

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. Yolo County is required by law to protect the privacy of the information we have about you. We receive medical information from you, your doctors, clinics, labs, and hospitals in order to better serve you. We are required by law to provide you with this Notice of our legal duties and the privacy practices we use when dealing with your personal information.

CHANGES TO NOTICE OF PRIVACY PRACTICES

The County must obey the terms of this Notice. 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 persons affected in the County.

HOW WE MAY USE AND DISCLOSE INFORMATION ABOUT YOU

State and federal laws control the use and sharing, or disclosure, of information about you by the County and its agents. Your name, address, personal information about your circumstances, medical services provided to you, and your medical history, may only be used or shared for a reason directly connected to the operations of the County. For example activities directly connected to the operation of the County could include:

- Treatment
- Determining eligibility and the amount of medical assistance
- Establishing methods of paying for services
- Approving, providing, and paying for County services
- Investigating or prosecuting cases involving fraud

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

1. **For treatment:** You may 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 make sure you get the 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 who 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.

OTHER USES FOR YOUR HEALTH INFORMATION

We may also send information to you about your health, such as announcements about free medical exams, food programs, etc.

We may be required to give out your health information under a court order. We will give out information voluntarily to a court or lawyer if it is related to the operation of the County. Such cases may involve fraud or actions to recover money from legally responsible third parties, when the County has paid for your medical 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 information about you are limited. But if the County ever wants to use your personal 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 be able to 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 accept reasonable requests when necessary to protect your safety.
- You have the right to look at and get a copy of information, which 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 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 for the costs of copying and mailing records. We may keep you from seeing parts of your records for reasons allowed by law.

- 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 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, 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 a right to request a paper copy of this Notice of Privacy Practices.

******* 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.

HOW DO YOU CONTACT US?

If you want to exercise any of the privacy rights explained in this Notice, or have any **Questions**, please call or write us at:

Quality Management Office
137 N. Cottonwood St., Ste 2501, Woodland, CA 95695
(530) 666-8787

COMPLAINTS

If you believe that your privacy rights have been violated and wish to complain, you may file a complaint by calling or writing us at:

Quality Management Office
137 N. Cottonwood St., Ste. 2501, Woodland, CA 95695
(530) 666-8787

OR

Mindi Nunes
Privacy Officer
625 Court St., Rm 100, Woodland, CA 95695
(530) 666-8329

Or

Secretary of the U.S. Department of Health and 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) OCR-PRIV (866-627-7748)
or (866) 788-4989 TTY

NO RETALIATION

The County cannot 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 a copy of Yolo County's Notice of Privacy Practices.

Print Name (first and last)

Date

Signature

Relationship to client if Acknowledgement signed by a legal representative

OFFICE USE ONLY

Support and Clinical Staff

Please document TYPE of identification provided by the client who signs this Acknowledgement Form. Please document the TYPE only, which could be as simple as "current client," if known by Support or Clinical Staff, "driver's license," etc.

Identification TYPE