

## **NOTICE OF PRIVACY PRACTICES**

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**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.**

If you have any questions about this notice, please contact First 5 Alameda County at 510-875-2400.

### **PURPOSE OF THIS NOTICE**

This notice describes the privacy practices of First 5 Alameda County (“we” or “us”).

### **OUR RESPONSIBILITY**

Your and your child’s individually identifiable health information (“Personal Health Information”) is confidential and is protected by certain laws. It is our responsibility to protect your Personal Health Information as required by these laws and to provide you with this notice of our legal duties and privacy practices. It is also our responsibility to abide by the terms of this notice as currently in effect.

### **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

Personal Health Information regarding a child or a child's parent, legal guardian, or other family member that is provided to First 5 Alameda County by any source is confidential. Your Personal Health Information is not to be used or disclosed except as described in this Notice of Privacy Practices, except as you authorize in writing, or where disclosure is required by state or federal law.

We will disclose Personal Health Information with health care professionals and others we have authorized to be involved in providing you with health care services in conjunction with First 5 Alameda County. These health care professionals and others individuals include:

- Physical health care professionals (such as medical doctors, nurses, technicians)
- Behavioral health care professionals (such as psychiatrists, psychologists, licensed clinical social workers, marriage and family therapists, psychiatric technicians, nurses, interns)
- Other individuals who are involved in taking care of you at this agency or who work with this agency to provide care for its clients, including First 5 Alameda County employees, staff, and other personnel who perform services or functions that make your health care possible

Health care professionals who provide services to you may disclose your Protected Health Information with other health care providers for purposes of treatment,

payment, or health care operations, and to other persons as required or permitted by the laws that apply to them.

Your authorization is not required by law for First 5 Alameda County to share your Personal Health Information with your health care providers, but First 5 Alameda County has chosen to give you a greater degree of control over your information than is required. This is accomplished through the use of the Authorization for Services form on which you will be asked to identify which First 5 Alameda County partner you do NOT wish to share information for purposes of providing services to you

First 5 Alameda County will use and disclose your information for treatment, payment and health care operations purposes as described below. Other uses and disclosures are also described. Some of these uses and disclosures require your written authorization, but others do not. While not every type of use and disclosure is listed, all uses and disclosures will fall within one of the categories.

### **TREATMENT**

With authorization, we may use or disclose your health information to provide you with case management services, medical treatment or other health services, or to respond to requests for information we receive from health care providers who are providing health care services to you. The term "medical treatment" includes physical health care treatment and also "behavioral healthcare services" (mental health services) that you might receive. For example, a public health nurse may arrange for a licensed clinician to visit you at home and may discuss with the licensed clinician his or her insight about you or your child's needs. Or a public health nurse may arrange for a developmental specialist to provide an assessment or evaluation of your child. We may have contacts with you during which we will share your health information with you. For example, we may use and disclose health information to contact you as a reminder that you have an appointment for treatment, or to tell you about or recommend possible treatment options or alternatives that might be of interest to you. We may use and disclose health information about you to tell you about health-related benefits or services that might be of interest to you.

### **PAYMENT**

In some cases we will bill third parties for payment for services provided to you or your child, in which case we may use or disclose your health data to obtain the payment. For example, we may need to give your health plan information about treatment or counseling you received so that they will pay us for the services. We may also tell them about treatment or services we plan to provide in order to obtain prior approval or to determine whether your plan will cover the treatment. If

you obtain health care from another provider, we may also disclose your health information to your new provider for payment purposes.

### **HEALTH CARE OPERATIONS**

We may use and disclose health information about you or your child for our own operations. First 5 Alameda County coordinates with several Alameda County departments that provide operations support to First 5 Alameda County such as the Health Care Services Administration, Alameda County Counsel, and others. We may share limited portions of your health information with Alameda County departments but only to the extent necessary for the performance of important functions in support of our health care operations. These uses and disclosures are necessary to the successful operation of First 5 Alameda County, and to make sure that all of our clients receive quality care. For example, we may use your health information:

- To review treatment and services and to evaluate the performance of the staff in caring for you
- To help decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective
- For the review or learning activities of doctors, nurses, clinicians, technicians, other healthcare staff, students, interns and other agency staff
- To help us with our fiscal management and compliance with laws

If you obtain health care from another provider, we may also disclose your health information to your new provider for certain of its health care operations. In addition, we may remove information that identifies you from this set of health information so that others may use it to study health care and health care delivery without learning the identity of specific patients.

### **DISCLOSURES WHERE WE ARE NOT REQUIRED TO GIVE YOU AN OPPORTUNITY TO AGREE OR OBJECT**

In addition to the above situations, the law permits us to share your health information without first obtaining your permission. These situations are described next.

#### **AS REQUIRED BY LAW**

We will disclose health information about you when required to do so by federal, state, or local law. For example, information may need to be disclosed to the Department of Health and Human Services to make sure that your rights have not been violated.

#### **SUSPICION OF ABUSE OR NEGLECT**

We will disclose your health information to appropriate agencies if relevant to a suspicion of child abuse or neglect, or if you are not a minor, if you are a victim of abuse, neglect or domestic violence and either you agree to the disclosure or we are authorized by law to disclose this and it is believed that disclosure is necessary to prevent serious harm to you or others.

### **PUBLIC HEALTH RISKS**

We may disclose health information about you for public health activities to the extent required by law. These activities generally include the following:

- To prevent or control disease, injury or disability
- To report births and deaths
- 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 disease or may be at risk for contracting or spreading a disease or condition

### **HEALTH OVERSIGHT ACTIVITIES**

We may disclose health 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 dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only as authorized by law and only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested. If your health information is mental health information then the information will not be disclosed in the dispute except that it may be disclosed to the court for the administration of justice, under California law.

### **LAW ENFORCEMENT**

We may release health information to law enforcement officials as required by law:

- In response to a court order or similar directive
- To identify or locate a suspect, witness, missing person, etc.
- To provide information to law enforcement about a crime victim
- To report criminal activity or threats concerning our facilities or staff

## **CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS**

We may release health information to a coroner or medical examiner where required by law. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about patients at our facilities in order to assist funeral directors as necessary to carry out their duties.

## **RESEARCH**

We may use or disclose your information for research purposes under certain limited circumstances.

## **TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY**

We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety, or to the health and safety of the public or another person. Any disclosure however, would only be to someone who we believe would be able to prevent the threat or harm from happening.

## **FOR SPECIAL GOVERNMENT FUNCTIONS**

We may use or disclose your health information to assist the government in its performance of functions that relate to you. For example, if you are a member of the armed forces we may share your information with appropriate military authorities to assist in military command. Your information may be disclosed to workers' compensation programs as permitted by law. If you are incarcerated, we may disclose your information to the correctional facility for certain security and health and safety purposes.

## **DISCLOSURE ONLY AFTER YOU HAVE BEEN GIVEN OPPORTUNITY TO OBJECT**

There are situations where we will not share your health information unless we have discussed it with you (if possible) and you have not objected to this sharing. These situations are:

### **PATIENT DIRECTORY**

Where we keep a directory of our patients' names, health status, location of treatment, etc. for purposes of disclosure to members of the clergy or to persons who ask about you by name, we will consult you about whether your information may be shared with these persons.

### **PERSONS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE**

We may disclose to a family member, a close personal friend, or another person that you have been named as being involved with your health care (or the payment for your health care) your health information that is related to the person's involvement. Also, we may notify a family member (or other person responsible for your care) who you identify about your location and medical condition.

## OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us written authorization to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization we will no longer use or disclose health information about you for the reasons covered by your authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required by law to retain our records of the care that we provided to you.

## ADDITIONAL RIGHTS REGARDING YOUR HEALTH INFORMATION

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

### RIGHT TO INSPECT AND COPY

You have the right to inspect and copy this health information. Usually this includes medical and billing records, but may not include some mental health information. Certain restrictions apply:

- You must submit your request in writing. We can provide you a form for this and instructions about how to submit it.
- If you request a photocopy, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request.
- We may deny your request in certain circumstances. If you are denied access to health information, you may request that the denial be reviewed as provided by law.

### RIGHT TO AMEND

If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. **We are not required to make the amendment if we determine that the existing information is accurate and complete.** We are not required to remove information from your records. If there is an error, it will be corrected by adding clarifying or supplementing information. You have the right to request an amendment for as long as the information is kept by or for the facility. Certain restrictions apply:

- You must submit your request for the amendment in writing. We can provide you a form for this and instructions about how to submit it.
- You must provide a reason that supports your request.
- We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- ♦ was not created by us, unless the creator of the information is no longer available to make the amendment
- ♦ is not part of the health information kept by or for First 5 Alameda County
- ♦ is not part of the information which you would be permitted to inspect or copy

## **RIGHT TO AN ACCOUNTING OF DISCLOSURES**

You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of health information about you in the six (6) years prior to the date you request the accounting. The accounting will not include:

- Disclosures needed for treatment, payment or health care operations, unless the information is contained in an electronic health record (in which event the accounting will describe only the disclosures for these purposes made during the previous 3 years)
- Disclosures that we made to you
- Disclosures that were merely incidental to an otherwise permitted or required disclosure
- Disclosures that were made with your written authorization
- Certain other disclosures that we made as allowed or required by law
- Disclosures that were made prior to April 14th, 2003

To request this accounting, you must submit your request in writing. We can provide you a form for this and instructions about how to submit it. Your request must state the time period to be covered by the accounting, which may not be longer than the periods of time described above and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

## **RIGHT TO REQUEST RESTRICTIONS**

You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we do not use or disclose any information to a friend or family member about your diagnosis or treatment.

If we agree to your request to limit how we use your information for treatment, payment, or healthcare operations we will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, you must make your request in writing to your provider. In your request, you must tell us what information you want to limit, whether you want to limit our use, disclosure or both, and to whom you want the limits to apply. We are not required to agree to your request.

### **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, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to your provider. We will not ask you for the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

### **RIGHT TO A PAPER COPY OF THE NOTICE**

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice from your provider or from First 5 Alameda County. The First 5 Alameda County office is generally open Monday to Friday from 9:00 am to 5:00 pm (except holidays).

### **CHANGES TO THIS NOTICE**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our facilities. The notice contains on the first page, in the bottom left-hand corner, the effective date. Each time you receive service you will receive a new copy of the notice if it has changed.

### **COMPLAINTS**

First 5 Alameda County is committed to protecting the privacy of your personal health information. If you believe your privacy rights have been violated, you may file a complaint with First 5 Alameda County. We will investigate your claim in a timely manner and take corrective action if necessary. To file a complaint with First 5 Alameda County, request the First 5 Alameda County *Health and Medical Information Privacy Violation Complaint Form* from your provider. You may also obtain a copy of the form and instructions for filing a complaint by contacting:



**First 5 Alameda County**  
**1100 San Leandro Blvd. Suite 120**  
**San Leandro, Ca 94577**  
**TEL: 510-875-2400**  
**FAX: 510-875-2410**  
**Web Site: *www.first5ecc.org***

All complaints must be submitted in writing. You will not be penalized for filing a complaint.

You may also file a complaint with the U.S. Department of Health and Human Services. The department will ask First 5 Alameda County to investigate the complaint, so resolving your complaint may take longer than if you contact First 5 Alameda County directly at the address above. To file a complaint with the Secretary of the U.S. Department of Health and Human Services, contact:

**Office of Civil Rights**  
**U.S. Department of Health and Human Services**  
**50 United Nations Plaza Room 322**  
**San Francisco, CA 94102**  
**TEL: 415- 437-8310**  
**TDD: 415- 437-8311**  
**FAX: 415- 437-8329**  
**Web Site: *www.hhs.gov/ocr***