

MENDOCINO COUNTY DEPARTMENT OF PUBLIC HEALTH
DIVISION OF ALCOHOL AND OTHER DRUG PROGRAMS

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT
HIPAA

We are required by law to provide our staff and clients a Notice of Privacy Practices, which describes how information about you may be used and disclosed.

NOTICE OF PRIVACY PRACTICES

Every person contacting AODP to enroll in services will receive a Notice of Privacy Practices (NPP), with an Acknowledgement of Receipt form. It is the responsibility of front desk personnel to provide the copy and request the person to sign the receipt in acknowledgment of receiving the copy. The signed receipt will be kept in the client file. If the person refuses to sign the receipt or accept the NPP, staff will complete the bottom section of the Acknowledgement of Receipt for the file.

WHO WILL FOLLOW THIS NOTICE

The Mendocino County Department of Public Health Division of Alcohol and Other Drug Programs practices are followed by:

- ◆ Any staff of the Department and its Divisions.
- ◆ Any health care professional authorized to enter information into your health record.
- ◆ Any member of a volunteer group we allow to help you when you receive services from the Department.
- ◆ All employees, staff and other consultants/contractors.
- ◆ The State Department of Alcohol and Drug Programs and agents of the state providing alcohol and drug services pursuant to contracts with the state will follow the terms of this notice. In addition, these entities may share health information with each other for treatment, payment, or administrative operation purposes described in this notice.

We reserve the right to change our practices and to make the new provisions effective for all Protected Health Information (PHI) we maintain at this time. Should our information practices change, a revised notice will be sent to each and every current client.

NOTICE OF PRIVACY POLICY

THIS NOTICE DESCRIBES HOW MEDICAL AND ALCOHOL AND OTHER DRUG RELATED INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

General Information

Information regarding your health care, including payment for health care, is protected by two federal laws: the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), 42 U.S.C. § 1320d et seq., 45 C.F.R. Parts 160 & 164, and the Confidentiality Law, 42 U.S.C. § 290dd-2, 42 C.F.R. Part 2. Under these laws, Mendocino County Department of Public Health, Division of Alcohol and Other Drugs (AODP) may not say to a person outside AODP that you attend the program, nor may AODP disclose any information identifying you as an alcohol or drug abuser, or disclose any other protected information except as permitted by federal law.

AODP must obtain your written consent before it can disclose information about you for payment purposes. For example, AODP must obtain your written consent before it can disclose information to your health insurer in order to be paid for services. Generally, you must also sign a written consent before AODP can share information for treatment purposes or for health care operations. However, federal law permits AODP to disclose information *without* your written permission:

1. Pursuant to an agreement with a qualified service organization/business associate;
2. For research, audit or evaluations;
3. To report a crime committed on AODP premises or against AODP personnel;
4. To medical personnel in a medical emergency;
5. To appropriate authorities to report suspected child abuse or neglect;
6. As allowed by a court order.

For example, AODP can disclose information without your consent to obtain legal or financial services, or to another medical facility to provide health care to you, as long as there is a qualified service organization/business associate agreement in place.

Before AODP can use or disclose any information about your health in a manner which is not described above, it must first obtain your specific written consent allowing it to make the disclosure. Any such written consent may be revoked by you in writing.

Your Rights

Under HIPAA you have the right to request restrictions on certain uses and disclosures of your health information. AODP is not required to agree to any restrictions you request, but if it does agree then it is bound by that agreement and may not use or disclose any information which you have restricted except as necessary in a medical emergency.

You have the right to request that we communicate with you by alternative means or at an alternative location. AODP will accommodate such requests that are reasonable and will not request an explanation from you. Under HIPAA you also have the right to inspect and copy your own health information maintained by AODP except to the extent that the information contains psychotherapy notes or information compiled for use in a civil, criminal or administrative proceeding or in other limited circumstances.

Under HIPAA you also have the right, with some exceptions, to amend health care information maintained in AODP’s records, and to request and receive an accounting of disclosures of your health related information made by AODP during the six years prior to your request. You also have the right to receive a paper copy of this notice.

AODP Duties

AODP is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. AODP is required by law to abide by the terms of this notice. AODP reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information it maintains. If any of the terms of this notice change, you will be provided with a revised Notice of Privacy Policy specifically noting those changes.

Notice of Privacy Practices Availability

This notice will be prominently posted in the lobby of the AODP entrance of 1120 South Dora Street, Ukiah, CA. Individuals will be provided a hard copy and the notice will be maintained on the Department's website for downloading.

Complaints and Reporting Violations

If you believe your privacy rights have been violated, you can file a complaint with the Division Privacy Officer (see below) or with the Office of Civil Rights; US Department of Health and Human Services; 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, DC 20201; or OCR Hotlines-Voice: 1-800-368-1019. You will not be retaliated against for filing such a complaint.

Violation of the Confidentiality Law by a program is a crime. Suspected violations of the Confidentiality Law may be reported to the United States Attorney in the district where the violation occurs.

Contact

For further information, contact: Assistant Public Health Director, Division Privacy Officer
(707) 472-2799

Effective Date

This Notice of Privacy Policy is effective April 14, 2003.