

delayed. We will keep a copy of your request in our records. On very rare occasions, we may deny your request to amend health information. You will be provided with a written explanation why, information on how to appeal your request, and information on how to file a complaint with the Secretary of the Department of Health and Human Services, should you feel the need to.

- Obtain an accounting of disclosures of your health information, which gives you information about how we shared your protected health information with others, who we shared the information with, and why in the previous six years prior to the date that you asked for such disclosure. The accounting of disclosures will not include information about disclosures relating to treatment, payment, health care operations and certain other disclosures. We will provide one accounting of disclosures a year for free, but will charge a reasonable cost-based fee if you ask for another one within 12 months.
- Choose how we send your health information.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.
- Be notified promptly following a breach that may compromise the privacy or security of your protected health information.

#### **Our Responsibilities**

This organization is required to:

- Maintain the privacy of your health information,
- When information is used/disclosed, limit the information to the minimum necessary,
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you,
- Abide by the terms of this notice,
- Notify you if we are unable to agree to a requested restriction,
- Accommodate reasonable request you may have to communicate health information by alternative means or at alternative locations,
- Notify you in case your health information is accidentally

disclosed.

This organization is not allowed to:

- Sell your information to marketing firms or anybody else,
- Discuss any health-related products or services with you without your authorization if we receive any kind of direct or indirect payment for this discussion,
- Use or disclose your health information without your authorization, except as described in this notice.

We reserve the right to change our practices and make the new provisions effective for all protected health information we maintain. Should our information practices change, the revised Notice of Privacy Practices will be posted on our website at [www.longbeach.gov/health](http://www.longbeach.gov/health).

#### **For More Information, or to Report a Problem**

If you have any questions and would like additional information, or if you believe your privacy rights have been violated and you want to file a complaint, you may contact the Long Beach Department of Health and Human Services Privacy Officer at (562) 570-4330, or the United States Office of Civil Rights at (800) 368-1019.

*There will be no retaliation for filing a complaint.*

**THIS INFORMATION IS AVAILABLE IN AN ALTERNATE FORMAT BY REQUEST TO THE LONG BEACH DEPARTMENT OF HEALTH AND HUMAN SERVICES PRIVACY OFFICER AT:**

**HIPAA PRIVACY OFFICER  
CITY OF LONG BEACH  
DEPARTMENT OF HEALTH & HUMAN SERVICES  
2525 GRAND AVENUE, SUITE 280  
LONG BEACH, CA 90815**

**PHONE: (562) 570-4330.**

Effective Date: 04/2009- Revised: 11/2015

# Notice of Privacy Practices

**CITY OF LONG BEACH  
DEPARTMENT OF HEALTH  
AND HUMAN SERVICES**

**THIS NOTICE DESCRIBES HOW  
INFORMATION ABOUT YOU MAY BE  
USED AND SHARED, AND HOW YOU  
CAN GET ACCESS TO THIS  
INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**



Your medical information is personal, and requires privacy and confidentiality. The City of Long Beach is committed to protecting your medical information. We are required by State and federal law to ensure that your medical information is kept private, and/or is only released under strict legal guidelines. This Privacy Notice tells you how we are legally required to use and share your medical information. We are required to give you this notice of our legal duties and privacy, and we are required to follow all the terms of this notice that are currently in effect.

**Your medical information may be used or disclosed without getting your permission first for:**

- **Treatment:** Information obtained by City healthcare providers will be recorded in your medical record. This information may be shared with other healthcare providers treating you in order to ensure that you are receiving the proper treatment and evaluation.
- **Payment:** The City may use your medical information or disclose it to your health plan or health insurance carrier to obtain payment for health services that you receive. For example, we may need to give them information about a clinical exam or a vaccination that you or your child receives before they will pay for those services. We may also tell them about a treatment you are going to receive in order to obtain prior approval for the treatment.
- **Health Care Operations:** The City may use or disclose your medical information for health care operations to make sure that the services and care provided to you are appropriate and of high-quality. For example, we may review medical information about many individuals to improve our service. We may share your medical information with other providers who perform case management, coordination of care, or other assessment activities.
- **Public Health:** As required by law, we may disclose your health information to public health or legal authorities in charge of preventing or controlling disease, injury or disability.
- **Psychotherapy Notes:** For our entities that provide behavioral health services and maintain psychotherapy notes as defined by the HIPAA privacy rules, we would obtain your permission for most uses and disclosures of psychotherapy notes. Psychotherapy notes are very specific types of notes recorded by a mental health professional documenting or analyzing the contents of conversation during counseling sessions and kept separate from the rest of the medical

record.

- **Marketing:** We would obtain your permission before using or disclosing your health information for marketing purposes, except if the communication is made face-to-face with you or involves providing you with a promotional gift of nominal value, to which you agree to.
- **Sale of Information:** We would obtain your permission before making any disclosure that constitutes a sale of health information.
- **Fundraising:** We would obtain your permission before using or disclosing your health information for fundraising purposes. You have the right to opt out of the offer, and you have the right to advise us not to contact you for fundraising activities again.

**Other uses and disclosures that do not require your permission are as follows:**

- **Business Associates:** There are some services provided in our organization through contracts with business associates, such as outside medical laboratories and copy services. Your health information may be disclosed to these associates so that they can perform necessary services on our behalf. For your protection, we have agreements with them that require them to safeguard your health information according to all laws and standards of practice.
- **Notification:** We may use or share information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, general condition, or death.
- **Research:** We may share information with researches when their research has been approved by an Institutional Review Board that reviews such proposals and establishes protocols to ensure the privacy of your health information.
- **Funeral Directors:** We may share health information with funeral directors consistent with the applicable law so they may carry out their duties.
- **Food and Drug Administration (FDA):** We may disclose to the FDA health information about adverse events with respect to food, supplements, product and product defects or post marketing surveillance information to enable product releases, repairs or replacement.

- **Worker's Compensation:** We may share health information to the extent authorized by, and to the extent necessary, to comply with laws relating to workers compensation or other similar programs established by law.
- **Public Health Risks:** We may share medical information about you for public health activities, such as those aimed at preventing or controlling disease, preventing injury or disability, and reporting the abuse or neglect of children, elders, and dependent adults.
- **Correctional Institutions:** Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof, health information necessary for your health and the health and safety of other individuals.
- **Law Enforcement:** We may disclose health information for law enforcement purposes as required by law, or in response to a valid subpoena.

**Your Health Information Rights**

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. By federal law you have the right to:

- Request a restriction on certain uses and disclosures of your information.
- Request that information not be shared with your insurance carrier if the treatment has already been paid for in full.
- Obtain a paper copy of the Notice of Privacy Practices upon request.
- Inspect and copy your health record by submitting your request to the HIPAA Privacy Officer. A nominal fee might be charged for the request. You will get a response within 10 to 30 days and we will notify you in writing if the response will be delayed. On very rare occasions, we may deny your request to inspect or obtain a copy of protected health information. You will be provided with a written explanation why, and information on how to file a complaint with the Secretary of the Department of Health and Human Services should you feel the need to.
- Request a change to your health record if you believe that the health information we have about you is incorrect or incomplete. You can do so by submitting your request to the HIPAA Privacy Officer. You will get a response within 10 to 30 days and we will notify you in writing if the response will be