

STATE OF CALIFORNIA  
Department of Mental Health  
State Hospitals



## NOTICE OF PRIVACY PRACTICES

Effective: April 14, 2003

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

### OUR PLEDGE REGARDING MEDICAL INFORMATION

Your medical information is personal and private. We are committed to protecting this information. We create a record of the care you receive. This record is needed to provide you with good care and to comply with certain legal requirements.

We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to your medical information; and,
- Follow the terms of the notice that is currently in effect.

### **CHANGES TO NOTICE OF PRIVACY PRACTICES**

**We must obey the terms of this Notice. We have the right to make a change in our privacy practices and apply it to all hospital records. If we do make changes, we will revise this Notice and give a copy of the Notice to each patient currently in the hospitals.**

**HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION:** The categories listed below describe the ways we use and disclose medical information. For each category we explain what we mean and give an example. Not every possible use or disclosure in each category is listed. However, all of the ways we are allowed to use and disclose information will fall within one of the categories.

- ❖ **For treatment:** We may use your medical information to care for you. For example, a doctor treating you for a broken leg may need to know if you have diabetes. Diabetes can slow the healing process. The doctor may need to tell the dietitian that you have diabetes so that you can receive the correct diet. We may also disclose medical information about you to people in other health facilities who may be involved in your care.
- ❖ **For payment:** We create bills for services provided to you and may share medical information about you with insurance plans. We do this so we can bill for these services and collect payments. For example, we may give information to the Department of Health Services so we can bill Medicare or Medi-Cal for services you receive.
- ❖ **For health care operations:** We may use and disclose medical information about you for hospital operations. These uses and disclosures are necessary to run the hospital and make sure all of our patients receive quality care. For example, we may use medical information to review the treatment and services we provide. We may also combine medical information about other individuals/patients to decide what additional services the hospital should offer and whether treatment approaches are effective.
- **Research.** We may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects are subject to special approval. We will ask for your permission if the researcher needs to know your name, address or other information that reveals who you are, or if the researcher will be involved in your care at the hospital.
- **As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law. If required to report to the court concerning your condition, we will include medical information about you.

### **SPECIAL SITUATIONS**

- **Organ and Tissue Donation.** If you have agreed to donate organs or tissue, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to carry out your wishes.
- **Workers' Compensation.** We may release medical information about you for workers' compensation claim purposes or to similar insurance programs. These programs provide benefits for work-related injuries or illness.

- **Public Health Risks.** We may disclose medical information about you to public health agencies as provided by law. These public health disclosures may include the following:
  - to prevent or control disease, injury or disability;
  - to report births and deaths;
  - to report child abuse or neglect;
  - to report reactions to medications or problems with products;
  - to notify people of recalls of products they may be using;
  - to notify a person who may have been exposed to a communicable disease or may be at risk for contracting or spreading a disease or condition;
  - to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will make this disclosure only to a government agency which is authorized by law to receive such reports and to the extent required by law:
    - if you agree or
    - when required or authorized by law and then only to the extent specifically authorized by law
- **Health Oversight Activities.** We may disclose your medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement.** We may release a patient's medical information if asked to do so by a law enforcement official:
  - In response to a court order, subpoena, warrant, summons or similar legal process;
  - 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 we believe may be the result of criminal conduct;
  - About criminal conduct at the hospital; and
  - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **Coroners, Medical Examiners and Funeral Directors.** We may release a patient's medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also

release medical information about patients of the hospital to funeral directors as necessary to let them carry out their duties.

- **National Security and Intelligence Activities**. We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others**. We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- **Inmates**. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose medical information about you to the correctional institution or law enforcement official. These disclosures may be necessary for the institution to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

#### **OTHER USES AND DISCLOSURES OF MEDICAL INFORMATION**

Other uses and disclosures of medical information not covered by this Notice or the laws that apply, will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your permission.

### **WHAT ARE YOUR PRIVACY RIGHTS UNDER THE LAW**

You have the following rights regarding medical information we maintain about you:

- ◆ **Right to Inspect and/or Receive a Copy**. You have the right to inspect your record within 5 working days of your request. You have the right (within 15 working days) to receive a copy of any medical information (usually included in your medical record) that is used to make decisions about your care. You may also have a copy of financial information like your billing records.

To inspect and/or request a copy of this medical information, you must submit your request in writing to the Privacy Officer at your hospital as listed below. If you request a copy of the information, we may charge a fee for the costs of copying associated with your request.

We may deny your request to inspect and/or copy your records in certain circumstances. If you are denied access to your medical information, you may request that the denial be

reviewed. Another licensed health care professional, chosen by us, will review your request and the denial. The person 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 medical information we have about you is incorrect or incomplete, you have a right to request that amendments be made to your medical record. We must make or deny your amendment request within 60 days. We may extend the time by 30 days if we notify you in writing. ***You must provide your request for an amendment in writing***. If we deny your request for amendment you have the right to submit a statement of disagreement to our denial. If you submit a statement of disagreement, it will become part of your medical record. We may also write a statement of our disagreement and if we do we will provide you with a copy. Amendments, denials, statements of disagreements by you or by us will be added to your record. However, under no circumstances is an entry in the record changed, erased, or made unreadable.
- ◆ **Right to an Accounting of Disclosures**. You have the right to request an "accounting of disclosures" of medical information for reasons other than treatment, payment, or health care operations. To request this list or "accounting of disclosures," you must submit your request in writing to the Privacy Officer at your hospital as listed below. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. We may charge you for the cost of copying the list.
- ◆ **Right to Request Restrictions**. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member. For example, you could ask that we not use or disclose information about a surgery 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.

To request restrictions, **you must make your request in writing** to the Privacy Officer at your hospital as listed below. In your request, you must tell us: (1) what information you want to limit and whether you wish to limit use, disclosure or both; and (2) to whom you want the limits to apply; for example, disclosures to your spouse.

- ◆ **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, when you are discharged from the hospital and there is a need for us to contact you, how do you want us to contact you – in writing or by telephone; at your place of residence or at work?

To request confidential communications, **you must make your request in writing** to the Privacy Officer at your hospital as listed below. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- ◆ **Right to a Paper Copy of This Notice.** You have the right to receive a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. A copy is provided to all patients at the time of admission to the hospital. To obtain another paper copy of this Notice, you may ask your Unit Supervisor or your caseworker.

**COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer at your hospital as listed below. All complaints must be submitted in writing. **You will not be penalized in any way for filing a complaint.**

The contact person at each state hospital is as follows:

<p style="text-align: center;"><b>Atascadero State Hospital</b></p> <p style="text-align: center;">Privacy Officer (805) 468-2005 P.O. Box 7001 Atascadero, CA 93423-7001</p>	<p style="text-align: center;"><b>Metropolitan State Hospital</b></p> <p style="text-align: center;">Privacy Officer (562) 651-2221 11401 South Bloomfield Avenue Norwalk, CA 90650</p>
<p style="text-align: center;"><b>Napa State Hospital</b></p> <p style="text-align: center;">Privacy Officer (707) 253-5467 2100 Napa-Vallejo Highway Napa, CA 94558-6293</p>	<p style="text-align: center;"><b>Patton State Hospital</b></p> <p style="text-align: center;">Privacy Officer (909) 425-6017 3102 East Highland Avenue Patton, CA 92369</p>

You may also file a complaint with the Secretary of the federal Department of Health and Human Services. The complaint should be submitted to:

Office of Civil Rights  
U.S. Department of Health and Human Services  
50 United Nations Plaza – Room 322  
San Francisco, CA 94102  
Voice Phone (415) 437-8310  
FAX (415) 437-8329  
TDD (415) 437-8311