



Aging and Adult Services

DEPARTMENT OF AGING AND ADULT SERVICES (DAAS)/ MULTIPURPOSE SENIOR SERVICES PROGRAM (MSSP) NOTICE OF PRIVACY PRACTICES

Review this notice carefully. This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Effective August 2018

Your health information is personal and private, and DAAS/MSSP must protect it. This notice tells you how the law requires or permits DAAS/MSSP to use and disclose your health information, referred to as "Protected Health Information" or "PHI." It also describes the rights and obligations DAAS/MSSP has regarding the use and disclosure of PHI.

Your PHI is information about you, including demographic information that can reasonably identify you, concerning your past, present, or future, physical or mental health condition. The information may be about payment for your health care as well. The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule requires DAAS/MSSP to keep your PHI private.

All DAAS/MSSP staff, volunteers, interns, contractors, and others, who have access to your protected health information, will follow the rules outlined in this notice.

DAAS/MSSP may change this notice when the law or our practices change. DAAS/MSSP reserves the right to make the revised or changed notice effective for PHI we already have about you, as well as any information we receive in the future. You will not automatically receive a new notice. If you would like to receive a copy of any new notice, you can access the DAAS/MSSP web site at:

http://hss.sbcounty.gov/daas/programs/Multipurpose_senior_services.aspx

You can also request a copy from any MSSP staff person.

OUR USES AND DISCLOSURES

How do we typically use or share your health information?

For Treatment: DAAS/MSSP can use and disclose your PHI to provide you with medical treatment and related services. DAAS/MSSP can also share your PHI:

- With doctors, health care personnel, and other staff who are involved in your care;
- With individuals or entities for your future care for other treatment reasons; and
- In response to an emergency; *for example, a doctor treating you for an injury asks another doctor about your overall health condition.*

For Payment: DAAS/MSSP can use and disclose your PHI to bill and receive payment for the treatment and services you receive. For billing and payment purposes, DAAS/MSSP can disclose your PHI to your payment source, including insurance or managed care company, Medicare, Medicaid/Medi-Cal, or another third-party payer. *For example, DAAS/MSSP can give your health plan information about the treatment you received, so your health plan will pay or refund us for the treatment; or DAAS/MSSP is permitted to contact your health plan to confirm your coverage or to ask for prior authorization for a proposed treatment.*

For Health Care Operations: DAAS/MSSP can use and disclose your information to run our organization and contact you when necessary. This includes quality assurance and improvement actions, reviewing the competence and qualifications of health care professionals, medical review, legal services, audit roles, and general administrative purposes. *For example, DAAS/MSSP can use your PHI to evaluate our services and our staff's performance in caring for you.*

There may be some services provided by our business associates, such as a billing service, record company, or legal or accounting consultants. DAAS/MSSP can share your PHI with our business associates, so they can perform contracted tasks. DAAS/MSSP has entered into written contracts with our business associates that mandates them to safeguard your information.

For additional information, refer to:

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

WAYS DAAS/MSSP CAN USE OR DISCLOSE YOUR PHI WITHOUT OBTAINING AN AUTHORIZATION FROM YOU

Public Health and Safety Issues: DAAS/MSSP can share your PHI for certain situations such as:

- Preventing disease;
- Helping with product recalls;
- Reporting adverse reactions to medications; and
- Preventing or reducing a serious threat to anyone's health or safety.

Research: DAAS/MSSP can use or share your PHI for health research.

Comply with the Law: DAAS/MSSP can share your PHI:

- As required by federal, state, or local law;
- In response to a subpoena, or a court or an administrative order;
- For workers' compensation claims;
- With health oversight agencies for activities authorized by law;
- For special government functions such as military, national security, and presidential protective services;
- When required to do so by law enforcement officials:
 - 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;
 - About a death DAAS/MSSP believes may be the result of criminal conduct; and
 - In emergencies, to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed a crime.

Work with a Medical Examiner or Funeral Director: DAAS/MSSP can share your PHI with a coroner, medical examiner, or funeral director when an individual dies.

Conduct Outreach, Enrollment, Care Coordination, and Case Management: DAAS/MSSP can share your PHI with other government benefits programs like Covered California or Cal MediConnect for reasons such as outreach, enrollment, care coordination, and case management.

Appointment Reminders: DAAS/MSSP can use and disclose your PHI to contact you as a reminder that you have an appointment for treatment or care.

Inform Individuals Involved in your Care or Payment of your Care:

DAAS/MSSP can share your PHI with a family member, a relative, a friend, or person you identify involved in your medical care or payment provided that you agree to this, or we give you an opportunity to object and you do not do so. If you are unable to agree or object, we may decide that it is in in your best interest based on our professional judgment to share your information, such as if you are incapacitated or need to disclose your PHI in an emergency.

Prevent or Report Abuse and Neglect: DAAS/MSSP can share your PHI with a multidisciplinary personnel team relevant to the prevention, identification, and management or treatment of an abused child and the child's parents, or elder abuse and neglect.

Additional privacy protections may apply if we are using or sharing sensitive health information, such as HIV-related information, mental health information, psychotherapy notes, and genetic information. For example, under California law, we cannot disclose HIV test results without a written authorization, except in limited circumstances. Your information will be protected according to the highest level of protection required.

Note: DAAS/MSSP does not create or manage a hospital directory.

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.

How to Get a Copy of Your Health and Claims Records: You can ask to see or get a copy of your medical record and other health information DAAS/MSSP has about you. Ask us how to do this. We will provide a copy or summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Correct Health and Claims Records: You can ask DAAS/MSSP in writing to correct your health and claims records if you think they are incorrect or incomplete. We can deny your request, but will tell you why in writing within 60 days.

Request Confidential Communications: You can ask DAAS/MSSP in writing 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 will not ask you the reason for your request.

Limit What We Use or Share: You can ask DAAS/MSSP in writing not to use or share certain health information for treatment, payment or our operations. We are not required to agree; however, if we do agree, DAAS/MSSP will comply with your request unless your PHI is needed to provide emergency treatment. If you pay for a service or health care item out-of-pocket in full, you can ask DAAS/MSSP not to share that information for the purpose of payment or operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a List of Those with Whom We Have Shared Your Information: You can ask DAAS/MSSP in writing for a list of disclosures we have made regarding your PHI (accounting of disclosures) up to six (6) years prior to the date of your request. DAAS/MSSP will include all the disclosures except for those about treatment, payment, and health care operations, or as required by law. DAAS/MSSP will provide one accounting per year free, but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

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. DAAS/MSSP will provide you with a paper copy promptly.

Choose Someone to Act for You: If you have given someone medical power of attorney or if someone is your legal guardian or conservator, that person can exercise your rights and make choices about your health information. DAAS/MSSP will make sure the person has this authority and can act for you before we take any action.

Get a Copy of Completed Test Results Directly from a Laboratory: You or your authorized personal representative can receive laboratory test results from your health care provider or you can request your completed test report directly from the laboratory that performed the test. In most cases, laboratories must provide test results within 30 days. Ask your provider about how to obtain your laboratory results directly.

YOUR CHOICES

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

The Right and Choice to Tell Us: You have both the right and choice to tell DAAS/MSSP to share information:

- With your family, close friends, or others involved in payment for care; and
- In a disaster relief situation.

If you are not able to inform DAAS/MSSP of your preference, for example if you are unconscious, we can share your information if it is in your best interest. We can also share your information when needed to lessen a serious and imminent threat to health or safety. Other uses and disclosures of your PHI, not covered by this notice or the laws that apply to us, will be made only with your written authorization. Please note that you may withdraw authorization for DAAS/MSSP to use or disclose to others at any time.

Fundraising: DAAS/MSSP can contact you for fundraising efforts, but you can tell us not to contact you again.

OUR RESPONSIBILITIES

DAAS/MSSP:

- Is required by law to maintain the privacy and security of your PHI.
- Must follow the duties and privacy practices described in this notice and give you a copy of it.
- Will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- Will not use or share your information, other than as described here, unless you tell us we can in writing. If you change your mind at any time, let us know in writing.
- Will never market or sell your information.

For more information, visit:

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

QUESTIONS OR COMPLAINTS

If you have questions regarding this notice or believe your (or someone else's) rights have been violated, you can contact DAAS/MSSP or the federal government. We will not retaliate against you for filing a complaint nor will your right to further treatment be affected.

Questions regarding this notice or to file a complaint with San Bernardino County Department of Aging and Adult Services/Multipurpose Senior Service Program, contact:

San Bernardino County Department of Aging and Adult Services
Multipurpose Senior Services Program
Loretta Sotile, MSSP Site Director
17270 Bear Valley Rd., Ste. 108
Victorville, CA 92395
Phone: (760) 243-8467
Email: Loretta.Sotile@hss.sbcounty.gov

To file a complaint with the County of San Bernardino, contact:

San Bernardino County HIPAA Complaints
157 West Fifth Street, First Floor
San Bernardino, CA 92415
Phone: (909) 387-4500
Email: HIPAAComplaints@cao.sbcounty.gov

To file a complaint with the federal government, contact:

Region IX
Office for Civil Rights, Department of Health and Human Services
90 7th Street, Suite 4-100
San Francisco, CA 94103
Phone: (800) 368-1019
FAX: (415) 437-8329
TDD: (800) 537-7697
www.hhs.gov/ocr/privacy/hipaa/complaints/



NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT OF RECEIPT

By signing this form, you acknowledge receipt of the “Notice of Privacy Practices” of the Department of Aging and Adult Services (DAAS) Multipurpose Senior Services Program (MSSP). Our “Notice of Privacy Practices” tells you how we may use and disclose your Protected Health Information (PHI). DAAS/MSSP encourages you to read it in full.

We may change our “Notice of Privacy Practices.” If we do, you may obtain a copy of the revised notice by accessing our website at:

http://hss.sbcounty.gov/daas/programs/Multipurpose_senior_services.aspx.

You may also obtain a copy of the revised notice and ask questions about our “Notice of Privacy Practices” by contacting:

San Bernardino County Department of Aging and Adult Services
Multipurpose Senior Services Program
Loretta Sotile, MSSP Site Director
17270 Bear Valley Rd., Ste. 108
Victorville, CA 92395
Phone: (760) 243-8467
Email: Loretta.Sotile@hss.sbcounty.gov

I acknowledge receipt of the “Notice of Privacy Practices” of DAAS/MSSP.

Date: _____ Time: _____ AM / PM

Signature: _____
(patient/legal representative)

If signed by someone other than patient, indicate relationship:

Print name: _____
(legal representative)



NOTICE OF PRIVACY PRACTICES INABILITY TO OBTAIN ACKNOWLEDGEMENT

Complete this section only if no signature is obtained. If it is not possible to obtain the individual's Acknowledgment, describe the good faith efforts made to obtain the individual's Acknowledgment, and the reasons why the Acknowledgment was not obtained.

Patient Name: _____

Reasons why the Acknowledgment was not obtained:

Patient refused to sign this Acknowledgment even though the patient was asked to do so and the patient was given the Notice of Privacy Practices.

Other:

Date: _____ Time: _____ AM / PM

MSSP Employee
Signature: _____

MSSP Employee Print
Name: _____