



# Notice of Privacy Practices for County of Sonoma Health Plan Members

*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.**

## **Your Privacy is Important to Us**

Because we understand that medical information about you and your family members is personal, the County of Sonoma staff is committed to protecting your medical information.

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

The County of Sonoma contracts with Benesight to administer the benefits of the County Health Plan. Benesight provides medical information to the County, such as claims experience reports. These reports allow the County to perform the actuarial functions necessary to evaluate plan performance and benefits, and to establish premiums.

## **The County of Sonoma is Required by Law to:**

- Make sure that medical information that identifies you is protected from inappropriate use and disclosure.
- 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.

## **Changes to Our Privacy Practices**

We reserve the right to change our privacy practices. We reserve the right to apply the revised practices to the medical information we already have about you as well as any information we receive after the revisions are made. A copy of the most current notice is available from the County of Sonoma Human Resources Department. The effective date of the notice is on first page of the Notice of Privacy Practices in the top right-hand corner.

**THE FOLLOWING INFORMATION DESCRIBES THE WAYS THAT *BENESIGHT* MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION.**

## **For Treatment**

Benesight may use and disclose your medical information to provide, coordinate and manage your health care benefits and any related services. Benesight may disclose your medical information to doctors, nurses, technicians, therapists and health care personnel who are involved in your care. Doctors and health care providers are permitted to share information about your care to help provide you with timely and appropriate health care services. For

## Notice of Privacy Practices for County of Sonoma Health Plan Members

example, health care providers may share your medical information in order to coordinate the different things you need, such as prescriptions, lab work and x-rays.

### **For Payment**

Benesight may use and disclose medical information about you to doctors and other health care providers that request eligibility information or treatment authorizations. Benesight also uses and discloses your health information so that your health care providers can bill and be paid by for the health care services you receive.

### **For Health Care Operations**

Benesight may use and disclose medical information about you for our health care operations. For example, Benesight may use medical information to review and evaluate the benefits and services provided by the County Health Plan. Benesight may use your medical information to tell you about possible treatment options or alternatives or to tell you about health-related products or services that may be of interest to you. Benesight may use your medical information to contact you as a reminder that you should make an appointment for treatment or medical care.

### **As Required by Law**

Benesight may use and disclose medical information about you as required by law. For example, disclosures of medical information may be required for the following purposes:

- For judicial and administrative proceedings pursuant to legal authority.
- To assist law enforcement officials in their law enforcement duties.

### **Health Oversight Activities**

Your health information may be disclosed for health oversight activities authorized by law, such as audits, investigations and inspections. Health oversight activities are conducted by state and federal agencies that oversee government benefit programs and civil rights compliance.

### **Organ/Tissue Donation**

If you are an organ donor, Benesight may disclose your health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate such donation and transplantation.

### **Health and Safety**

Your health information may be disclosed to avert a serious threat to your health or safety or that of any other person pursuant to applicable law.

**Active Military, Veterans, National Security and Intelligence**

If you are or were a member of the armed forces, or part of the national security or intelligence communities, Benesight will disclose your health information when required by military command or other government authorities.

**Worker's Compensation**

Your health information may be used or disclosed in order to comply with laws and regulations related to Worker's Compensation.

**Other Uses and Disclosures of Medical Information**

The County of Sonoma and Benesight use and disclose your medical information in a manner that complies with federal and state laws and regulations. When an authorization is required to use or disclose your medical information, such as, for the use and disclosure of inpatient mental health records, HIV test results, or substance abuse records, the use or disclosure will be made only with your written authorization. If you authorize the use and disclosure of your medical information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, all uses or disclosures of your medical information for the purposes covered by your written authorization will cease unless we have already acted in reliance on your authorization. We are unable to take back any disclosures we have already made prior to revoking your authorization.

**YOUR INDIVIDUAL RIGHTS REGARDING YOUR MEDICAL INFORMATION**

**If you have any questions about this Notice or your individual rights regarding medical information maintained by the County of Sonoma, please contact the County of Sonoma Compliance/Privacy Officer at:**

(707) 565 – 4999

**All requests to exercise your individual rights and privacy related complaints must be submitted in writing to:**

County of Sonoma Compliance /Privacy Officer  
3313 Chanate Road  
Santa Rosa, CA 95404

**Your Right to Inspect and Copy**

You have the right to inspect and copy medical information maintained by the County of Sonoma that may be used to make decisions about your care. Usually, this includes medical and billing records, but may not include some mental health information.

If you request a copy of the information, you will be charged a fee for the costs of copying,

mailing or other supplies associated with your request. We will notify you of the cost involved and you may choose to withdraw or modify your request before any costs are incurred.

We may deny your request to inspect and copy certain medical information in very limited circumstances. A denial to of a request to inspect or copy medical information can only be made by licensed health care professionals. If your request to inspect and copy medical information is denied, you may request that the denial be reviewed. Another licensed health care professional chosen by the Compliance/Privacy Officer will review your request and the denial. The licensed health care professional conducting the review will not be the same licensed health care professional who denied your initial request. We will comply with the outcome of the review.

### **Your Right to Amend**

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 as long as the information is kept by the County of Sonoma.

You must provide the reason that you are requesting the amendment. We will deny your request for an amendment if it is not in writing or it 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 organization that created the information is no longer available to make the amendment.
- ✓ Is not part of the medical information kept by or for the County of Sonoma.
- ✓ Is not part of the information which you would be permitted to inspect and copy.
- ✓ Is accurate and complete.

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 Right to an Accounting of Disclosures**

You have the right to request an accounting of disclosures we made of medical information about you, other than disclosures for treatment, payment, health care operations, or pursuant to a valid authorization.

Your request must include a time period. The time period may not be longer than six years and may not include dates prior to April 14, 2003. Your request should indicate in what form you want the list of disclosures (for example, on paper, 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 before any costs are incurred.

### **Your 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 to receive communications about your health care by an alternate means or at alternative locations.

**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 with emergency treatment or for the purposes of public health reporting or as required by law. We will accommodate all reasonable requests. If you wish to request a restriction or limitation on the use or disclosure of your medical information, your written request must tell us:

- ✓ What information you want to limit.
- ✓ Whether you want to limit our use, disclosure or both.
- ✓ To whom you want the limits to apply, for example, disclosures to your spouse.

If you wish to request that communications regarding your medical information be provided using alternate means or locations, your written request must specify:

- ✓ How or where you wish to be contacted.
- ✓ The method you would like us to use to communicate with you, for example, the alternative address, phone number or email address.

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

You may ask us to give you a copy of this notice at any time. You may request that a copy be sent to you by contacting the County of Sonoma Compliance Message Line at (707) 565 – 4999. Please state that you wish to receive a Notice of Privacy Practices and provide your name and mailing address. A copy will be sent to you within 5 business days of your request. Or, you may obtain a copy of this notice on the County of Sonoma Intranet site. Go to Privacy Information.

### **Complaints**

If you believe your privacy rights related to the management of your health information maintained by the County of Sonoma have been violated you may file a complaint with our Compliance/Privacy Officer or with the Secretary of the Department of Health and Human Services. To file a complaint with the County of Sonoma please submit your complaint to:

County of Sonoma Compliance /Privacy Officer  
3313 Chanate Road  
Santa Rosa, CA 95404

**Complaints must be submitted in writing. You will not be penalized for filing a complaint.**