

**HEALTH CARE AGENCY  
SUMMARY OF JOINT NOTICE OF PRIVACY PRACTICES  
(HOSPITAL AND MEMBERS OF ITS MEDICAL STAFF)**

The Joint Notice of Privacy Practices (“Notice”) covers all services provided to you by the Ventura County Health Care Agency (VCHCA) and the members of its medical staff. It applies to the medical record of all services provided to you in VCHCA’s clinically integrated care setting, which includes the Ventura County Medical Center, Santa Paula Hospital, clinics and physician offices, and those sites affiliated with Public Health and Behavioral Health, regardless of whether specific services are provided by VCHCA’s workforce or by independent members of our medical staff.

We are required by law to maintain the privacy of protected health information and to provide you with the Notice of our legal duties and privacy practices with respect to protected health information. “Protected health information” is information that reasonably can be used to identify you and that relates to your past, present, or future physical or mental health or condition, the provision of health care to you, or the payment for such health care. We maintain physical, electronic, and procedural safeguards in the handling and maintenance of your protected health information, in accordance with applicable state and federal standards, to protect against risks such as loss, destruction, or misuse. We are required by law to notify you of any breach of unsecured protected health information that affects you.

The Notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and other uses and disclosures authorized or required by law. Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law. The Notice also describes your rights to access and control your protected health information. Further, the Notice informs you of your rights to complain to us or the Secretary of Health and Human Services if you believe your privacy rights have been violated by us.

We are required to abide by the terms of the Notice. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at the time. Please read the attached Notice carefully.

## JOINT NOTICE OF PRIVACY PRACTICES

**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 covers all inpatient and outpatient services provided to you by VCHCA (which includes the Ventura County Medical Center, Santa Paula Hospital, clinics and physician offices, and those sites affiliated with Public Health and Behavioral Health) and the members of its medical staff. It applies to the medical record of all services provided to you in VCHCA's clinically integrated care setting, regardless of whether specific services are provided by VCHCA's workforce or by independent members of our medical staff.**

**If you have any questions about this Notice please contact: the VCHCA Privacy Office, at 300 Hillmont, Ventura, CA 93003, (805) 677-5241.**

We are required by law to maintain the privacy of protected health information and to provide you with this Notice of our legal duties and privacy practices with respect to protected health information. "Protected health information" is information including demographic information that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. We maintain physical, electronic, and procedural safeguards in the handling and maintenance of your protected health information, in accordance with applicable state and federal standards, to protect against risks such as loss, destruction, or misuse. We are required by law to notify you of any breach of unsecured protected health information that affects you.

Transmitted Data may become part of my medical record and I will have access to all of the information that I would have for a similar in-person visit. All confidentiality protections required by law or regulation will apply to my care by telehealth. However, in very rare instances, security protocols could fail, causing a breach of privacy of personal medical information.

We are required to abide by the terms of this Notice currently in effect.

We reserve the right to change the terms of this Notice at any time. The new Notice will be effective for all protected health information that we maintain at the time. If you would like a copy of the revised Notice, you may contact our Privacy Office, the Hospital Admissions Department, or the clinic where you received outpatient care and request that a revised copy be sent to you in the mail, or you may ask for one at the time of your next visit or appointment.

### **1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

This section describes different ways that we may use and disclose your protected health information. Some information, such as certain drug or alcohol or other substance abuse information, HIV/AIDS information, sexually transmitted infections and reproductive health information, and mental health records, is subject to special or additional restrictions regarding its use or disclosure. VCHCA abides by all applicable federal and state law related to the protection of this information. If a use or disclosure of protected health information described in this Notice is prohibited or materially limited by other laws that apply to us, it is our intent to meet the requirements of the more stringent laws. The following are examples of uses and disclosures we may make of your protected health information. These examples are not meant to be exhaustive.

#### **Uses and Disclosures of Protected Health Information for Treatment, Payment, or Healthcare Operations**

Your protected health information may be used and disclosed by and shared between us for treatment, payment and health care operations as described in this section (Section 1) without authorization from you. Your protected health information may be used and disclosed by us, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be

used and disclosed to pay your health care bills and to support our business operations. In addition, we may share your protected health information with other providers within VCHCA for the health care operations of VCHCA.

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party, consultations with another health care provider, or your referral to another health care provider for your diagnosis and treatment. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you.

**Payment:** Your protected health information will be used or disclosed, as needed, to obtain or provide payment for your health care services, including disclosures to other entities. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you, such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

**Healthcare Operations:** We may use or disclose as needed, your protected health information in order to support our business activities. These activities include, but are not limited to: quality assessment and improvement activities; reviewing the competence or qualifications of health care professionals; training of medical students; securing stop-loss or excess of loss insurance; obtaining legal services or conducting compliance programs or auditing functions; business planning and development, business management and general administrative activities, such as compliance with the Health Insurance Portability and Accountability Act; resolution of internal grievances; due diligence in connection with the sale or transfer of assets of your health care provider's practice; creating de-identified health information; and conducting or arranging for other business activities.

For example, members of the medical staff, risk managers or members for the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. In addition, we will share your protected health information with third party "business associates" that perform various activities (e.g., billing, transcription services, accounting services, legal services) for us. Whenever an arrangement between us and a business associate involves the use of disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

In addition, we may disclose your protected health information to another provider, health plan, or health care clearing house for limited operational purposes of the recipient, as long as the other entity has, or has had, a relationship with you. Such disclosure shall be limited to the following purposes: quality assessment and improvement activities; population-based activities relating to improving health or reducing health care costs; case management; conducting training programs, accreditation, certification, licensing, credentialing activities, and health care fraud and abuse detection and compliance programs.

#### **Other Uses and Disclosures That Do Not Require Your Written Authorization:**

**Information about products or services:** We may use or disclose your protected health information, as necessary, to provide you with information about a product or service to encourage you to purchase or use the product or services for the following limited purposes: (1) to describe our participation in a health care provider network or health plan network, or to describe if, and the extent to which, a product or service (or payment for such product or service) is provided by our practice or included in a plan of benefits; (2) for your treatment; or (3) for your case management or care coordination, or to direct or recommend alternative treatments, therapists, health care providers, or settings of care.

**Appointment Reminders:** We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment, or to discuss disease management or wellness programs with you.

**Fundraising:** We may use or disclose to a business associate or institutionally related foundation your demographic information, the dates that you received treatment from us, department of service information, your treating physician information, information about your outcome, and your health insurance status, as necessary, in order to contact you for fundraising activities supported by us. If you do not want to receive these materials, please contact our Privacy Office and request that these fundraising materials not be sent to you. Your rights regarding treatment and payment will not be conditioned on your choice with respect to receipt of fundraising materials.

**Hospital Directory:** Unless you object, we may include certain limited information about you in the hospital directory while you are a patient in the hospital. This information may include your name, location in the hospital, your general condition (e.g., good, fair, etc.) and your religious affiliation. Unless there is an objection from you indicating that you wish to restrict or limit the disclosure of some or all of this information, this directory information may be released to members of the clergy (e.g., a priest or a rabbi) or people who ask for you by name. Your religious affiliation will only be provided to members of the clergy and not to those individuals who ask for you by name.

**To Individuals Involved in Your Care or Payment For Your Care:** Unless you object to such disclosure, we may disclose relevant protected health information to family members or friends involved in your care or in paying for your care. We may also use or disclose your protected health information to notify, or assist in the notification of (including identifying or locating) a family member, a personal representative or other person responsible for your care, of your location, general condition, or death. Such use and disclosures include disclosure to an entity engaged in disaster relief efforts to assist in such notifications.

**Required By Law:** We may use or disclose your protected health information to the extent such use or disclosure is required by federal, state, or local law. This includes disclosures to the Secretary of Health and Human Services to ensure compliance with required privacy practices and disclosures to your personal representative (if applicable) to administer your rights as described in this Notice.

**Public Health Activities:** We may disclose your protected health information to a public health authority for the purpose of preventing or controlling disease, injury, or disability, reporting child abuse or neglect, reporting vital events such as births or deaths, or monitoring and tracking products and activities regulated by the Food and Drug Administration, including reporting adverse events or product defects or notifying persons of recalls, repairs, or replacements of products they may be using, notifying a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease, reporting to your employer findings concerning a work-related illness or injury or workplace-related medical surveillance, or if you are a student or prospective student of a school, we may disclose proof of your immunization to the school.

**Abuse, Neglect, Domestic Violence:** In compliance with applicable laws, if we reasonably believe you to be a victim of abuse, neglect, or domestic violence, we may use or disclose your protected health information to appropriate government authority.

**Health Oversight Activities:** In accordance with applicable law, we may disclose your protected health information to government agencies tasked with oversight of the health care system including for activities such as audits, investigations, licensure, or disciplinary actions, and with regard to programs in which protected health information is necessary to determine eligibility and compliance.

**Judicial and Administrative Proceedings:** We may disclose your protected health information in response to court or administrative order, or in response to a subpoena, discovery request, or other lawful process.

**Law Enforcement Purposes:** We may disclose your protected health information to a law enforcement official in compliance with a warrant, subpoena, summons or other request authorized by law or for the following authorized purposes: (i) to identify or locate a suspect, fugitive, material witness, or missing person (ii) about a suspected victim of a crime, under certain limited circumstances, (iii) about a death suspected to be the result of a crime, (iv) if criminal conduct

occurred on VCHCA's premises, (v) in case of medical emergency to report the commission of a crime, the location of the victim(s), the identity, description, or location of the perpetrator.

**Coroners, Medical Examiners, and Funeral Directors:** We may disclose your protected health information to a coroner or medical examiner to identify a deceased person, determine cause of death, or other duties authorized by law. We may also disclose protected health information to funeral directors, as necessary, to carry out their duties.

**Organ and Tissue Donation:** We may use or disclose your protected information to organ procurement or similar organizations for the purpose of facilitating organ, eye, or tissue donation or transplantation.

**Research:** In certain circumstances, we may use or disclose your protected information for research. 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 strict internal review and a stringent approval process. This process evaluates a proposed research project and its use of medical information in order to balance the research needs with patients' rights to privacy. When approved through this special review process, your protected health information may be used without your authorization. We may also disclose your protected health information to researchers to review in preparation for their research as long as the information is necessary for the research purposes and the protected health information will not leave our premises or when the research is based solely on the protected health information of decedents.

**To Avert a Serious Threat to Health or Safety:** Except in certain limited circumstances, we may disclose your protected health information to prevent or lessen a serious and imminent 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 or lessen the threat.

**Military and Veterans:** If you are a member of the Armed Forces we may disclose your protected health information to appropriate military command authorities if deemed necessary to assure the proper execution of a military mission. We may also use and disclose the protected health information of foreign military personnel as authorized and required by law.

**National Security and Intelligence Activities:** We may use or disclose your protected health information to authorized federal officials for the conduct of lawful intelligence, counter-intelligence, and national security purposes.

**Protective Services for the President and others:** As authorized or required by law, we may disclose your protected health information to authorized federal officials so that they may conduct certain authorized investigations or provide protection to the President or other authorized persons or foreign heads of state.

**Inmates:** If you are an inmate of a correctional institution or in the custody of a law enforcement official, we may disclose your protected health information to the correctional institution or law enforcement official for the purpose of providing health care to you, protecting your health and safety of that of other inmates, officers/employees of the correctional institute, or officers responsible for transporting inmates between facilities, or for purposes of providing law enforcement or security on the premises of the correctional institution,

**Workers' Compensation:** We may disclose your protected health information for workers' compensation purposes in accordance with applicable law.

**Decedents:** We may use or disclose the protected health information of a deceased individual after the individual has been deceased for 50 years.

**Data Breach Notification:** We may use your contact information to provide legally-required notice of unauthorized acquisition, access, or disclosure of your protected health information.

### **Health Information Exchange:**

We may share your health information electronically with other health care providers or other health care entities participating in Health Information Exchange (HIE). The purpose of the HIE is to provide each of your participating providers with your most up-to-date information to allow for better coordination of care and assist providers in making informed decisions. For example, if you go to a hospital emergency room that participates in the same HIE network as VCHCA, the emergency room physicians would be able to access your VCHCA health information to help make treatment decisions for you. We may share health information about you through the HIE for treatment, payment, and health care operation purposes. HIE participants are required to meet rules that protect the privacy and security of your health and personal information. You can choose not to have your information shared through this HIE network ("opt out") at any time. For information on how to exercise your right to opt out, contact your VCHCA health care provider's office or you may call (805) 652-6008. If you opt out, the health care providers treating you could contact VCHCA and ask that your health information be provided in another way, such as by fax, instead of accessing the information through the HIE network.

### **Uses and Disclosures of Protected Health Information Based upon Your Written Authorization**

Other uses and disclosures of your protected health information not contained in this Notice will be made only with your written authorization, unless otherwise permitted or required by law. Without your authorization we are expressly prohibited from using or disclosing your protected health information for marketing purposes unless the marketing involves a face-to-face communication between us and you or a promotional gift of nominal value from us. The authorization must explicitly inform you that financial remuneration is involved. We may not sell your protected health information without your authorization. Such authorization must explicitly inform you that the disclosure will result in remuneration to us. We will not use or disclose your psychotherapy notes without your authorization except for (i) use by the originator of the notes for treatment, (ii) our mental health training programs, (iii) to defend ourselves in any legal proceeding brought by you, or (iv) other uses or disclosures required by law.

If you provide us with your written authorization to use or disclose your protected health information (for the purposes described in the preceding paragraph or any other purpose), you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your protected health information for the purposes covered by your written authorization. The revocation of your authorization will not apply to disclosures already made in reliance on your authorization.

## **2. YOUR RIGHTS**

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

**You have the right to inspect and obtain a copy of your protected health information.** Subject to certain exceptions, you may inspect and obtain a copy of protected health information about you that is contained in a designated record set, including protected health information that is maintained electronically, for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that we use for making decisions about you. You are entitled to access your protected health information in the format requested by you (including electronically) unless it is not readily producible in such format, in which case it will be provided to you in another readable form. Please submit your requests to inspect or obtain a copy of your protected health information to the VCHCA HIM Department, at 300 Hillmont, Ventura, California 93003, (805) 652-6008. To the extent you request a copy of your protected health information, you may be charged a fee for the costs of copying, mailing, or other supplies associated with your request. The charge will not exceed our costs in producing the copies.

Under some circumstances, your request to inspect or obtain a copy of your protected health information may be denied. If your request is denied, you may request that the decision be reviewed.

**You have the right to request a restriction on disclosures of your protected health information.** You may ask us to restrict or limit our uses or disclosures of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice.

We are not required to agree to a restriction that you may request, except to the extent you request us to restrict disclosure to a health plan or insurer if the disclosure is for the purpose of carrying out payment or health care operations and you or someone else on your behalf has paid for the item or service out of pocket in full. If we believe it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If we do agree to the requested restrictions, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. To request a restriction, you must make your request in writing to VCHCA HIM Department, 300 Hillmont, Ventura, California 93003, (805) 652-6008. Your request must include (i) what information you want restricted, (ii) whether you want to limit the use, disclosure or both, and (iii) to whom to want the limits to apply (for example, allow disclosures to your spouse only).

Except with respect to restrictions on disclosures to a health plan or insurer if the disclosure is for the purpose of carrying out payment or health care operations and you or someone else has paid for the item or service out of pocket in full, we may terminate any restriction we had previously agreed to. Any such termination will only be effective for information created or received after we inform you of the termination of the restriction.

**You have the right to request to receive confidential communications from us by alternative means or at an alternative location.** 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. To request changes in how you receive confidential communications, you must make your request in writing to VCHCA HIM Department, 300 Hillmont, Ventura, California 93003. If you are receiving your services at a mental health or substance abuse clinic, you may speak to the Clinic Administrator about such requests. Your request must specify how or where you wish to receive confidential communications. You need not explain the reason for the request. We will accommodate all reasonable requests.

**You may have the right to request that we amend your protected health information.** If you feel that medical 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 information maintained in a designated record set for as long as we maintain the information. To request an amendment, you must submit your request in writing to VCHCA HIM Department, 300 Hillmont, Ventura, California 93003. With your request, you must provide a reason supporting your requested amendment.

We may deny your request for an amendment if the information sought to be amended was not created by us, is not part of designated record set, is not part of the information which you would be permitted to inspect or copy, or if we determine that the information sought to be amended is accurate and complete. If we deny your requested amendment, you may submit a written statement of disagreement disagreeing with the denial and stating the basis for such disagreement. Your written statement of disagreement shall not exceed 250 words per alleged incomplete or incorrect item in your record. We will include your statement of disagreement with your designated record set that is the subject of the requested amendment.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.** You have the right to request a list of disclosures we made of your protected health information other than for our own uses for treatment, payment, and health care operations, and other exceptions authorized under law. Requests for an accounting of disclosures should be made to VCHCA HIM Department, 300 Hillmont, Ventura, California 93003, (805) 652-6008, unless your services were provided in an outpatient mental health or substance abuse clinic, in

which case requests should be made to Ventura County Behavioral Health, attn: Medical Records, 1911 Williams Drive, Suite 200, Oxnard, California 93036, (805) 981-8795. Your request must state a time period which may not go back more than six years from the date of the request. You are entitled to one accounting of disclosures in any 12-month period without charge. If you request additional accountings within the 12-month period, you will be charged for the cost of compiling the accounting. We will notify you of the cost involved and you may modify or withdraw your request at that time before any costs are incurred.

**You have the right to obtain a paper copy of this Notice from us**, upon request, even if you have agreed to accept this Notice electronically. To obtain a paper copy of this Notice, you may contact our Privacy Office, the Hospital Admissions Department, or the clinic where you received outpatient care.

### **3. COMPLAINTS**

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying the VCHCA Privacy Office, at 300 Hillmont, Ventura, CA 93003, (805) 677-5241. We will not retaliate against you for filing a complaint.

For further information about the complaint process you may contact the VCHCA Compliance and Privacy Office.

This Notice was published and becomes effective on: September 23, 2013

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