

COMMUNITY INSTITUTE FOR PSYCHOTHERAPY

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 is available in other languages and alternate formats that meet the guidelines for the Americans with Disabilities Act (ADA). For more information, please contact the County of Marin at (415) 507-2973 (phone), (415) 507-4059 (Fax), HIPAA@co.marin.ca.us (E-mail) or (800) 735-2929 (California Relay Service if your hearing is impaired).

The Health Insurance Portability and Accountability Act of 1996 (called "HIPAA") is a new law requiring CIP to make sure your personal medical information is kept private. CIP is also required to give you this notice, so that if the County has any of your personal information, you will know how the County may use it, or whether and how the County may give your information to anyone else.

CIP programs and services are already keeping your personal health information private. HIPAA establishes national minimum standards for these protections.

CIP has the right to use and give out your personal medical information to bill for the cost of your health care.

CIP may also use your personal medical information when we need this information to make sure that you get quality health care, to provide customer services to you, or to resolve any complaints you may have.

CIP may use or give out your personal medical information, but only for these reasons:

- If state and federal agencies that have the legal right to see your medical information ask for it. For example, if MediCal wanted to make sure that the County is billing MediCal correctly. Or, if the County needed the information for its own investigation, such as when we make sure there is no fraud or abuse of MediCal money.
- If we need the information for public health activities (such as reporting outbreaks of serious diseases),
- If a court or another agency orders us to release the information,
- If the information is needed by law enforcement (such as when the information is needed to help locate a missing person),
- For research studies that meet all privacy law requirements (such as research related to the prevention of disease or disability),
- If the information will help to avoid a serious and immediate threat to health or safety, and
- If we need the information in order to contact you about new or changed benefits.

Federal law says that the County **must** use and give out your personal medical information:

- If you or someone who has the legal right to act for you asks for the information,
- If the federal government asks for it, or
- If some other law requires that your medical information be disclosed.

The law requires CIP to get your permission, in writing, before the County can use or give out your personal medical information for any purpose that is not listed in this notice. You may take back your written permission at any time. However, taking back your permission will not affect disclosures the

County already made based on your earlier permission to use or give out your information.

By law, you have the right to:

- See and get a copy of your personal medical information held by the County.
- Have your personal medical information changed if you believe that it is wrong or if information is missing, and if the County agrees. If the County disagrees, you may have a statement of your disagreement added to your personal medical information.
- Get a list of those who the County has shared your personal medical information with. (The list will not cover your personal health information that was given to you or your personal representative, information that was given out to pay for your health care, or for operations, or information that was given out for law enforcement purposes.)
- Ask the County to communicate with you in a particular method or location. (For example, by sending information to a person's P.O. Box instead of their home address).
- Ask the County to limit how your personal medical information is used and given out to pay your claims and to run the program that provides services to you. Please note that the County may not be able to agree to your request.
- Get a separate paper copy of this notice.

If you have questions or would like more information about this Notice, please call:

CIP Administrative Manager
1330 Lincoln Suite 201
San Rafael CA 94901
415-459-5999 x101

CIP works hard to prevent any harm to you caused by the improper use of your personal medical information by our workforce. You have the right to file a complaint if you believe that a person who works for the County has given out or used your personal medical information improperly. You may file a complaint or report a problem to the Privacy Officer, using the contact information listed above.

Filing a complaint will not negatively affect the services you receive from the County. If you file a complaint or testify, help with an investigation, a review, a proceeding or a hearing, or if you oppose any act or practice that you believe is unlawful under the HIPAA rules, people who work for the County cannot take any other actions against you. If you believe any negative actions have been taken against you because you filed a complaint, please let our Privacy Complaint Officer know right away.

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services within 180 days of your discovery of the incident causing your complaint.

By law, the County of Marin is required to follow the terms in this notice. The County of Marin has the right to change the way your personal medical information is used and given out. If the County of Marin makes any changes, you will get a new notice by mail within 60 days of the change.

The privacy practices listed in this notice are effective April 14, 2003.