

County of Riverside  
Notice of Privacy Practices



**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED 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 initially 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 your 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 involved in your treatment.
  - The County may use or disclose health information about you to doctors, nurses, technicians, students, or other personnel who are involved in taking care of you. Information obtained by a nurse, physician, or other member of your health care team will be documented in your medical record and be used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment. We may also provide your treating physician, referring physician, or a subsequent health care provider with copies of various reports that should assist him or her in treating you. The disclosure of your health information to your healthcare providers, including non-County of Riverside providers, may be done electronically through a secure health information exchange system that allows healthcare providers involved in your care to access your records to coordinate services for you. For continuity of patient care, your health information may also be used or disclosed by non-County of Riverside healthcare providers using our common electronic health record platform

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("CareConnect"). A list of healthcare providers that use CareConnect is available at the website <http://ruhealth.org/careconnectpartners>. A common electronic health record platform means that healthcare providers using CareConnect will have access to the information they need to provide you with care and treatment.

- 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. Your information may be used or disclosed to an outside company that performs services such as accreditation, legal, computer, or auditing services. These outside companies are called "business associates" and are obligated, under contract with us, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract with them.
  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.
  5. **Underwriting purposes.** County health plan may use or disclose your health information for underwriting purposes, but is prohibited from using or disclosing your genetic information for such purposes.
  6. **Fundraising activities.** County may use information about you, or disclose such information to a business associate or foundation related to the County, to contact you in an effort to raise funds for the County. You have the right to opt out of receiving fundraising communications. If you receive fundraising communications, it will tell you how to opt out.

**B. Use and Disclosure Generally Requiring Your Authorization**

Except in certain circumstances, the County may use and disclose health information only with your permission:

1. From mental health records and psychotherapy notes;
2. From substance abuse treatment records;
3. For marketing purposes; and,

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4. For sales of health information.

**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 generally know how you are doing. Your religious affiliation may be given only to clergy.
2. To individuals involved in your health care or assisting with payment for your health care.
3. To assist with disaster relief efforts 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 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:
  - In response to a court order, subpoena, warrant, summons or similar legal process;
  - To identify or locate a suspect, fugitive, material witness, or missing person;
  - About the victim of a crime if, under certain limited circumstances, the County is unable to obtain the person's agreement;
  - About a death the County believes may be the result of criminal conduct;
  - About criminal conduct that occurred on County's premises; or,
  - In emergency circumstances to report a crime, the location of a crime or crime victims,

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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, eye and tissue donation once you are deceased.
9. For 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 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 authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state or investigate threats against the President or other authorized persons.
15. To correctional institutions or other law enforcement officials for certain purposes such as protecting your health and safety or the health and safety of others, if you are an inmate of the correctional institution or in custody of a law enforcement official.
16. To determine your eligibility for or enroll you in government health programs.
17. For Workers Compensation or similar programs, to the minimum extent necessary.

**E. Other Uses and Disclosures of Health Information**

The County will not disclose your health information for other reasons not covered by this notice 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.

**F. 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 a restriction or limitation on the health information the County uses or discloses for treatment, payment or health care operations. 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 the County not to disclose information about your surgery to a family member. Except as described below, the law does not require the County to agree to your request. If the County agrees, it will comply except to provide emergency treatment. Unless otherwise required by law, the County will agree to your request to restrict disclosure to a health plan for payment or health care operations purposes if you, or someone else on your behalf (other than the health plan), has paid for

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the health care item or service out of pocket in full.

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. For example, you can ask that the County only contact you at work or by mail.
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 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.

If County health care provider denies your request for amendment, you have the right to submit a written addendum, not to exceed 250 words, with respect to any item or statement in your record you believe is incomplete or incorrect. If you clearly indicate in writing that you want the addendum to be made part of your medical record, County health care provider will attach it to your records and include it whenever a disclosure is made of the item or statement you believe to be incomplete or incorrect.

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, not pertaining to treatment, payment or health care operations and other exceptions pursuant to law. 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. In addition, the County will notify you following a breach of your unsecured health information as required by law.
6. **Right to obtain a paper copy of the notice of privacy practices upon request.** Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.
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.

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**PRIVACY COMPLAINT CONTACTS**

**Riverside County Health System**  
Compliance and Privacy Officer  
26520 Cactus Avenue  
Moreno Valley, CA 92555  
(951) 486-6471

**Public Health**  
Privacy Officer  
4065 County Circle Dr  
Riverside, CA 92503  
(951) 358-5000

**Department of Behavioral  
Health**  
Compliance Officer  
4095 County Circle Drive  
Riverside, CA 92503  
(800) 413-9990

**\* County Privacy Office \***  
26520 Cactus Avenue  
Moreno Valley, CA 92502  
(951) 486-6471

**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**  
90 7<sup>th</sup> Street, Suite 4-100  
San Francisco, CA 94103  
TEL: (800) 368-1019 • TDD: (800) 537-7697 • FAX: (202) 619-3818