



SISKIYOU COUNTY

Health and Human Services Agency

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Director of Health and Human Services Agency

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***THIS NOTICE DESCRIBES HOW
COUNTY OF SISKIYOU BEHAVIORAL HEALTH SERVICES
MAY USE AND DISCLOSE YOUR PERSONAL HEALTH INFORMATION
AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.***

EFFECTIVE DATE: APRIL 14, 2003

COMPLETE NOTICE OF PRIVACY PRACTICES

County of Siskiyou Behavioral Health Services (CSBHS) creates records of health care to provide quality services and to comply with legal requirements. CSBHS understands your health information is personal and private, and commits to safeguarding it to the extent reasonably and legally possible. The law requires CSBHS to keep your health information private and to provide you this notice of our legal duties and privacy practices. The law also requires CSBHS to abide by the terms of the notice currently in effect. In the event that your protected health information is breached, CSBHS has a legal duty to notify you about the breach.

This notice outlines the limits on how CSBHS will handle your health information. Under federal law, CSBHS must provide a copy of this notice when you receive health care and related services from CSBHS, or participate in certain programs administered or operated by CSBHS. CSBHS 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, CSBHS may use and disclose the following health information, as allowed by state and federal law:

1. **For treatment.** CSBHS uses and discloses health information about your condition and treatment to provide you health care and related services. For instance:
 - Service providers, nurses, doctors, or other CSBHS employees may record your health information, and they may share such information with other CSBHS employees who are involved in your treatment.
 - CSBHS may disclose health information to people outside CSBHS involved in your care who provide treatment and related services.
 - CSBHS may use and disclose health information to contact you to remind you about appointments for treatment or health care-related services.
 - In emergencies, CSBHS may use or disclose health information to provide you treatment. CSBHS will make its best effort to obtain your permission to use or disclose your health information as soon as reasonably practical.
 - **Exceptions:** For certain kinds of records, your permission may be needed even for release for treatment, payment and business operations. Even for these reasons, we will not

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disclose your information to anyone who does not need to know it, even if they work for us. And we will only give them as much of your information as they need to know to do their work.

2. **For payment.** CSBHS may bill you, insurance companies, or third parties. Information on or accompanying these bills may identify you, as well as diagnoses, assessments, treatments and procedures performed, and medical supplies used.
3. **For health care operations.** CSBHS 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 supplies for our programs, or for auditing financial data.
4. **For health plan administration.** As an administrator of certain health plans, such as Medi-Cal, CSBHS 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.

B. Use and Disclosure Requiring Your Authorization

On a limited basis, CSBHS may use and disclose health information only with your permission, as required by state and federal law:

1. From mental health records.
2. From substance abuse treatment records.

Your requests must be made in writing to us at County of Siskiyou Behavioral Health Services, Attention: Health Information Department, 2060 Campus Drive, Yreka, CA 96097. You may also ask us for a form you can sign and fill out. This "Authorization" form gives us permission to use and disclose your health information in the way you would like us to do it.

C. Use and Disclosure Requiring an Opportunity for You to Agree or Object

In certain cases, CSBHS 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 or federal law:

1. If you are hospitalized due to a mental illness or admitted to a substance abuse treatment facility, CSBHS may, with your permission, provide your name, location in the facility, general condition, and religious affiliation while you are a patient to people you authorize us to tell so your family, friends and clergy can visit you and know how you are doing.
2. To individuals other than your primary care providers who are assisting with your treatment or payment.
3. To assist with disaster relief 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, CSBHS may use and disclose the following health information without your permission and without providing you the opportunity to agree or object:

1. As required by law.

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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:
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About the victim of a crime if, under certain limited circumstances, CSBHS is unable to obtain the person's agreement;
 - About a death CSBHS believes may be the result of criminal conduct;
 - About criminal conduct at a hospital where one of CSBHS' clients is admitted; or,
 - In emergency circumstances to report a crime, the location of a crime or crime victims, 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 donation once you are deceased.
9. For public 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 assist staff determining 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 correctional institutions and other law enforcement custodial situations regarding inmates of correctional institutions or in custody of a law enforcement official.
15. To determine your eligibility for or help you enroll you in government health programs.

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16. For Workers Compensation or similar programs, to the minimum extent necessary.

E. Commercial Use of Health Information

• **Fundraising, Advertising and Merchandising:** Unless you ask us to do so, we will not use your health information to ask you for contributions or help in raising money. We will not give or sell your health information to anyone for the purpose of advertising or marketing their products or services.

F. Withdrawal of Your Permission

You may withdraw your permission to disclose your health information in writing at any time. If you do, CSBHS will no longer use or disclose health information about you for the reasons you permitted. You understand CSBHS is unable to retract disclosures already made with your permission, and must retain records of care already provided.

Our use and disclosure of your personal health information must comply not only with federal privacy regulations but also with applicable California law. California law provides some different protections to your personal health information. For example, California provides extra protection for sensitive information, like HIV/AIDS, mental health and substance abuse treatment information. We will comply with all laws, whether federal, state or local, that are designed to protect you and your health information!

G. Rights and Responsibilities

With regard to health information, CSBHS recognizes and commits to safeguard your:

1. **Right to request restrictions on certain use and disclosure.** You have the right to request restriction or limitation on the health information CSBHS uses or discloses for treatment, payment or health care operations, though the law does not require CSBHS to agree to your request. If CSBHS agrees, it will comply except to provide emergency treatment. 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 us not to disclose to your spouse.
2. **Right to confidential communications.** You have the right to ask CSBHS to communicate with you in a certain way, or at a certain location. You have the right to review or get copies of the information in your records by a way (mail or e-mail) or at a place that protects your confidentiality if you request this in writing, telling us how or where you want to review or get copies of your records. For example, we can make your records available at one of our Mt. Shasta clinics. At this time, we do not have the security safeguards in place that would allow us to send your records to you electronically, such as over the Internet. If we are able to do this in the future, we will amend this Notice to let our clients and our communities know.
3. **Right to inspect and copy records.** You have the right to inspect and obtain copies of your health information. Requests must be in writing, and CSBHS may charge you a fee for the costs of fulfilling your request. Under certain circumstances provided for by

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law, CSBHS 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. CSBHS will comply with the results of that review.

4. **Right to amend health records.** If information CSBHS 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. CSBHS may deny your request if it is not in writing, or does not include a reason supporting it. CSBHS may deny requests if the information you want to amend:
 - Was not created by CSBHS;
 - Is not health information kept by or for CSBHS;
 - Is not information you are permitted to inspect and copy; or,
 - Is already accurate and complete.
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 since April 14, 2003, not pertaining to treatment, payment or health care operations. Requests must be in writing. The first list you request in a twelve-month period is free. CSBHS may charge you the cost of providing or reproducing additional lists. When told the cost, you may withdraw or modify your request.
6. **Right to obtain a paper copy of the notice of privacy practices upon request.**
7. **Right to file complaints without fear of retaliation.** If you want to talk to us about your rights or privacy issues, please call us. If you believe CSBHS violated your privacy rights, you may file a complaint with the CSBHS Privacy Officer or with the U.S. Secretary of Health and Human Services Office of Civil Rights. Under law, CSBHS cannot penalize you for filing a complaint to any of these places.

PRIVACY COMPLAINT CONTACTS

**County of Siskiyou Behavioral Health
Services**

Compliance Officer
2060 Campus Drive
Yreka, CA 96097
1-800-842-8979

**U.S. Department of Health & Human Services
Region IX Office of Civil Rights**

50 United Nations Plaza, Room 322
San Francisco, CA 94102
TEL: (415) 437-8310
TDD: (415) 437-8311
FAX: (415) 437-8329

ADDITIONAL INFORMATION

A shorter version of this notice ("Summary") is available at our outpatient clinic reception desks or by calling 1-800-842-8979. You have the right to receive additional copies of this or the shorter version at any time.

This notice is available in Spanish.
Esta notificación está disponible en español.