change in our privacy practices and apply it to all County records. If we do make changes, we will revise this Notice and send it to the affected persons as provided by law.

**Davis**  
600 A Street  
Davis, CA 95616  
Mental Health (530) 757-5530

**West Sacramento**  
500 Jefferson Boulevard  
West Sacramento, CA 95605  
Service Center (916) 375-6200  
Mental Health (916) 375-6350  
Public Health (916) 375-6380

**Winters**  
111 East Grant Avenue  
Winters, CA 95694  
Service Center (530) 406-4444

**Woodland**  
25 & 137 N. Cottonwood Street  
Woodland, CA 95695  
Service Center (530) 661-2750  
Mental Health (530) 666-8630  
Public Health (530) 666-8645

## HOW WE MAY USE AND DISCLOSE INFORMATION ABOUT YOU

State and federal laws control the use and sharing, or disclosure, of your protected health information by the County and its agents. The following categories describe different ways that we use and disclose protected health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or 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.

### HEALTH CARE TREATMENT, PAYMENT AND OPERATIONS

We use information that includes your name, address, personal information, medical services provided to you, and your medical history for purposes of health care treatment, payment and operations.

The examples below show how we may use and share your health information for health care treatment, payment, and operations:

1. **For Treatment:** You may need health care services that require us to share information with health care providers. You may also need medical treatment that requires the County to approve services in advance. We will receive information from and share it with the necessary parties to help you get the treatment and care you need.
2. **For Payment:** The County and its agents receive, review, approve, process, and pay for health care claims sent to us for your medical services. When we do this, we exchange information with the doctors, clinics, and others who bill us for services. We may forward bills sent to us to other health plans or organizations that are responsible for payment.
3. **For Health Care Operations:** We may use information in your health record to judge the quality of the health care service you receive. We may also use this information in audits, fraud and abuse programs, planning, and general administration of County business.

We may give out health information about you to organizations that help us in our operations. If we do, we will take steps to ensure that they protect the privacy of information we share with them.

### SOME OTHER WAYS WE MAY SHARE HEALTH INFORMATION

We may also use or give out information we have about you in the following circumstances:

- For public health activities, such as reporting disease outbreaks.
- For judicial and administrative proceedings, such as mediation, fair hearings, or lawsuits.
- To avoid a serious and immediate threat to your health or safety, or the health and safety of another person or the public, such as a terrorist attack.
- If you are enrolled in a health program as a dependent of the named covered person.
- For national security activities.
- In response to a subpoena, discovery request, or other lawful process, but only if the requesting party provides proof that you have been given proper notice and an opportunity to object.
- For purposes required by law, such as reporting abuse or neglect.
- For purposes of workers' compensation and similar programs.
- To agencies that oversee the health care system, for audits or investigations.
- To the federal government when it is checking on how we are meeting privacy laws.
- To other government agencies that provide public benefits.
- If asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process.
- For other limited law enforcement purposes, such as to locate a missing person.
- If you are an inmate of a correctional institution or under the custody of a law enforcement official, to the correctional institution or law enforcement official, (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.
- For research studies that meet all privacy law requirements, such as research related to preventing disease.
- To create a collection of information which can no longer be traced back to you.

Some Federal and State laws limit the sharing of information described above. For example, there are special laws which protect information about HIV/AIDS status, mental health treatment, developmental disabilities, and drug and alcohol abuse treatment. We will also obey these laws.

**\*\*\*\*\*IMPORTANT\*\*\*\*\***

The County may not have complete copies of your medical records. If you want to look at, get a copy of, or change your medical records, please contact your doctor, clinic or health plan. If you are in a managed care plan, that plan may have information about claims paid for you since you joined the plan. Please contact the managed care plan to look at or get a copy of these claims.

You or your doctor, hospital, etc. may appeal County decisions made about claims for services for you. Your health information may be used to make these appeal decisions.

## **WHEN WRITTEN PERMISSION IS NEEDED**

The ways in which the County may use or share your protected health information are limited. But if the County ever wants to use or disclose that information for any purpose not listed above, it will get written permission from you. If you do give us written permission to use or share your information for other purposes, you may take back your permission in writing at any time.

## **WHAT ARE YOUR PRIVACY RIGHTS UNDER THE LAW?**

- You have a right to ask us not to use or share your personal information in the ways described above. We may not always agree to your request.
- You have the right to ask the County to contact you only in writing or at a different address, post office box, or telephone number. We will try to accommodate any reasonable request, and we will accept reasonable requests when necessary to protect your safety.
- You have the right to look at and get a copy of the protected health information that the County has about you. Someone who has the legal right to act for you (your personal representative) may also look at and get a copy of this information for you. The County has eligibility information, information about claims submitted to us for payment, and some medical information, which we use to approve services for you or manage your health care. You will be sent a form to fill out and will be charged a fee in advance for the costs of copying and mailing records. We may keep you from seeing parts of your records for reasons allowed by law. If we do, we will give you information on how to file an appeal of our decision.
- You have the right to ask that information in your records be changed if it is not correct or complete. We may refuse your request if the information is not created or kept by the County, or if we believe it is already accurate and complete. You may request a review of our refusal or send in a statement disagreeing with our decision. This statement will be kept with your records.
- When we share your health information for reasons other than treatment, payment, or County operations without your permission, you have the right to request a list of whom we shared the information with, when, for what reasons, and what information was shared.
- You have the right to request a paper copy of this Notice of Privacy Practices.

## HOW DO YOU CONTACT US?

If you want to exercise any of the privacy rights explained in this Notice, please contact your service provider or call or write us at:

Privacy Officer  
625 Court Street, Room 101  
Woodland, CA 95695  
530-666-8055

## QUESTIONS

If you have any questions about this Notice, including our obligations or your rights as described in this Notice, please contact your service provider or call or write us at:

Privacy Officer  
625 Court Street, Room 101  
Woodland, CA 95695  
530-666-8055

## COMPLAINTS

If you believe that your privacy rights have been violated and wish to complain, you may file a complaint with any service provider or by calling or writing the department contact or:

**HIPAA Appeals Officer**  
**625 Court Street**  
**Woodland, CA 95695**  
**530-666-8150**

**OR**

**Secretary of the U.S. Department of Health & Human Services**

Office for Civil Rights

Attention: Regional Manager

50 United Nations Plaza, Room 322

San Francisco, CA 94102

For additional information, call (800) 368-1019

**OR**

U.S. Office for Civil Rights by calling (866) 627-7748

or

(866) 788-4989 **TTY**

## NO RETALIATION

The County will not take away your health care benefits or retaliate in any way if you choose to file a complaint or use any of the privacy rights in this Notice.

## Acknowledgement

My signature below indicates that I have been provided with a copy of the Notice of Privacy Practices.

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Name

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Identifier

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Signature

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Date

If signed by legal representative, the relationship to client:

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