



County of Solano Privacy Officer
675 Texas St.
Fairfield, CA 94533
(707) 784-6170

<https://www.solanocounty.com/>



Your Information. Your Rights. Our Responsibilities.

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.

We are legally required to keep your health information, also known as “protected health information” or “PHI” private, give you this notice of our legal duties and privacy practices with respect to your PHI, and comply with this notice.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of your health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests and must say “yes” if you tell us you would be in danger if we do not.

Your Rights *continued*

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- To request this list, you must submit your request in writing to the person in charge of your treatment.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly. You may also obtain a copy of this notice at our website, www.solanocounty.com.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you

Rights of Minors

- In California, in certain circumstances a minor has the right to consent to reproductive, mental health and substance use disorders services. These services can be obtained by the minor without parent/legal guardian consent.
- Under California law, a minor between the age of 12-17 years old, if it is the opinion of the attending professional person that minor is mature enough is the owner of the medical record. In these situations, the minor, not the parent/legal guardian has the right of access to related health information except for exclusions.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your privacy rights by contacting us using the information on top of page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation
- Contact you for fundraising efforts

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

- We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Health Care Operations

- We can use and disclose your information to operate our facilities, clinics and programs, and to meet certain state and federal regulations.

Example: We use health information about you to develop better services for you.

Pay for your health services

- We can use and disclose your health information to get paid for the treatment and services we have provided you.

Example: We share information to recover payment from Medi-Cal, Medicare, or private insurance companies.

Administer your plan

- We may disclose your health information to your health plan sponsor for plan administration.

Example: Medi-Cal, the County may disclose limited information to plan sponsors.

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone’s health or safety
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Do research

- We can use or share your information for health research.
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Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.
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Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
 - We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
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Address workers’ compensation, law enforcement, and other government requests

- We can use or share health information about you:
 - For workers’ compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services
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Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process.
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Conduct outreach, enrollment, care coordination and case management

- We can share information with other County of Solano benefits programs like Covered California for reasons such as outreach, enrollment, care coordination, and case management
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Health Oversight Activities

- We may disclosure your health information to health oversight agency for activities authorized by law. These oversight activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights.

Military and Veterans

- If you are a member of the Armed Forces, we may share health information about you with military command authorities if we are asked to do so. We may also share health information about foreign military personnel to foreign military authorities.

Comply with special laws

- There are special laws that protect some types of health information such as:
 - Mental Health Services
 - Treatment for Substance Use Disorders
 - HIV/AIDS testing and treatment
- We will obey these laws when they are stricter than this notice.

Health Information Exchange (HIE)

- The County participates in electronic exchange networks and some of the uses and disclosures of information described above may be done through electronic means, such as a Health Information Exchange (HIE). Other entities may access your health information for treatment or other permitted uses.

Specialized Governmental Functions

- In the course of National Security and Intelligence activities, we may disclose health information to authorized federal officials for intelligence and other national security activities authorized by law.

Public Benefits

- We may also disclose your health information as part of Government programs providing public benefits.

Inmates of Correctional Institutions

- If you are an inmate of a correctional institution, under the custody of law enforcement, we may share health information about you so you can get health care; protect your health and safety or the health and safety of others; or for the safety and security of the correctional institution.

Law Enforcement

- We may disclose your health information if asked to do so by law enforcement officials, including the following circumstances:
 - In response to court order subpoena, warrant, summons or similar process.
 - To identify or locate a suspect, fugitive, material witness or missing person.
 - If the health information is related to a victim of crime
 - Suspicion that death has occurred as a result of criminal conduct.
 - If a crime occurs on the premises of practice, and
 - Medical emergency and it is likely that a crime has occurred.

OCHIN

- County of Solano is a part of an organized health care arrangement including participants in **OCHIN**. A current list of **OCHIN** participants is available at <http://www.ochin.org> . As a business associate of County of Solano **OCHIN** supplies information technology and related services to H&SS and other OCHIN participants. **OCHIN** also engages in quality assessment and improvement activities on behalf of its participants. For example, **OCHIN** coordinates clinical review activities on behalf of participating organizations to establish best practice standards and access clinical benefits that may be derived from the use of electronic health record systems. **OCHIN** also helps participants work collaboratively to improve the management of internal and external patient referrals. Your health information may be shared by County of Solano with other **OCHIN** participants or a health information exchange only when necessary for medical treatment or for the health care operations purposes of the organized health care arrangement. Health care operations can include, among other things, geocoding your residence location to improve the clinical benefits you receive.
- The personal health information may include past, present and future medical information as well as information outlined in the Privacy Rules. The information, to the extent disclosed, will be disclosed consistent with the Privacy Rules or any other applicable law as amended from time to time. You have the right to change your mind and withdraw this consent, however, the information may have already been provided as allowed by you. This consent will remain in effect until revoked by you in writing. If requested, you will be provided a list of entities to which your information has been disclosed.
- Further information about OCHIN and the County's participation in and agreement(s) with OCHIN is available on request by contacting the County Privacy Officer at the contact information below.

Other Uses of Health Information

- Other uses and disclosures of health information not covered by this Notice or laws that apply to use will be made only with your written authorization. If you provide us authorization to use or disclose health information about you, you may review 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 written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided to you.
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Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information (PHI).
- We will use and disclose only the minimum information necessary to accomplish that particular purpose for which the use or disclosure is made.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

Effective Date: September 12, 2024

This Notice of Privacy Practices applies to the following organizations.

- This notice applies to all County of Solano programs, including Medi-Cal. For a full list of programs currently run by the County of Solano, please visit our website at www.solanocounty.com.

For More Information

Please contact us to request a copy of this notice in other languages or to get a copy in another format, such as large print or Braille.



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