

STATE OF CALIFORNIA
Department of State Hospitals



NOTICE OF PRIVACY PRACTICES

Effective: January 1, 2019

**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.**

OUR PLEDGE REGARDING MEDICAL INFORMATION

Your medical information is personal and private. We are committed to protecting this information. We create a record of the care you receive. This record is needed to provide you with good care and to comply with certain legal requirements.

We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to your medical information;
- Follow the terms of the notice that is currently in effect; and
- Notify you of a breach of unsecured protected health information.

CHANGES TO NOTICE OF PRIVACY PRACTICES

We must obey the terms of this Notice. We have the right to make a change in our privacy practices and apply it to all hospital records. If we do make changes, we will revise this Notice and give a copy of the Notice to each patient currently in the hospitals.

HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION: The categories listed below describe the ways we use and disclose medical information. Not every possible use or disclosure in each category is listed. However, all of the ways we are allowed to use and disclose information will fall within one of the categories.

- ❖ **For Treatment:** We may use your medical information to care for you. For example, we may disclose medical information about you to doctors in other health facilities who may be involved in your care.
- ❖ **For Payment:** We create bills for services provided to you and may share medical information about you with insurance plans. We do this so we can bill for these services and collect payments. For example, we may give information to the Department of Developmental Services so we can bill Medicare for services you receive.
- ❖ **For Health Care Operations:** We may use and disclose medical information about you for hospital operations. These uses and disclosures are necessary to run the hospital and make sure all of our patients receive quality care. For example, we may use medical information to review the treatment and services we provide.
- ❖ **Research:** We may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects are subject to special approval.
- ❖ **As Required by Law:** We will disclose medical information about you when required to do so by federal, state, or local law. If we are required to report to the court concerning your condition, we will include medical information about you.
- ❖ **To Avert a Serious Threat to Health or Safety:** We may use and disclose information about you when necessary to prevent a serious threat to your health and safety and the safety of the public or another person.
- ❖ **For Incidental Disclosures:** There are certain uses or disclosures that are incidental while we are providing treatment to you or conducting our business. For example, other patients waiting in the same area may hear your name called. We will make reasonable efforts to limit these incidental uses and disclosures.
- ❖ **For Disclosure at Your Request:** We may disclose information when requested by you. This may require a written authorization from you.
- ❖ **Family Members or Others You Designate:** If a request for information is made by your spouse, parent, child, or sibling and you are unable to authorize the release of this information, we are required to give the requesting person notification of your presence in our facility. Unless you request that this information not be provided, we must make reasonable attempts to notify your next of kin or another person designated by you, for your release, transfer, serious illness, injury, or death only upon their request.

- ❖ **To Individuals Involved in Your Care or Payment for Your Care:** We may release information about you to a family member who is involved in your medical care with your permission. We may also give information to someone who helps pay for your care. In addition, we may disclose information about you to an organization assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.
- ❖ **Health Information Exchange:** We may share your health information electronically with other groups through a Health Information Exchange network. These other groups may include hospitals, laboratories, public health departments, health plans, and others. Sharing data electronically is a faster way to get your health information to providers treating you. For example, if you need to go to the emergency room at an outside hospital, it allows the emergency room doctors to get your information fast and care for you.

SPECIAL SITUATIONS

- **Organ and Tissue Donation.** If you have agreed to donate organs or tissue, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to carry out your wishes.
- **Workers' Compensation.** We may release medical information about you for workers' compensation claim purposes or to similar insurance programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks.** We may disclose medical information about you to public health agencies as provided by law. These public health disclosures may include the following:
 - to prevent or control disease, injury, or disability;
 - to report births and deaths;
 - to report child, elder, or dependent adult abuse or neglect;
 - to report reactions to medications or problems with products;
 - to notify people of recalls of products they may be using;
 - to notify a person who may have been exposed to a communicable disease or may be at risk for contracting or spreading a disease or condition;
 - to notify emergency response employees regarding exposure to HIV/AIDS, to the extent necessary to comply with state and federal laws.
 - to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will make this disclosure only to a government agency which is authorized by law to receive such reports and to the extent required by law:
 - if you agree or
 - when required or authorized by law and then only to the extent specifically authorized by law

- **Health Oversight Activities.** We may disclose your medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement.** We may release a patient's medical information if asked to do so by a law enforcement official or to the Office of Law Enforcement Support:
 - In response to a court order, subpoena, warrant, summons or similar legal process;
 - To identify or locate a suspect, fugitive, witness, escapee, or missing person;
 - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - About a death we believe may be the result of criminal conduct;
 - When requested by an officer who lodges a warrant with the hospital;
 - When requested at the time of a patient's involuntary hospitalization;
 - About criminal conduct at the hospital; and
 - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **Coroners, Medical Examiners and Funeral Directors.** We may release a patient's medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the hospital to funeral directors as necessary to let them carry out their duties.
- **National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others.** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- **Advocacy Groups:** We may disclose information about you to Disability Rights California or other groups for the purposes of certain investigations as permitted by law.
- **Senate and Assembly Rules Committees:** We may disclose your information to the Senate or Assembly Rules Committee for the purpose of legislative investigation.

- **Department of Justice**: We may disclose limited information to the California Department of Justice for movement and identification purposes about certain patients, or regarding persons who may not purchase, possess, or control a firearm or deadly weapon.
- **Inmates**. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose medical information about you to the correctional institution or law enforcement official. These disclosures may be necessary for the institution to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

OTHER USES AND DISCLOSURES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this Notice or the laws that apply, will be made only with your written permission or as permitted or required by law. If you provide us permission to disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your permission.

We will never market or sell your personal information or use your information for fundraising.

YOUR PRIVACY RIGHTS UNDER THE LAW

You have the following rights regarding medical information we maintain about you:

- ◆ **Right to Inspect and/or Receive a Copy**. You have the right to inspect your record within 5 working days of your request. You have the right (within 15 calendar days) to receive a copy of any medical information that is used to make decisions about your care. You may also have a copy of financial information like your billing records.

To inspect and/or request a copy of this medical information, you must submit your request in writing to the Privacy Officer at your hospital as listed below. If you request a copy of the information, we may charge a fee for the costs of copying associated with your request. There will be no charge for copies of records needed to support an appeal regarding eligibility for a public benefit program.

We may deny your request to inspect and/or copy your records under very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed. Another licensed health care professional, chosen by us, will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- ◆ **Right to Amend**. If you feel that medical information we have about you is incorrect or incomplete, you have a right to request that amendments be made to your medical record and provide a written addendum limited to 250 words that can be added to your medical

record. ***You must provide your request for an amendment in writing.*** If we deny your request for amendment you have the right to submit a statement of disagreement to our denial. If you submit a statement of disagreement, it will become part of your medical record. We may also write a statement of our disagreement and if we do we will provide you with a copy. Amendments, denials, statements of disagreements by you or by us will be added to your record. However, under no circumstances is an entry in the record changed, erased, or made unreadable.

- ◆ **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures" of medical information for reasons other than treatment, payment, or health care operations or other exceptions by law. To request this list or "accounting of disclosures," you must submit your request in writing to the Privacy Officer at your hospital as listed below. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free but we may charge you costs for additional lists.
- ◆ **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for if you have self-paid for all of your treatment. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member. For example, you could ask that we not use or disclose information about a surgery you had. ***We are not required to agree to your request, except when you wish to restrict disclosures to a health plan when you or another person, other than the health plan, paid for the health care item or service in full (unless we are required by law to disclose this information).*** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, **you must make your request in writing** to the Privacy Officer at your hospital as listed below. In your request, you must tell us: (1) what information you want to limit and whether you wish to limit use, disclosure or both; and (2) to whom you want the limits to apply; for example, disclosures to your spouse.

- ◆ **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, when you are discharged from the hospital and there is a need for us to contact you, how do you want us to contact you – in writing or by telephone; at your place of residence or at work?

To request confidential communications, **you must make your request in writing** to the Privacy Officer at your hospital as listed below. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- ◆ **Right to a Paper Copy of This Notice.** You have the right to receive a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. A copy is provided to all patients at the time of admission to the hospital. To obtain another paper copy of this Notice, you may ask your Unit Supervisor or your caseworker.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer at your hospital as listed below. All complaints must be submitted in writing.

You will not be penalized in any way for filing a complaint.

The contact number at each state hospital is as follows:

<p>Department of State Hospitals - Atascadero Privacy Officer (805) 468-2260 P.O. Box 7001 Atascadero, CA 93423-7001</p>	<p>Department of State Hospitals - Patton Privacy Officer (909) 425-6254 3102 East Highland Avenue Patton, CA 92369</p>
<p>Department of State Hospitals - Coalinga Privacy Officer (559) 935-4300 24511 West Jayne Avenue P.O. Box 5000 Coalinga, CA 93210-5000</p>	<p>Department of State Hospitals - Metropolitan LA Privacy Officer (562) 651-3129 11401 South Bloomfield Avenue Norwalk, CA 90650</p>
<p>Department of State Hospitals - Napa Privacy Officer (707) 253-5000 2100 Napa-Vallejo Highway Napa, CA 94558-6293</p>	<p>Department of State Hospitals - Sacramento Chief Privacy Officer (916) 654-2319 1600 9th Street, Room 433 Sacramento, CA 95814</p>

You may also file a complaint with the Secretary of the federal Department of Health and Human Services. The complaint should be submitted to:

Office for Civil Rights
U.S. Department of Health and Human Services
90 7th Street, Suite 4-100
San Francisco, CA 94103
Phone (800) 368-1019; Fax (202) 619-3818;
TDD (800) 537-7697
E-mail: ocrmail@hhs.gov
<https://www.hhs.gov/ocr>