



NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW
THE COUNTY OF RIVERSIDE MAY USE AND DISCLOSE
YOUR PERSONAL HEALTH INFORMATION AND HOW
YOU CAN OBTAIN ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.**

EFFECTIVE DATE: APRIL 14, 2003

The County creates records of health care to provide quality care and comply with legal requirements. The County understands your health information is personal and private, and commits to safeguarding it to the extent reasonably possible. The law requires the County to keep your health information private and to provide you this notice of our legal duties and privacy practices. The law also requires the County to follow the terms of this notice.

This notice outlines the limits on how the County will handle your health information. Under federal law, the County must provide a copy of this notice when you receive health care and related services from the County, or participate in certain health plans administered or operated by the County. The County reserves the right to change practices and make new provisions effective for all health information it maintains. You may request an updated copy of this notice at any time.

A. Use and Disclosure – General

Generally, except as otherwise specified below, the County may use and disclose the following health information, as allowed by state and federal law:

1. **For treatment.** The County uses and discloses health information to provide you health care and related services. For instance:
 - Nurses, doctors, or other County employees may record your health information, and they may share such information with other County employees.
 - The County may disclose health information to people outside the County involved in your care who provide treatment and related services.
 - The County may use and disclose health information to contact you to remind you about appointments for treatment or health care-related services.
 - In emergencies, the County may use or disclose health information to provide you treatment. The County will make its best effort to obtain your permission to use or disclose your health information as soon as reasonably practical.
2. **For payment.** The County may bill you, insurance companies, or third parties. Information on or accompanying these bills may identify you, as well as diagnoses, assessments, procedures performed, and medical supplies used.
3. **For health care operations.** The County may use information in your health record to assess the care and outcomes in your case to improve our services, and in administrative processes such as purchasing medical devices, or for auditing financial data.
4. **For health plan administration.** As administrator of certain health plans, such as Medicare, Medi-Cal, and Exclusive Care, the County may disclose limited information to plan sponsors. The law only allows using such information for purposes such as plan eligibility and enrollment, benefits administration, and payment of health care expenses. The law specifically prohibits use for employment-related actions or decisions.

**County of Riverside
Notice of Privacy Practices**

B. Use and Disclosure Requiring Your Authorization

On a limited basis, the County may use and disclose health information only with your permission, as required by state and federal law:

1. From mental health records.
2. From substance abuse treatment records.

C. Use and Disclosure Requiring an Opportunity for You to Agree or Object

In certain cases, the County may use and disclose health information only if it informs you in advance and provides an opportunity to agree or object, as required by state and federal law:

1. The County may include your name, location in the facility, general condition, and religious affiliation in a facility directory while you are a patient so your family, friends and clergy can visit you and know how you are doing.
2. To individuals assisting with your treatment or payment.
3. To assist with disaster relief to notify your family about you.

D. Use and Disclosure NOT Requiring Permission or an Opportunity for You to Agree or Object

In specific cases, the County may use and disclose the following health information without your permission and without providing you the opportunity to agree or object:

1. As required by law.
2. For public health activities, which may include the following:
 - Preventing or controlling disease, injury or disability;
 - Reporting births and deaths;
 - Reporting abuse or neglect of children, elders and dependent adults;
 - Reporting reactions to medications or problems with products;
 - Notifying people of recalls of products they may use; or,
 - Notifying a person exposed to or at risk to contract or spread a disease or condition.
3. For mandated reporting of abuse, neglect or domestic violence.
4. For health oversight activities necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.
5. To the minimum extent necessary to comply with judicial and administrative proceedings when compelled by court order, or in response to a subpoena, discovery request or other lawful process as allowed by law.
6. To law enforcement:
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;

**County of Riverside
Notice of Privacy Practices**

- About a death we believe may be the result of criminal conduct;
 - About criminal conduct at the hospital; or,
 - In emergency circumstances to report a crime, the location of a crime or crime victims, or the identity, description or location of a person who may have committed a crime.
7. To coroners, medical examiners and funeral directors as necessary for them to carry out their duties.
 8. For organ donation once you are deceased.
 9. For public health research in compliance with strict conditions approved and monitored by an Institutional Review Board.
 10. To avert serious threats to the health and safety of you or others.
 11. Regarding military personnel for activities deemed necessary by a appropriate military command authorities to assure proper execution of a military mission.
 12. To determine your eligibility for or entitlement to veterans benefits.
 13. To authorized federal officials for the conduct of lawful intelligence, counter-intelligence, and other national security activities.
 14. To correctional institutions and other law enforcement custodial situations, inmates of correctional institutions or in custody of a law enforcement official.
 15. To determine your eligibility for or enroll you in government health programs.
 16. For Workers Compensation or similar programs, to the minimum extent necessary.

The County will not disclose your health information for marketing fundraising, or other reasons not listed above without your prior written permission, and you may withdraw that permission in writing at any time. If you do, the County will no longer use or disclose health information about you for the reasons you permitted. You understand the County is unable to retract disclosures already made with your permission, and must retain records of care already provided.

E. Rights and Responsibilities

With regard to health information, the County recognizes and commits to safeguard your:

1. **Right to request restrictions on certain use and disclosure.** You have the right to request restriction or limitation on the health information the County uses or discloses for treatment, payment or health care operations, though the law does not require the County to agree to your request. If the County agrees, it will comply except to provide emergency treatment. Requests must be in writing and state: the information you want to limit; whether to limit use, disclosure, or both; and, to whom limits apply. For instance, you may ask not to disclose to your spouse.
2. **Right to confidential communications.** You have the right to ask the County to communicate with you in a certain way, or at a certain location.
3. **Right to request to inspect and copy records.** You have the right to request to inspect and obtain copies of your health information. Requests may be required in writing, and the County may charge you a fee for the costs of fulfilling your request. The County may

**County of Riverside
Notice of Privacy Practices**

deny requests to inspect or copy psychotherapy notes, mental health records, or materials for legal proceedings. You may ask for review of a denial by another health care professional chosen by the County. The County will comply with the results of that review.

4. **Right to amend health records.** If information the County has about you is incorrect or incomplete, you may ask to amend it. Requests must be in writing, and provide a reason supporting your request. The County may deny your request if it is not in writing, or does not include a reason supporting it. The County may deny requests if the information:
 - Was not created by the County;
 - Is not health information kept by or for the County;
 - Is not information you are permitted to inspect and copy; or,
 - Is accurate and complete.
5. **Right to an accounting of certain disclosures.** You have the right to ask for a listing of the last six years of disclosures of your health information since April 14, 2003, not pertaining to treatment, payment or health care operations. Requests must be in writing. The first list you request in a twelve-month period is free. The County may charge you the cost of providing or reproducing additional lists. When told the cost, you may withdraw or modify your request.
6. **Right to obtain a paper copy of the notice of privacy practices upon request.**
7. **Right to file complaints without fear of retaliation.** Under law, the County cannot penalize you for filing a complaint. If you believe the County violated your privacy rights, you may file a complaint with the department privacy officer, County privacy office, or with the U.S. Secretary of Health and Human Services.

PRIVACY COMPLAINT CONTACTS

**Riverside County
Regional Medical Center**
Privacy Officer
26520 Cactus Avenue
Moreno Valley, CA 92555
(951) 486-4659

Office on Aging
6296 Rivercrest Drive, Suite K
Riverside, CA 92507
(800) 510-2020

Employee Assistance Program
3600 Lime Street, Suite 111
Riverside, CA 92501
(951) 778-3970

Community Health Agency
Privacy Officer
4065 County Circle Drive
Riverside, CA 92503
(951) 358-5000

Public Social Services
Privacy Officer
10281 Kidd Street
Riverside, CA 92503
(951) 358-3030

★ County Privacy Office ★
P.O. Box 1569
Riverside, CA 92502
(951) 955-1000

Mental Health
Privacy Officer
4095 County Circle Drive
Riverside, CA 92503
(951) 358-4500

Veterans Services
1153A Spruce Street
Riverside, CA 92507
(951) 955-6050

Exclusive Care Plan
P.O. Box 1508
Riverside, CA 92502
(800) 962-1133

U.S Department of Health & Human Services

Region IX Office of Civil Rights
50 United Nations Plaza, Room 322
San Francisco, CA 94102

TEL: (415) 437-8310 ♦ TDD: (415) 437-8311 ♦ FAX: (415) 437-8329



ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Patient or Subscriber Name: _____
(Please print patient or subscriber name)

I, _____,
(Print name of patient, subscriber, conservator, parent or legal guardian signing below)

acknowledge receipt of the Notice of Privacy Practices, which explains limits on ways in which the County may use or disclose personal health information to provide service, provided by the County of Riverside:

(Name of facility, provider or program)

Signed: _____ Date: _____

If not signed by patient, indicate relationship: _____

NOTE: Parents must have legal custody. Legal guardians and conservators must show proof.

THIS SECTION TO BE FILLED OUT ONLY BY THE COUNTY OF RIVERSIDE

Patient did receive the Notice of Privacy Practices, but did not sign this Acknowledgment of Receipt because:

- ☐ Patient left office before Acknowledgment could be signed.
- ☐ Patient does not wish to sign this form.
- ☐ Patient cannot sign this form because: _____

Patient did not receive the Notice of Privacy Practices because:

- ☐ Patient required emergency treatment.
- ☐ Patient declined the Notice and signing this Acknowledgment.
- ☐ Other: _____

Name: _____
(Print name of provider or provider's representative)

Signed: _____ Date: _____
(Signature of provider or provider's representative)