

County of El Dorado
NOTICE OF PRIVACY PRACTICES

Revised date: March 6, 2026

**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.**

This notice describes:

- How health information about you may be used and disclosed;
- Your rights with respect to your health information; and
- How to file a complaint concerning a violation of the privacy or security of your health information, or of your rights concerning your information.

You have a right to a copy of this notice (in paper or electronic form) and to discuss it with the Health and Human Services Agency (HHSA) Privacy Officer at (530) 295-6907, if you have any questions.

This notice describes the County's practices and that of:

- Any health care professional authorized to enter information into your county health record.
- All departments and units of the County that provide health care to you.
- All employees, staff and others who help us provide care to you.
- Any contractors who assist us in providing health care services to you or help us to run our programs and need to handle or use your protected health information in order to assist us.

All of these people, sites, programs, facilities and locations follow the terms of this notice. In addition, some of our programs will provide you with additional information about how they protect your privacy.

We can share medical information with each other for treatment, payment or health care operations purposes described in this notice; however, if you receive services from a County substance use disorder (SUD) treatment program, no information about your SUD treatment will be shared outside of that program without your written consent

unless an exception applies, like a bona fide medical emergency in which your prior written informed consent cannot be obtained.

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive from 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 and payment for your care that are created by the county or sent to us by another outside health care provider, and included in the records that we maintain.

This notice will tell you about the ways in which we may use and disclose health care information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of your health information.

We are required by law to:

- Make sure that health information that identifies you is kept private and secure (with certain exceptions);
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.
- Notify you if a breach occurs that may have compromised the privacy or security of your information.

The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Disclosures at your request

We may disclose information when you ask us to. This disclosure at your request may require a written authorization by you. You may provide a single consent for all future uses or disclosures for treatment, payment, and health care operations purposes.

Disclosures for treatment purposes

We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, counselors, therapists, technicians, or other staff who are involved in taking care of you. For example, a doctor treating you for a high blood pressure may need to know if you have diabetes because diabetes may affect the medicines that are prescribed. In addition, your provider may have to notify the pharmacy of any allergies you might have so a medication that is ordered for you doesn't harm you.

Information about your health care may also be shared to coordinate the different things you need, such as lab work and X-rays. We also may disclose medical information about you to other health care providers outside the County program who may also be providing care to you. For example, if you are receiving mental health care, your provider may need to confirm your medication with a hospital where you are being treated so that you don't receive too much or the wrong kind of medicine. We may share information with your primary care physician to assist your physician in treating you.

As noted, SUD information may be shared by your treatment team within the County SUD program for treatment purposes but will not be made outside of the program unless an exception applies.

For Payment Purposes

We may use and disclose medical information about you so that the treatment and services you receive from the County may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give information about care you received from the County to your health plan so it will pay us or reimburse you for your care. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We may also provide basic information about you and your health plan, insurance company or other source of payment to practitioners outside the hospital who are involved in your care, to assist them in obtaining payment for services they provide to you. However, we cannot disclose information to your health plan for payment purposes if you ask us not to, and you pay for the services yourself. If you receive services from a County SUD program, we will get your written consent prior to billing your insurance plan.

For Health Care Operations

We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to run our programs and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about many different patients to decide what additional services the county should offer, what services are not needed, and whether certain new treatments are effective.

If you receive mental health counseling services, your provider may take notes during a counseling session that are used to help your provider write a progress note in your medical record. Those jotted down notes made by your provider during a counseling session are not made part of your record ("psychotherapy notes") and are either shredded or destroyed, or if kept by your provider, are not part of your "designated record set" and will not be seen by other providers without your written authorization.

Similarly, notes taken by a SUD or mental health professional during a private group, joint, or family SUD counseling session ("SUD counseling notes") must be stored separately from the rest of your records and are not part of your patient record set. While your written authorization is generally required for disclosure of SUD counseling notes, they may be disclosed as required for treatment, payment, or health care operations.

Sometimes patient information is used for training of our medical staff including doctors, nurses, technicians, medical students, and other personnel or it may be combined with or compared to other information from other programs to measure how well we are doing at providing quality care, and whether we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

As authorized by law, your SUD records may be disclosed in medical emergencies.

Fundraising and Marketing Activities

The County will not use information about you, or disclose such information to anyone else in order to contact you to raise money for the County programs or for marketing purposes. We will not sell your contact information to anyone.

Hospital Directory

If you are a patient at the psychiatric health facility (PHF) we will ask you who you would like us to contact to let them know you are there, and whether you would like us to take calls from them. If you say no, we will not tell anyone that you are a patient at the PHF except as otherwise required or permitted by law, for example, in an emergency or if you authorize us to in writing.

To Family, Friends or Others Directly Involved In Your Care or Payment For Your Care

We may give limited health information about you to a friend or family member who is involved in your medical care if you give us verbal permission to. We may also give information to someone who helps pay for your care if you tell us it is ok. For example, if you want us to tell a family member which pharmacy they should go to in order to pick up your medication, or how they can help you recover from an illness, we can do that. We won't give more information than they need to know in order to help you unless you give us written authorization to disclose more.

In addition, we may disclose medical information about you to an organization assisting in a disaster relief effort so that your family can be notified about your condition, status and location. If paramedics are called and you are unconscious or otherwise unable to communicate, we, or the hospital where you are taken, will attempt to contact someone we believe can make health care decisions for you (e.g., a family member or agent under a health care power of attorney).

For Research

Under certain circumstances, 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, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information.

Before we use or disclose medical information for research, the project will have been approved through this research approval process. We may also disclose information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, as long as the medical information they review does not leave our facility.

As Required By Law

We will disclose medical information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety

We may use and disclose medical information 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. Any disclosure, however, would only be to someone able to help prevent the threat.

Organ and Tissue Donation

We may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank if you are a donor, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans

If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority. None of these disclosures will be made without first making sure they are required by law and the request for information meets the requirements of that law.

Workers' Compensation

We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Activities

We may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report abuse or neglect of children, elders and dependent adults;
- 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 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 or violence;
- To report gunshot wounds and certain other injuries caused by assaultive or abusive conduct; and,
- To notify emergency response employees regarding possible exposure to HIV/AIDS, to the extent necessary to comply with state and federal laws.

Health Oversight Activities

We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

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 (which may include written notice to you) or to obtain an order protecting the information requested.

Law Enforcement

We may release physical health information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar 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 a county health care program or facility or against staff; 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.

Mental health information, HIV test results, and SUD treatment program records are subject to more protections and more stringent laws, so that kind of information will not be disclosed without your written authorization, a Court order, or some other step required by the laws governing those disciplines.

We may disclose your health information to government agencies about suspected child or elder abuse or neglect, or domestic violence. We may disclose your SUD information to government agencies to report suspected child abuse or neglect.

Coroners, Medical Examiners and Funeral Directors

We may release medical information in some situations to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

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 under some circumstances but that will not happen unless we are sure it is required 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.

Correctional Settings (County Jail and Juvenile Hall)

If you are an inmate of the jail or ward at juvenile hall or in the custody of a law enforcement official, we may disclose medical information about you to the correctional health care providers or the law enforcement official if it would be necessary 1) for the facility 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 jail or juvenile hall.

Reproductive Health Care

We will not use or disclose your health information to (1) conduct a criminal, civil, or administrative investigation into any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care; (2) impose criminal, civil, or administrative liability on any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care; or (3) identify any person for any of these purposes. For example, if someone comes to our organization seeking information about contraception, abortion care, prenatal care, or any other form of reproductive health services, we will not use or disclose their health information to help law enforcement investigate them for doing so.

We will never use or share anyone's health information to identify a patient, provider, staff member, or any other person when the goal is to investigate or punish them for seeking, obtaining, providing, or helping someone access reproductive health care.

Special Categories of Information

As noted, some of your health information may have added privacy protections or restrictions that would limit or prevent some uses or disclosures described in this notice. This includes tests for HIV or treatment for mental health conditions or substance use disorder (alcohol or drug abuse). Some government insurance programs, such as Medi-Cal, may also limit the disclosure of information about you that is unrelated to uses to administer those programs.

Other Uses and Disclosures

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission.

We are required by law to retain our records of the care that we provided to you.

Redisclosure

Your health information disclosed in conformance with HIPAA requirements may be redisclosed by the recipient and no longer protected by HIPAA.

For disclosure of SUD information, it may not be redisclosed except if disclosed to a HIPAA-covered entity for treatment, payment, or health care operations, in which case it may be redisclosed under HIPAA rules except for use in legal proceedings against you.

Any other redisclosure of SUD information requires your written consent.

Your Rights

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

Your Right to Revoke Consent for Use or Disclosure

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, this will stop any further use or disclosure of your medical information 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).

Right to Inspect Your Own Record and Get a Copy

You have the right to inspect and obtain a copy of medical information that may be used to make decisions about your care. Usually, this includes medical and billing records. As noted earlier in this notice, "psychotherapy notes" jotted down during a counseling session and kept separate from the chart are not part of the "designated record set."

To access your medical information, we will ask that submit your request in writing to the program where you receive services, or to El Dorado County Behavioral Health, Medical Records Office, 768 Pleasant Valley Road, Diamond Springs, CA 95619. If you request a copy of your record, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and obtain a copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the hospital 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. If the denial is to inspect or access your mental health record you may ask that it be made available to another healthcare professional of your choosing to inspect it on your behalf. That professional is not allowed to show it to you or provide you with a copy.

Right to Amend/Correct the Record

If you feel that health information we have about you 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 the County.

To request an amendment, your request must be made in writing and submitted to El Dorado County Behavioral Health, Medical Records Office, 768 Pleasant Valley Road, Diamond Springs, CA 95619. You will be asked to provide a reason that supports your request.

We may deny your request for an amendment if your request is not in writing or does not include a reason to support the request. In addition, 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 health information 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.

Right to Addend (Add To) The Record

Even 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 medical record 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.

Your request to addend your record should be sent to El Dorado County Behavioral Health, Medical Records Office, 768 Pleasant Valley Road, Diamond Springs, CA 95619.

Right to an Accounting of Disclosures

You have the right to request an "accounting of disclosures" which is a list of the disclosures we made of medical information about you to others. It does not include disclosures to you, or to others at your request, or for our own uses for treatment, payment and health care operations (as those activities are described above); additionally, there are other exceptions in the law that might limit this right.

To request this list or accounting of disclosures of your medical information, you must submit your request in writing to El Dorado County Behavioral Health Division, Medical Records Office at 768 Pleasant Valley Road, Diamond Springs, CA 95619. Your request must state a time period which may not be longer than six years ago. Your request should indicate in what form you want the list (for example, on paper or electronically).

The first list you request within a 12-month period will be 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.

To request a list or accounting of disclosures for SUD information, you must submit your request in writing to El Dorado County Behavioral Health Division, Substance Use Disorder Services at 768 Pleasant Valley Road, Diamond Springs, CA 95619. This is limited to disclosures made within the past three (3) years.

In addition, we will notify you, as required by law, following a breach to the privacy or security of your unsecured protected health information.

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 or friend. For example, you could ask that we not use or disclose information about a prior illness to a person who is currently caring for you while you are sick.

We are not required to agree to your request, except to the extent that you request us to restrict disclosure to a health plan or insurer for payment or health care operations purposes if you, or someone else on your behalf (other than the health plan or insurer), has paid for the item or service out of full pocket. Even if you request this special restriction, we can disclose the information to a health plan or insurer for purposes of treating you.

If we agree to a special restriction, we will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, you must make your request in writing to the to El Dorado County Behavioral Health, Medical Records Office, 768 Pleasant Valley Road, Diamond Springs, CA 95619.

In your request, you must tell us 1) what information you want to limit; 2) whether you want to limit our use, disclosure or both; and 3) 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 health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by only by mail and not by telephone.

To request confidential communications, you must make your request in writing to El Dorado County Behavioral Health, Medical Records Office, 768 Pleasant Valley Road, Diamond Springs, CA 95619. 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 a Paper or Electronic Copy of This Notice

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

You may obtain a copy of this notice at our website:

<https://www.eldoradocounty.ca.gov/Health-Well-Being/Behavioral-Health>

To obtain a copy of this notice ask at the location where you receive health care services or at El Dorado County Behavioral Health, Medical Records Office, 768 Pleasant Valley Road, Diamond Springs, CA 95619.

We reserve the right to change this notice and apply any revised or changed privacy practices effective for health information 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 health care facilities where we provide health care services. The notice will contain the effective date on the first page, in the top right-hand corner.

In addition, each time you are treated at one of our facilities, we will offer you a copy of the current notice in effect. If you receive services via telehealth, we will offer you a

copy when we first begin services and regularly thereafter; we will send it to you as you prefer, either in the regular paper mail or electronically.

Legal Proceedings and Court Orders

- We must follow certain procedures before using or sharing your SUD information for investigations and legal proceedings.
- We will not use or share your information or provide testimony about your information in any civil, administrative, criminal, or legislative proceedings against you without your written consent or a court order.
- We will only respond to a court order to use or share your health information if it is accompanied by a subpoena or other similar legal mandate requiring us to comply.
- We will only use or share your information in proceedings against you based on a court order after we have received notice and an opportunity to be heard or you tell us that you have received notice.
- We may use or share your information to respond to legal proceedings against our program based on a court order and you may not be notified in advance. You have the right to seek to overturn or change the court order after you learn about it.

Complaints

If you believe your privacy rights have been violated, including if you believe your privacy rights regarding SUD information (42 CFR Part 2) have been violated, you may file a complaint with the County or with the Secretary of the U.S. Department of Health and Human Services (USDHHS). We will not retaliate against you for filing a complaint.

To file a complaint with the County, you may make the request at El Dorado County Behavioral Health, 768 Pleasant Valley Road, Diamond Springs, CA 95619.

To file a complaint electronically with the Secretary of the USDHHS, please visit <https://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html> for complaint forms, and for directions on how to submit a complaint as well as how to file a complaint online.

You may submit a written complaint in your own format.

Print and mail the completed complaint and consent forms to:

Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201
Email to OCRComplaint@hhs.gov

All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

Acknowledgment of Receipt of Notice of Privacy Practices (NPP)

Today's Date: _____

Consumer/Individual's name: _____

Date of birth: _____

Acknowledgment of Receipt of Notice of Privacy Practices

By signing this form, you acknowledge receipt of the "Notice of Privacy Practices" of County of El Dorado. Our Notice tells you how we may use and disclose your protected health information and your rights concerning your health information. We encourage you to read it.

We may update our Notice from time to time, and our most current Notice will be posted on our website at: www.eldoradocounty.ca.gov or you can call us at the following phone number and request a new copy: (530) 621-5852. We will also post our current Notice in a prominent location at our service sites for you to read.

☐ I acknowledge receipt of the "Notice of Privacy Practices of El Dorado County."

☐ I have been offered a copy of the "Notice of Privacy Practices of El Dorado County" but prefer not to receive a copy at this time.

Signature: _____ Date: _____

Print name: _____

If signed by a person other than the patient, please indicate relationship:

☐ parent/legal guardian of minor

☐ other: _____