



## County of Fresno

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# FRESNO COUNTY NOTICE OF PRIVACY PRACTICES

Effective Date: August 16, 2004

Revised Date: August 10, 2023

**THIS NOTICE DESCRIBES HOW MEDICAL  
INFORMATION ABOUT YOU MAY BE ACCESSED,  
USED, AND DISCLOSED AND HOW YOU CAN GET  
ACCESS TO THIS INFORMATION.  
PLEASE REVIEW IT CAREFULLY.**

If you have comments or questions about this notice,  
please contact:

Fresno County Privacy Officer  
1221 Fulton Street, 6th Floor  
Fresno, CA 93721  
(559) 600-3200

### ***WHO WILL FOLLOW THIS NOTICE***

Fresno County provides many health-related services to County consumers. The County employs or contracts with medical, substance abuse, and mental health providers for treatment services. The County also manages different health insurance plans, like Medi-Cal Managed Care, that

allow County clients/consumers to access treatment services.

This notice describes how the County, through its employed and contracted health care professionals and health insurance plans, uses the protected health information (PHI) the County receives about you. Your PHI is any information that identifies you (such as your name or address or social security number) that relates to your past, present or future physical or mental health or condition, any health care you receive, or to the past, present or future payment for your health care.

### ***OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION***

We understand that the PHI about you is personal. We have a legal duty and are committed to safeguarding the PHI about you. We create a record of the care and services you received at the County. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care. This notice will tell you about the way in which we may access, use, and disclose the PHI about you. We also describe your rights and certain obligations we have regarding the access, use, and disclosure of your PHI.

We are required by law to:

- Make sure that the PHI that identifies you is kept private (with certain exceptions that will be

described);

- Give you this notice of our legal duties and privacy practices with respect to the PHI about you; and
- Follow the terms of the notice that is currently in effect.

## ***HOW WE MAY ACCESS, USE, AND DISCLOSE THE PHI ABOUT YOU***

Except as provided in this notice, Fresno County will access, use, and/or disclose PHI only with your written permission (authorization). However, there are situations that require or allow access, use, and disclosures without your authorization. The following categories describe different ways that Fresno County accesses, uses, and discloses PHI without your authorization. Not every access, use, or disclosure in a category is listed; however, all of the ways we are permitted to access, use, and disclose information will fall within one of the categories. When Fresno County discloses your information, we will release only the minimum necessary to accomplish the purpose for which it is requested.

### **For Treatment**

We may access and use PHI about you to provide you with medical treatment or services. We may disclose PHI about you to doctors, nurses, technicians, medical students, interns, or other County personnel who are involved in taking care of you. Your treatment team may share your PHI in order to coordinate the different things

you need, such as prescriptions, regular blood pressure checks, lab work, or an EKG. We also may disclose PHI about you to people outside the County who may be involved in your medical care, such as skilled nursing facilities or home health agencies.

### **For Payment and Authorization**

We access, use and disclose your PHI to obtain or provide authorization for services. Your PHI will also be accessed, used, and disclosed in order to receive payment or pay for services provided to you. For example, insurance companies require PHI to authorize treatment and for payment of services. We will only disclose the minimum necessary information to accomplish these purposes.

### **For Health Care Operations**

We may access, use, and disclose PHI about you for health care business operations. These uses and disclosures are necessary to run the County and make sure that all of our clients/consumers receive quality care. For example, we may access and use your PHI to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also disclose information to doctors, nurses, technicians, medical students, interns and other County personnel for review and learning purposes.

### **Shared Medical Record/Health Information Exchanges**

We may maintain PHI about our patients in shared

electronic medical records that allow the County associates to share PHI. We may also participate in various electronic health information exchanges that facilitate access to PHI by other health care providers who provide you care. For example, if you are admitted on an emergency basis to a hospital that participates in the health information exchange, the exchange will allow us to make your PHI available electronically to those who need it to treat you.

County of Fresno is a Participant in Manifest MedEx (MX), a Health Information Exchange that facilitates the electronic sharing of health information between healthcare providers to support better informed, safer healthcare. You may choose not to have your health information shared through MX by opting out. However, doing so means MX will not make your health information available to **any** healthcare providers, even in circumstances of emergency. If you would like to opt-out of MX, please complete and submit the online opt-out form at <https://www.manifestmedex.org/opt-out> or call 1 (800) 490-7617.

County of Fresno, Department of Behavioral Health, in its provision of behavioral health services, will share your medical information through various electronic health information exchanges to coordinate your care. If you would like to opt-out of the behavioral health information exchange, please contact Fresno County Department of Behavioral Health (559) 600-9031.

### **Appointment Reminders**

We may access, use, and disclose your PHI to contact you as a reminder that you have an appointment for treatment or medical care at the County.

### **Business Associates**

We may use or disclose your PHI to an outside company that assists us in operating our health care system. They perform various services for us. This includes, but is not limited to auditing, accreditation, legal services, and consulting services. These outside companies are called “business associates”.

### **Family Members and Friends Involved in Your Care or Payment for Your Care**

We may release your PHI to a family member, another relative, a close personal friend, or any other person you identify relevant to that person’s involvement in your care or payment related to your care if you agree, do not object, or we reasonably infer that there is no objection and that family member or friend is involved in your health care or payment for your health care. If you are not present or are incapacitated or it is an emergency or disaster relief situation, we will use our professional judgment to determine whether disclosing limited PHI is in your best interest under the circumstances. We may disclose PHI to the executor, administrator, or other person having authority over a deceased individual’s estate.

## **Research**

We may access, use, and disclose PHI about you for research purposes. A research project may involve comparing the health and recovery of all clients/consumers who received one medication to those who received another, for the same condition. All research projects are subject to a special approval process. This process evaluates a proposed research project and its use of PHI, trying to balance the research needs with clients'/consumers' need for privacy of their PHI. Before we use or disclose PHI for research, the project will have been approved through this research approval process. We may, however, disclose PHI about you to people preparing to conduct a research project, for example, to help them look for clients/consumers with specific medical needs, so long as the PHI they review does not leave this County. We will ask for your specific permission if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care.

## **As Required By Law**

We will disclose PHI about you when required to do so by Federal, State, or local law.

## **To Avert a Serious Threat to Health or Safety**

We may access, use, and disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

## **Organ and Tissue Donation**

We may release your PHI to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank.

## **Military and Veterans**

If you are a member of the armed forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.

## **Workers' Compensation**

We may release PHI about you for workers' compensation or similar programs.

## **Public Health and Safety**

We may disclose PHI about you for public health and safety activities when such disclosures are required by law. Public health and safety activities generally include the following: preventing or controlling disease, injury or disability; reporting births and deaths; reporting abuse or neglect of children, elders, and dependent adults, including domestic violence that may place a child, elder, or dependent adult at risk; reporting reactions to medications or problems with products; notifying people of recalls of products they may be using; notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.



## **Student Immunization Records**

We may release PHI about an individual who is a student or prospective student if the PHI is limited to proof of immunization and such proof is legally required to admit the individual.

## **Health Oversight Activities**

We may disclose your PHI to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and licensure.

## **Legal and Administrative Actions**

If you are involved in a criminal court case, a civil lawsuit, or an administrative action, we may disclose PHI about you in a response to a court or administrative order, subpoena, discovery request, or other lawful process.

## **Law Enforcement**

We may release your PHI to law enforcement, if required by law.

## **Coroner, Medical Examiners and Funeral Directors**

We may release PHI to a coroner or medical examiner. For example, this may be necessary in order to identify a deceased person or determine the cause of death. We may also release PHI about clients/consumers of this County to funeral directors, as necessary to carry out their duties.

## **National Security and Intelligence Activities**

We may release PHI about you to authorized Federal

officials for intelligence, counterintelligence, and other national security activities, as required by law.

### **Protective Services for the President and Others**

We may disclose PHI about you to authorized Federal officials so they may provide protection to the President, other authorized persons, foreign heads of state, or so they may conduct special investigations.

### **Inmates**

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

### **Secretary of the U.S. Department of Health and Human Services**

We may release PHI about you to the Secretary to investigate or determine the County's compliance with the HIPAA privacy rule.

## ***YOUR RIGHTS REGARDING PHI ABOUT YOU***

### **Right to Inspect and Copy**

You have the right to inspect and copy PHI, except under the limited circumstances listed in 45 C.F.R. 164.524, for

as long as we maintain it as required by law. This right extends to medical and billing records, but may not extend to some health information such as psychotherapy notes, information compiled for civil or criminal proceedings, and PHI maintained under the Clinical Laboratory Improvements Amendments of 1988. You must make your request for access in writing.

If you request a copy of the PHI County has about you, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request. You also have the right to ask for a summary of this information. If you request a summary, we may charge you a nominal fee.

We may deny your request to inspect and copy your PHI in certain limited circumstances. If you are denied access to your PHI under those limited circumstances, you may request that the denial be reviewed. A licensed health care professional, chosen by this County, will review your request and the denial. The licensed health care professional conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

### **Right to Amend**

If you feel that your PHI we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for this County. Your request must be in writing. You must provide a reason

that supports your request.

We may deny your request if it is not in writing or does not include a reason to support the request.

We may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment
- Is not part of the PHI kept by or for the County
- Is not part of the information which you would be permitted to inspect and copy, or
- Is accurate and complete.

If we deny your request for amendment, you have the right to submit a written addendum, not to exceed 250 words, with respect to any item or statement in your record you believe is incomplete or incorrect. If you clearly indicate in writing that you want the addendum to be made part of your PHI, we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect.

### ***RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS***

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

### **Right to Request Restrictions**

You have the right to request a restriction or limitation on the PHI we access, use, or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a service you had.

*We are not required to agree to your request.* If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. In your request, you must tell us:

- (1) What information you want to limit;
- (2) Whether you want to limit our access, use, and/or disclosure; and
- (3) To whom you want the limits to apply, for example, disclosures to your spouse.

We reserve the right to terminate any previously agreed-to restrictions (other than a restriction we are required to agree to by law). We will inform you of the termination of the agreed-to restriction and such termination will only be effective with respect to PHI created after we inform you of the termination.

## **Right to an Accounting of Disclosures**

You have the right to request an “accounting of disclosures” up to six (6) years prior to the date the accounting is requested. This is a list of the disclosures we made of PHI about you other than disclosures: made to you; made based on your authorization, for treatment, payment, and health care operations (as those functions are described above); to persons involved in your care; for national security or intelligence purposes; to correctional institutions; to law enforcement (as required by law), prior to the date of your request.

Your request must state a time period, which may not be longer than six (6) years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list, i.e., paper copy, electronically. The first list you request within a 12-month period is free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

## **Right to be Notified of a Breach**

You have the right to be notified in the event that we (or one of our Business Associates) discovers a breach of unsecured PHI involving your medical information.

**TO INSPECT AND COPY PHI THAT MAY BE USED TO  
MAKE DECISIONS ABOUT YOU, TO REQUEST AN**

## **AMENDMENT, TO REQUEST A LIST OR ACCOUNTING OF DISCLOSURES, TO REQUEST RESTRICTIONS, OR TO REQUEST CONFIDENTIAL COMMUNICATIONS:**

You must make your request in writing to the department where services were received:

- Behavioral Health - 1925 E. Dakota Ave Fresno, CA 93726 **(Direct your request to the program where services were provided). If services were provided at the following sites, the request may be made directly to those sites:**
  - Mental Health - Adults, Release of Information at: 4441 E. Kings Canyon Road, Fresno, CA 93702
  - Mental Health - Children and Youth, Release of Information at: 2719 N. Air Fresno Drive, Fresno, CA, 93727
  - Mental Health - Transitional Aged Youth, Release of Information at: 2719 N. Air Fresno Drive, Fresno, CA, 93727
  - Pathways to Recovery– Cooccurring Mental Health and Substance Use Treatment at: 4452 E. Kings Canyon Road, Fresno CA, 93702
- Public Health - 1221 Fulton Street, Fresno, CA 93721 **(Direct your request to the clinic or program where services were provided). If services were provided at the following sites, the request may be made directly to those sites:**

- CCS Medical Therapy Unit – Storey School at:  
2444 S. Peach Ave., Fresno, CA 93725
- CCS Medical Therapy Unit – Ginsburg School at:  
67 E. Ashlan Ave., Fresno, CA 93704
- CCS Medical Therapy Unit – Clovis School at:  
1345 N. Peach, Fresno, CA 93619
- West Fresno Regional Center at: 142 E. California  
Ave., Fresno, CA 93706

### **Right to a Paper Copy of This Notice**

Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

You may obtain a copy of this notice at our website:  
<http://www.fcdph.org>

To obtain a paper copy of this notice, contact the area where your services were provided.

### ***CHANGES TO THIS NOTICE***

We reserve the right to change this notice. We reserve 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. We will post a copy of the current notice in the County. In addition, each time you register at or are admitted to one of the County points of service for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the



current notice in effect.

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may:

Complain either verbally or in writing to the Fresno County Privacy Officer at 1221 Fulton Street, 6th Floor, Fresno, CA, 93721 (559) 600-3200

You may also file a complaint directly to the Secretary, U.S. Department of Health and Human Services, at:

Pacific Region, Office for Civil Rights  
U.S. Department of Health and Human Services  
90 7<sup>th</sup> Street, Suite 4-100  
San Francisco, CA 94103  
Customer Response Center (800) 368-1019  
TDD (800) 537-7697  
Fax number: (202) 619-3818  
E-mail address: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)

The complaint to the Office for Civil Rights must be submitted in written or electronic form and must be filed within 180 days of when the incident occurred or was known to have occurred.

You will not be retaliated against for filing a complaint.

## **OTHER USES OF PHI**

Other access, use, and disclosure of your PHI not covered by this notice or the laws that apply to us will be

made only with your express written permission (authorization). If you provide us permission to access, use, or disclose PHI about you, you may revoke that permission, in writing, at any time. If you revoke your permission, this will stop any further access, use, or disclosure of your PHI for the purposes covered by your written authorization, except if we have already acted in reliance on your permission. We are unable to take back any disclosures we have already made with your permission, and we are required to retain our records of the care that we provided to you.