



*Effective Date: 11/12/2024*

## **Notice of Privacy Practices for the County of Santa Clara Health System:**

**Behavioral Health Services Department, Santa Clara Valley Healthcare (Custody Health Services, O'Connor Hospital, Santa Clara Valley Medical Center Hospital and Clinics, and St. Louise Regional Hospital), Valley Health Plan, portions of the Public Health Department and portions of the Office of Supportive Housing**

*This notice describes:*

HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION

**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.**

You have the right to a copy of this notice. If you have any questions about this notice, please contact the ethics, privacy & compliance office at 408-885-3794 or via email at [complianceofficer@hhs.sccgov.org](mailto:complianceofficer@hhs.sccgov.org).

### **WHO WILL FOLLOW THIS NOTICE**

The County of Santa Clara Health System (CSCHS) is a comprehensive safety-net health care system owned and operated by the County of Santa Clara ("County"). In this notice, we use the terms "we," "us," and "our" to describe CSCHS. CSCHS is comprised of multiple County departments, portions of which are parts of the County's designated Covered Entity under the Health Insurance Portability and Accountability Act of 1996, Public Law



104-191 (“HIPAA”). The County’s Covered Entity includes the following departments: Santa Clara Valley Medical Center Hospital and Clinics, O’Connor Hospital, St. Louise Regional Hospital, the Behavioral Health Services Department, portions of the Public Health Department, portions of the Office of Supportive Housing, Custody Health Services, and Valley Health Plan. CSCHS personnel may have access to your health information either as employees, physicians, professional staff members of CSCHS facilities, others authorized to enter information in a CSCHS facility medical record, volunteers, or persons working with us in other capacities. CSCHS departments share patient health information with each other for the purposes of providing integrated care and coordinating referrals and services for patients of CSCHS, for administrative oversight, billing, and compliance related activities, for analysis and evaluation of services provided by CSCHS departments, and for entering data into and maintaining an integrated CSCHS electronic health record. If you receive care from any of the CSCHS departments, your medical, mental health, drug, and alcohol treatment, and other information may be shared among the CSCHS departments as legally authorized.

**WHAT IS PROTECTED HEALTH INFORMATION?**

Protected health information or “PHI”: Any individually identifiable health information, including demographic information, about your past, present or future physical or mental health or condition, health care services you receive, and past, present, or future payment for your health care. Demographic information means information such as your name, social security number, address, and date of birth. PHI also includes race/ethnicity, language, gender identity, sexual orientation, and pronoun data.

PHI may be in oral, written, or electronic form. Examples of PHI include your medical record, claims record, enrollment or disenrollment information, and communications between you and your health care provider about your care. If your PHI is de-identified in accordance with HIPAA standards, it is no longer PHI.

**OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION**

CSCHS is committed to protecting the privacy of your PHI, including mental health and substance use treatment information. We are required by law to maintain the privacy of your PHI and to give you notice of our legal duties and privacy practices with respect to your PHI. We are required to abide by the most current version of this notice, and will follow the legal requirements and privacy practices described in this notice.

**YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

You have the following rights regarding your PHI that we maintain in our facilities. Please contact the Health Information Management Services (HIMS) Department Release of Information (ROI) unit of the CSCHS Department where you receive your services for requests related to your rights listed below.



Santa Clara Valley Medical Center Hospital and Clinics, Custody Health Services,  
Behavioral Health Services Department

ATTN: ROI Unit  
Health Information Management  
751 S. Bascom Avenue  
San Jose, CA 95128

O'Connor Hospital  
ATTN: ROI Unit  
Health Information Management  
2105 Forest Ave  
San Jose, CA 95128

St. Louise Regional Hospital  
ATTN: ROI Unit  
Health Information Management  
9400 No Name Uno  
Gilroy, CA 95020

Records Request Coordinator  
Public Health Department  
150 W. Tasman Dr.  
San Jose, CA 95134

Office of Supportive Housing  
Records Request Coordinator  
150 W. Tasman Drive  
San Jose, CA 95134

**Right to Notice of Breach or Unauthorized Access**

You have the right to be notified of unauthorized access to your PHI or a breach of unsecured PHI involving your information. We are required to notify you and provide you with information on how to protect your personal information.

**Right to See and Copy**

You have the right to ask to review and copy your PHI, with certain exceptions. If we have the information in electronic format, you have the right to obtain your medical information in an electronic format, if possible. Your request must be in writing and submitted to the department contact listed above. If you request a copy of the information, 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 of your PHI 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 have been involved in the decision to deny your request.

#### **Right to Ask for a Correction**

If you feel that the PHI we have on file for you is incorrect or incomplete, you may ask us to change the PHI in your record. A request for change must be made in writing and must provide a reason that supports the request. Submit requests to the department contact listed above. If we deny your request, we will provide a reason for the denial in writing.

#### **Right to Know Who We Shared Your Information With**

You have the right to request an “accounting of disclosures” showing who CSCHS shared your PHI with. This is a list of the disclosures we made of your PHI. For substance use disorder records, you have the right to receive an accounting of disclosures for all disclosures that were made with your consent for a maximum of three years prior to the date of your request, and the right to an accounting of disclosures made for treatment, payment, and health care operations purposes when those disclosures were made through an electronic health record (EHR).

For all other types of records, you have the right to receive an accounting of disclosures for all disclosures other than those made for our treatment, payment, and health care operations, and subject to other exceptions pursuant to the law. The request may be for a period up to six years prior to the date of the request.

Your request must be in writing and submitted to the appropriate department contact listed above. 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 and will notify you of these costs ahead of time.

#### **Right to Ask for Restrictions**

You have the right to ask us to restrict or limit how we use and share certain PHI 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 of your care, like a family member or friend. ***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 emergency treatment to you.

You have the right to request a restriction or limitation on certain PHI provided to your health plan if you have paid for the care you received from our facility yourself (i.e.,

instead of having your health insurance plan pay for the care). Your request must be in writing and submitted to the department contact listed above.

**Right to Ask for Confidential Communications**

You have the right to ask that we communicate with you about your PHI in a certain way or at a certain location. For example, you can ask that we contact you only at work or by U.S. mail. Your request must be in writing and submitted to the department contact listed above. We will try to accommodate all *reasonable* requests.

**Right to a Paper Copy of This Notice**

You have the right to a paper copy of this Notice, even if you have agreed to receive this Notice electronically. To obtain a paper copy of this notice, please contact:

County of Santa Clara Health System  
Attn: Chief Compliance Officer  
Ethics, Privacy and Compliance Office  
2325 Enborg Lane, Suite 290  
San Jose, CA 95128  
(408) 885-3794

You may obtain an electronic copy of this Notice at any of our locations or through our website: <https://www.scvmc.org/patients-visitors/services/notice-privacy-practices-npp>

**Right to Revoke Your Permission**

If you provide us permission to use or disclose your PHI, you may revoke that permission, in writing, at any time. If you revoke your permission, this will stop any further uses or disclosures of your medical information covered by your written authorization. To revoke your consent, you must submit a written notice to the appropriate department contact listed above.

Please note that if we have used or disclosed information in reliance on your consent, revocation will not impact the PHI already used or disclosed.

**HOW WE MAY USE AND SHARE PROTECTED HEALTH INFORMATION**

The following categories describe different ways that we use and disclose medical 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 the ways we are permitted to use and disclose information will fall within one of the categories. Uses and disclosures of PHI not covered by this notice or the laws that apply to us will be made only with your written permission.

**Disclosure at Your Request**



We will disclose information when requested by you. This disclosure at your request may require a written authorization by you.

**For Treatment**

We may access, use, and share your PHI to provide you with treatment or services. We may disclose medical information to doctors, nurses, technicians, health care students, medical students, or other health system personnel involved in your healthcare. We may also share your health information with other non-CSCHS providers for care or treatment. For example, we may share your health information if you are being referred to another provider for services.

**For Payment**

We may access, use, and share your PHI so that the treatment and services you receive may be billed and payment may be collected from you, an insurance company, or a third party. This includes providing your information to the County Department of Tax and Collections, which is responsible for collecting for unpaid care and other payments owed to the County. As an example, we may need to give your health plan information about treatment you received at the hospital so your health plan will pay us for the surgery. We may also provide basic information about you and your health plan, insurance company, or other source of payment to practitioners outside CSCHS who are involved in your care, to assist them in obtaining payment for services they provide to you. In addition, we may provide your PHI to a contracted vendor so that we can check your real-time patient insurance eligibility and verify your health care benefits.

**For Health Care Operations**

We may access, use, and share your PHI for health care operations purposes. These uses and disclosures are necessary to run the hospital and make sure that all of our patients receive quality care. which includes sharing information to For example, we may access, use, and disclose PHI to review our treatments and services, evaluate our staff performance in caring for you, comply with laws and regulations, comply with licensing and accreditation requirements, meet contractual obligations, improve the quality of care, determine premiums and other costs of providing health care, administer training and educational programs within CSCHS, and/or support medical staff activities.

**Business Associates and Qualified Service Organizations**

There are some services provided in our organization through contracts with business associates and, for substance use treatment programs, Qualified Service Organizations. Business Associates and Qualified Service Organizations provide services on behalf of CSCHS Departments that involve the use or disclosure of patient information. We may disclose your health information to our business associates and Qualified Service Organizations, so that they can perform the job we have asked them to do. Business

associates and Qualified Service Organizations are required by federal law to appropriately safeguard your information.

## **OTHER WAYS WE SHARE YOUR PHI**

### **Facilities Directories**

Our hospitals and other facilities access and use PHI to maintain directories of people staying in our facilities. This is so anyone calling or arriving at the hospital, including family and friends, can visit you and generally know how you are doing. You can make a specific written request to prevent your PHI from being disclosed in this manner.

If you are a patient receiving mental health services in our inpatient or outpatient mental health facilities or enrolled in a substance use treatment program, we will not release your name or any information disclosing whether you are a patient unless you have specifically authorized us to do so.

### **Fundraising Activities**

We may use certain information to contact you for the purpose of raising money for the hospitals and you will have the right to opt out of receiving such communications with each solicitation. For the same purpose, we may provide your name to the Valley Medical Center Foundation, the official nonprofit charity organization that raises funds in support of Santa Clara Valley Medical Center Hospitals and Clinics, including O'Connor Hospital and St. Louise Regional Hospital. The money raised will be used to expand and improve the services and programs we provide the community. You are free to opt out of fundraising solicitation, and your decision will have no impact on your treatment or payment for services.

Opt-Out methods:

1. Phone VMC Foundation at 408-885-5203;
2. Email: [vmcfoundation@hhs.sccgov.org](mailto:vmcfoundation@hhs.sccgov.org);
3. Direct mail solicitation includes a reply form with "do not solicit" box and mail to return address.

### **Medi-Cal Beneficiaries**

Government health benefit programs, such as Medi-Cal, may limit the disclosure of beneficiary information for any purposes unrelated to the program. If you are a Medi-Cal beneficiary, we may ask for your permission before disclosing your information in some situations.

### **Individuals Involved in Your Care or Payment For Your Care**



We may share your PHI with a family member, friend, personal representative, or anyone else you want to be involved in your care or anyone who helps pay for your care. Unless there is a specific written request from you to the contrary, we may also tell your family or friends your condition and that you are in the hospital.

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 you arrive at the emergency department either unconscious or otherwise unable to communicate, we are required to 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 mental health and substance use treatment records, we are only permitted to share your PHI with your treating physician and individuals that you authorize to receive your PHI.

### **Research**

CSCHS is a research institution and in certain circumstances, we may access, use, and share your PHI for research purposes, with or without obtaining your authorization. All research projects are evaluated under a special review and approval process to balance research needs with patients' need for privacy.

Often, our researchers contact patients about their interest in participating in certain research studies. We may perform other studies using your PHI without requiring your consent. These studies will not affect your treatment or welfare, and your PHI will continue to be protected. For example, a study may involve a chart review to compare the outcomes of patients who received different types of treatments.

### **Health Information Exchanges**

CSCHS participates in one or more health information exchanges (HIE), where we may share your health information, as allowed by law, with other health care providers or entities for coordination of your care. This allows health care providers at different facilities participating in your treatment to have the information needed to treat you.

**If you do not want CSCHS Health to share your information in an HIE, you can opt out by completing an opt-out form and submitting it to:**

Health Information Management Services  
ATTN: Release of Information Unit  
751 S. Bascom Avenue  
San Jose, CA 95128





CSCHS will agree with your opt-out request, and this will stop CSCHS sharing your PHI with other health care providers electronically through the HIE, although they may still share information for treatment purposes through other mechanisms. It does not stop other health care providers from sharing your information with CSCHS electronically, and it does not stop a health care provider that already received your information from keeping it. To stop other health care providers from sharing your information with CSCHS, you must contact those providers directly. If you opt out, you can choose to resume participation by submitting a written request to:

Health Information Management Services  
ATTN: Release of Information Unit  
751 S. Bascom Avenue  
San Jose, CA 95128

#### **As Required By Law**

We will access, use, and share your PHI when required to do so by federal, state, or local law. For example, in response to a court order, we may be required to release information.

#### **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.

#### **Marketing and Sale of PHI**

We may not use or disclose your PHI for marketing purposes without your written authorization. We may not sell your PHI without your written authorization.

### **SPECIAL SITUATIONS**

#### **Organ and Tissue Donation**

In some circumstances we may share your PHI with organizations that handle organ procurement or organ, eye, or tissue transplantation or with an organ donation bank, as necessary to help with organ or tissue donation and transplantation.

#### **Genetic Information**

We may use or disclose your PHI for underwriting purposes. If we do so, we will comply with federal law, which prohibits us from using genetic information for underwriting purposes.

#### **Group Health Plans**

We may disclose your PHI to your health plan sponsor for limited purposes, such as modifying, amending, or terminating the group health plan, confirmation of participation, or facilitating the sponsor's solicitation of premium bids.

### **Military Service and Veterans**

If you are a current or retired member of the Armed Forces, we will share your PHI if it is required by military command authorities. For example, we may release PHI about foreign military personnel to the appropriate military authorities as authorized or required by law.

### **Workers' Compensation**

With some exceptions for mental health and substance use treatment information, we may share your PHI as permitted by law for workers' compensation or similar programs when necessary to provide you with treatment, services, or benefits for work-related injuries or illness.

### **Public Health Risks**

We may share your PHI for public health purposes. In general, these activities include, but are not limited to the following:

- to prevent or control disease (such as cancer or tuberculosis), injury, or disability;
- to report births and deaths;
- to report the abuse or neglect of children, elders, and dependent adults;
- to report reactions to medications, or problems with healthcare products;
- to notify patients of recalls, repairs, or replacement of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for getting or spreading a disease or condition;
- to notify emergency response employees regarding possible exposure to HIV/AIDS, to the extent necessary to comply with state and federal laws;
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure of your PHI if you agree or when it is required or authorized by law.

### **Health Oversight Activities**

We may share your PHI with a healthcare oversight agency as authorized or required 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**

We may use and disclose PHI in responding to a court or administrative order, a subpoena, or a discovery request. We may also use and disclose PHI to the extent permitted by law without your authorization, for example, to defend a lawsuit or arbitration.

We will only disclose mental health and drug and alcohol treatment records in response to a subpoena when we receive a court order or specific written authorization from the patient. These records will only be used or disclosed based on a court order after notice and an opportunity to be heard is provided to the patient or the holder of the record, where required by 42 U.S.C. 290dd-2 and 42 C.F.R. Part 2. The court order must be accompanied by a subpoena or other similar legal mandate compelling disclosure before the record is used or disclosed.

### **Law Enforcement**

We may share PHI if asked to do so by a law enforcement official as allowed or required by law when certain conditions are met. Mental health and substance use treatment services records require additional legal protections and cannot be released without a court order or an authorization by the patient or the patient's representative, except in certain limited circumstances as allowed by law.

### **Reproductive Health Care Information**

We will not share PHI for purposes of a criminal, civil, or administrative investigation into any person for the act of seeking, obtaining, providing, or facilitating reproductive health care, or to impose liability on a person for seeking, obtaining, providing, or facilitating reproductive health care. We will not share PHI to assist in identifying a person for seeking, obtaining, providing, or facilitating reproductive health care. For example, if we receive a request from an out-of-state entity for PHI related to an abortion to prosecute that person, we will not fulfill the request.

We will not disclose PHI potentially related to reproductive health care for health oversight activities, judicial or administrative proceedings, law enforcement purposes, or to coroners and medical examiners, without receiving a valid attestation stating the requested PHI is not for a prohibited use.

### **Coroners, Medical Examiners and Funeral Directors**

We may share PHI with a coroner, medical examiner, or funeral director when someone dies. This may be necessary, for example, to identify a deceased person or determine the cause of death. We will only disclose mental health and drug and alcohol treatment records to the coroner or medical examiner with a court order or an authorization from the patient's next of kin.

### **National Security and Intelligence Activities**



We may share your PHI as authorized or required by law for specific government functions such as national security and presidential protection.

**Inmates**

If you are an inmate of a correctional institution or under the custody of law enforcement officials, we may share your PHI with the correctional institution or law enforcement officials as allowed or required by law.

**Disaster Relief Efforts**

We may share your PHI with an organization involved in disaster relief so that your family can learn about your condition, status, and location.

**Multidisciplinary Personnel Teams**

We may disclose health information to a multidisciplinary personnel team relevant to the prevention, identification, management or treatment of an abused child and the child's parents, or elder abuse and neglect.

**Special Categories of Information**

In some circumstances, your health information may be subject to restrictions that may limit or preclude some uses or disclosures described in this notice. For example, there are special restrictions on the use or disclosure of certain categories of information (e.g., tests for HIV or treatment for mental health conditions or alcohol and drug abuse). Government health benefit programs, such as Medi-Cal, may also limit the disclosure of beneficiary information for purposes unrelated to the program.

**CHANGES TO THIS NOTICE**

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for the PHI we already have about you, as well as any other information we receive in the future. We will post a copy of the current Notice in our facilities. The effective date of the Notice will be displayed on the first page. The current notice will be available at <https://scvh.org/privacy>.

**AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES AND AUXILIARY AIDS AND SERVICES**

Language assistance services and appropriate auxiliary aids and services are available, free of charge, to all participants, beneficiaries, enrollees, and applicants of CSCHS, and to members of the public.

**QUESTIONS OR COMPLAINTS**

We welcome the opportunity to respond to your questions and concerns and to resolve any complaints you may have about the access, use, or disclosure of your PHI. If you



believe your privacy rights have been violated, you may file a complaint with us, or with the Secretary of the Department of Health and Human Services. To file a complaint with us, you must contact:

County of Santa Clara Health System  
Attn: Chief Compliance Officer  
Ethics, Privacy and Compliance Office  
2325 Enborg Lane, Suite 290  
San Jose, CA 95128  
(408) 885-3794

**You will not be penalized for filing a complaint.**