



NOTICE OF PRIVACY PRACTICES

Effective Date: December 6, 2021

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.

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”). The 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, Behavioral Health Services Department, portions of the Public Health Department, Custody Health Services, and Valley Health Plan. 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.

OUR PLEDGE REGARDING MEDICAL INFORMATION

CSCHS is committed to protecting the privacy of your medical, mental health, substance use treatment, and other health information. We are required by law to maintain the privacy of your health information and will follow the legal requirements and privacy practices described in this notice.

What is Protected Health Information?

Protected health information or “PHI”: Any individually identifiable information, in electronic or physical form, regarding a patient’s medical history, mental or physical condition or treatment that includes or contains any element of personal identifying information sufficient to allow identification of the individual such as the patient’s name, address, e-mail address, telephone number, Social Security number, or other information that, alone or in combination with other publicly available information, reveals the individual’s identity.

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

Privacy Coordinator
Public Health Department
976 Lenzen Avenue
San Jose, CA 95126

Right to Notice of Breach or Unauthorized Access

You have the right to be notified if there is an 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 health 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.

Right to Ask for a Correction



If you feel that the PHI, we have about you is incorrect and 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 and will provide a reason why 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 health information with. This is a list of the disclosures we made of PHI about you other than our own for treatment, payment, and health care operations and with 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 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 health information 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. 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>

HOW WE MAY USE AND SHARE PROTECTED HEALTH INFORMATION



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 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. Another example of use for payment purposes, 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.

For Health Care Operations

We may access, use, and share your PHI for health care operations purposes which includes sharing information to comply with laws and regulations, to meet contractual obligations, to improve the quality of care, to administer training and educational programs within CSCHS, or to support medical staff activities. For example, we may access, use, and disclose PHI to review our treatments and services, and to evaluate our staff performance in caring for you.

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
3. Direct mail solicitation includes a reply form with "do not solicit" box and mail to return address.

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. 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

The 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, to 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.

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.

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 the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will share your PHI only if you agree or when it is required or authorized by law.
- 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 share your PHI with a healthcare oversight agency as authorized or required by law.

Lawsuits and Disputes

If you are involved in a lawsuit or 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. We will only disclose mental health and drug and alcohol treatment records in response to a subpoena when we receive a court order or authorization from the patient.

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.

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.

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 [Notice of Privacy Practices \(NPP\) - Santa Clara Valley Medical Center - \(scvmc.org\)](#)

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

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.