



COUNTY OF RIVERSIDE NOTICE OF PRIVACY PRACTICES

This Notice describes how medical information about you may be used and shared and how you can obtain access to this information. Please review it carefully.

Your Rights

When it comes to your health information, you have the right to:

Get an electronic or paper copy of your medical record

- You can ask to see or get copies of your medical record. Ask us how to do this.
- We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to change health information about you if it is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but if we say no, we’ll tell you why in writing within 60 days.
- You may also add a written add-on to your medical record about the statement in your record that you believe is incorrect or incomplete. Ask us how to do this.

Request confidential communications

- You have the right to receive confidential communications of protected health information as provided in 45 CFR §164.522(b), as applicable and can ask us to communicate with you in a certain way (for example: home, cell, or office phone or to send mail to a certain address).

Ask us to limit what we share

- If you have paid for an item or service in full, you can ask us not to share that information about the **item or service with a health plan**. We will say “yes” unless a law requires us to share that information.

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

- You can ask us for a list (called an “accounting”) of times we’ve shared your health information during the last six years before the date you ask, who we shared it with, and why.
- We will provide one (1) accounting a year for free but will charge a reasonable, cost-based fee if you ask for another accounting within 12 months.

File a complaint if you feel your rights are violated

- You can file a complaint by contacting us at (951) 486-4659 or r.compliance@ruhealth.org.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by using the information on page 4.
- We will not retaliate against you for filing a complaint.

How we may use or disclose information about you

We use or share information to:

<p>Treat you and contact you</p>	<ul style="list-style-type: none"> • We can use health information about you and share it with other professionals who are treating you. • Health information about you may also be used by non-County of Riverside healthcare providers who share our common electronic health record, but only to treat or contact you. • We may use and share your health information to contact you when necessary. 	<p>Examples:</p> <p>RUHS providers, such as nurses, doctors, therapists, etc., may view your health information.</p> <p>Because RUHS shares a common medical record platform with Loma Linda University Health, RUHS providers can also see information collected by your Loma Linda providers and appointments you have scheduled there.</p> <p>We may contact you about future appointments and with test results.</p>
<p>Run our organization</p>	<ul style="list-style-type: none"> • We may use information to assess the care and outcomes in your case, to improve our services, and in administrative processes. 	<p>Example: We use health information to measure how well our staff is caring for patients.</p>
<p>Bill for your services</p>	<ul style="list-style-type: none"> • We may use and share information to bill you or your insurance company. 	<p>Example: We send bills and other information to your health insurance plan so it will pay for services you received.</p>
<p>Health care operations and plan administration</p>	<ul style="list-style-type: none"> • As administrator of certain health plans, such as Medicare, Medi-Cal, and Exclusive Care, the County may disclose limited information to plan sponsors. 	<p>Example: For purposes such as plan eligibility and enrollment, benefits administration, and payment of health care expenses.</p>
<p>Underwriting purposes</p>	<ul style="list-style-type: none"> • If you are a member of Exclusive Care, we may use or share certain information for underwriting purposes. 	<p>Example: We use some information when we are trying to set the cost of premiums.</p>

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Reporting births and deaths
- Preventing or controlling disease, injury, or disability
- Helping with product recalls
- Reporting adverse reactions to medications or problems with products
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Comply with the law

We will share your health information as required by State or federal law.

Work with the medical examiner or funeral director

We can share your information with a coroner, medical examiner, or funeral directors, as necessary.

Do research

We can use and share your health information for health research, if a special board permits us to.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims or similar programs
- For certain, limited law enforcement purposes
- With government agencies responsible for health oversight
- For special government functions such as national security and presidential protective services.
- In response to a court or administrative order, or a subpoena.
- If you are an inmate of the correctional institution or in custody of a law enforcement official, we may share with the correctional institution or other law enforcement for purposes such as protecting your safety or the safety of others.

How else may 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 efforts. We have to meet many conditions before we can share your information for these purposes. For more information see: <https://www.hhs.gov/hipaa/for-individuals/index.html>

Your Choices

For certain health information, you can choose what we share. Tell us what you want us to do, and we will do our best to follow your instructions.

In these cases, you have the right to decide if we can:

- Share information with individuals involved in your health care or assisting with payment for your health care.
- Share information in a disaster relief situation
- Contact you for fundraising efforts
- Share your name, location in the facility, and general status (for example “fair” or “critical”) with those who ask for you by name.
- Share your religious affiliation with clergy.

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

- Marketing purposes
- Most sharing of mental health and substance abuse treatment records

Our Responsibilities

- We are committed and required by law to maintain the privacy and security of your protected health information.
- We will let you know of any breach that may have compromised the privacy or security of your protected health information (PHI).
- We must follow the terms of this notice and give you a copy of it to inform you of our legal duties and privacy practices with respect to PHI. Except in an emergency treatment situation, we will make a good faith effort to obtain a written acknowledgment of receipt of this Notice of Privacy Practices.
- If you tell us we can use or share your information, you may change your mind at any time and revoke your permission. Let us know in writing if you change your mind. We can't change actions taken based on your prior permission or if permission was obtained as a condition of obtaining insurance coverage.
- For additional information about this Notice, contact the County's Privacy Officer using the contact information on page 4 of this Notice.

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, in our offices, and on our web site.

The effective date of this Notice is June 3, 2019.

Privacy Complaint Contacts

County Privacy Office
Compliance and Privacy Officer
26520 Cactus Avenue
Moreno Valley, CA 92555
(951) 486-4659

U.S. Department of Health & Human Services
Region IX Office of Civil Rights
90 7th Street, Suite 4-100 San Francisco, CA 94103
TEL: (800) 368-1019 • TDD: (800) 537-7697 •
FAX: (202) 619-3818

Acknowledgement Receipt of Notice of Privacy Practices
PATIENT ACKNOWLEDGEMENT

By signing this form, you acknowledge receipt of the Notice of Privacy Practices of this entity and all others included in the County of Riverside Hybrid Entity.

Our Notice of Privacy Practices provides information about how we may use and disclose your protected health information. We encourage you to read it in full.

Our Notice of Privacy Practices is subject to change. If we change our notice, you may obtain a copy of the revised notice by accessing our web site at RUHealth.org or contacting the Privacy Office at (951) 486-4659.

If you have any questions about our Notice of Privacy Practices, please contact the Privacy Office at (951) 486-4659.

Signature of Patient/Legal Representative

Print Name of Patient/Legal Representative

Date and Time of Signature

INABILITY TO OBTAIN PATIENT ACKNOWLEDGEMENT

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

_____ Individual refused to sign

_____ An emergency situation prevented us from obtaining acknowledgement, and an attempt to obtain the acknowledgement will be made at the next available opportunity.

_____ Patient incapacitated/unable to sign

_____ Other (Please specify): _____

Signature of Hospital Representative

Date and Time

Riverside University Health System - Behavioral Health

**ACKNOWLEDGEMENT RECEIPT OF
NOTICE OF PRIVACY PRACTICES
PATIENT ACKNOWLEDGEMENT**