

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact the Health Care Assistance Program staff at the Adult Services Division.

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). It describes how we may use or disclose your protected health information; with whom that information may be shared; and the safeguards we have in place to protect it. This notice also describes your rights to access and amend your protected health information. You have the right to approve or refuse the release of specific information outside of our system except when the release is required or authorized by law or regulation.

WHO WILL FOLLOW THIS NOTICE

This notice describes the Washoe County Health Care Assistance Program practices regarding your protected health information. For this notice, the Program includes the following:

- Eligibility Determinations and Payment for:
 - Adult Group Care
 - Extended Care Facilities
 - Burial and Cremation Assistance
 - Health Care Assistance Program
 - Crossroads Supportive Housing Program
- Third-party administrators, Business Associates, medical providers, and staff contracting with the Program.

OUR DUTIES TO YOU REGARDING PROTECTED HEALTH INFORMATION

“Protected Health Information” is individually identifiable health information. This information includes demographics, e.g. age, address, email address, and relates to your past, present or future physical or mental health or condition and related health care services. The Program is required by law to do the following:

- Make sure that your protected health information is kept private;
- Give you this notice of our legal duties and privacy practices related to the use and disclosure of your protected health information;
- Follow the terms of the notice currently in effect;
- Communicate any changes in the notice to you.

We reserve the right to change this notice. Its effective date is at the top of the first page and the bottom of the last page. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. You may obtain a Notice of Privacy Practices by calling the Health Care Assistance staff and requesting a copy be mailed to you.

HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION.

Following are examples of permitted uses and disclosures of your protected health information. These examples are not exhaustive:

1. Required Uses and Disclosures

By law, we must disclose your health information to you unless it has been determined by a competent medical authority that it would be harmful to you. We must also disclose health information to the Secretary of the Department of Health and Human Services (DHHS) for investigations or determinations of our compliance with laws on the protection of your health information

2. Treatment

We may use and disclose protected health information to provide, coordinate, or manage your healthcare and any related services. This includes the coordination or management of health care with a third party. For example, we would disclose your protected health information as necessary to a contractor who provides care to you such as home health aide, medical equipment provider or licensed social worker providing case management services. We may disclose your protected health information from time to time to a physician, or health care provider (e.g. specialist, pharmacist, or laboratory) who becomes involved in your care by providing assistance with your health care diagnosis or treatment. This includes pharmacists who may be provided information on other drugs you have been prescribed to identify potential interactions.

In emergencies, we will use and disclose your protected health information to provide the treatment you require.

3. Payment

Your protected health information may be used, as needed, to determine eligibility for payment of health care services. This may include certain activities the program might undertake before it approves or pays for the health care services recommended such as determining eligibility or coverage for benefits, reviewing services provided for medical necessity, and undertaking utilization review activities.

4. Health Care Operations

We may share your protected health information with third-party “business associates” who perform various activities (e.g., billing or collection services) for the Program, as is necessary for the services outlined in the business associate contract. The business associates will also be required to protect your health information.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that might interest you. For example, your name and address may be used to send you a newsletter about the Program and the services we offer. We may also send you information about products or services that we believe might benefit you.

5. To the Program Sponsor

We may also disclose your protected health information to the Program Sponsor, but only if the sponsor has amended its program document as required by the Privacy rule, certified to the program as required by the Privacy rule, and established certain safeguards and firewalls to limit the classes of employees who will have access to protected health information and to limit the use of protected health information to program purposes and not for non-permissible purposes. Any disclosure to the Program Sponsor must be for purposes of administering the program. Examples include: the

disclosure of summary health information for financial management of the program and for the purposes of amending legislation which affects the program; for claim appeals to the Program's review committee; for case management purposes; or to Human Resources' representatives of the program sponsor who are assisting program members in getting their claims resolved.

6. Where Required by Law or Requested as Part of a Regulatory or Legal Proceeding

The Program may disclose protected health information as required by law or when requested as part of a regulatory or legal proceeding. For example, the Program may disclose medical information when required by a court order in a litigation proceeding, or pursuant to a subpoena, or as necessary to comply with workers' compensation laws.

7. Public Health

We may disclose your protected health information to a public health authority that is permitted by law to collect or receive the information. The disclosures may be necessary to do the following:

- Prevent or control disease, injury, or disability;
- Report births and deaths;
- Report child abuse or neglect;
- Report reactions to medications or problems with products;
- Notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.

8. Victims of Abuse, Neglect or Domestic Violence

We may disclose your protected health information to the appropriate government authority if we believe you have been the victim of abuse, neglect or domestic violence. When making such reports we will promptly inform you that a report has been made unless, in the exercise of professional judgment the worker believes informing you would place you at risk of serious harm.

9. Communicable Diseases

We may disclose your protected health information, if authorized by law, to a person who might have been exposed to a communicable disease or might otherwise be at risk of contracting or spreading the disease or condition.

10. Health Oversight

We may disclose your protected health information to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. These health oversight agencies might include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

11. Food and Drug Administration

We may disclose your protected health information to a person or company required by the Food and Drug Administration to do the following:

- Report adverse events, product defects, or problems and biologic product deviations;
- Track products;
- Enable product recalls;
- Make repairs or replacements;

- Conduct post-marketing surveillance as required.

12. Law Enforcement

We may disclose protected health information for law enforcement purposes, including the following:

- Responses to legal proceedings;
- Information requests for identification and location;
- Circumstances pertaining to victims of a crime;
- Deaths suspected for criminal conduct;
- Medical emergencies believed to result from criminal conduct.

We may disclose your protected health information to law enforcement for the purpose of reporting a crime performed on the program premises or against program personnel.

13. Decedents

We may disclose protected health information to coroners or medical examiners for identification to determine the cause of death, or for the performance of other duties authorized by law. We may disclose protected health information to funeral directors as authorized by law. Protected health information may be used and disclosed for cadaveric organ, eye, or tissue donations.

14. Research

We may disclose your protected health information to researchers when authorized by law. For example, if their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

15. To Avert a Serious Threat to Health or Safety of an Individual

Under applicable Federal and State laws, we may disclose protected health information if we believe that its use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

16. Specialized Government Functions

We may use or disclose your protected health information if you are an inmate of a correctional facility and the Program received the protected health information while providing payment of care for you. This disclosure would be necessary (1) for the institution to provide you with health care; (2) for your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

We may use or disclose your protected health information to another agency administering a government program providing public benefits if the sharing of the information is expressly authorized by statute or regulation or if the programs serve the same or similar populations and the disclosure is necessary to coordinate the covered functions of such programs or to improve administration and management relating to the covered functions of such programs. For example, your demographic information and medical records may be released to the Social Security Administration for the purposes of processing an application for Social Security Disability Insurance.

17. Disclosures by the Health Program

Contracted health programs may also disclose your protected health information. Examples of these disclosures include

verifying your eligibility for health care and for enrollment in various health programs and coordinating benefits for those who have other health insurance or are eligible for other health benefit programs.

18. Parental Access

Some state laws concerning minors permit or require disclosure of protected health information to parents, guardians, and persons acting in a similar legal status. We will act consistently with the law of the state where the treatment is provided and will make disclosures following such laws.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION REQUIRING YOUR PERMISSION

In some circumstances, you have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. The following are examples in which your agreement or objection is required.

Individuals Involved in Your Health Care

Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. We may also give information to someone who helps pay for your care. Additionally, we may use or disclose protected health information to notify or assist in notifying a family member, personal representative, or any other person who is responsible for your care, of or location, general condition, or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and coordinate uses and disclosures to family or other individuals involved in your health care.

When a Signed Authorization is Required

A signed authorization to release information is required to release your information in any other circumstance not listed in this document. Examples include, but are not limited to, disclosures of psychotherapy notes, disclosures for the purposes of marketing and all other releases made to non-covered social services or legal entities for the purposes of obtaining services. You have the right to revoke any such authorization at any time either verbally or in writing. Exception: If you have been court ordered into the Crossroads Program and you sign an authorization allowing us to release your information to the court you may not revoke this authorization. This authorization will automatically expire upon notification of the referring court entity that you have satisfied all necessary components of the court order and that you are released from the court.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You may exercise the following rights by submitting a written request or electronic message to the Health Care Assistance staff. Please be aware that the Program might deny your request; however, you may seek a review of the denial.

1. Right to Inspect and Copy

You may inspect and obtain a copy, either paper or electronic, of your protected health information that is contained in a "designated record set" for as long as we maintain the protected health information. A designated record set contains medical and billing records and any other records that the Program uses for making decisions about you.

This right does not include inspection and copying of the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or

administrative action or proceeding; and protected health information that is subject to law that prohibits access to protected health information.

2. Right to Request Restrictions

You may ask us not to use or disclose any part of your protected health information for treatment, payment, or health care operations. Your request must be made in writing to the Adult Services Division. In your request, you must tell us; (1) what information you want restricted; (2) whether you want to restrict our use, disclosure, or both; (3) to whom you want the restriction to apply, for example, disclosures to your spouse; and (4) expiration date.

If the Program believes that the restriction is not in the best interest of either party, or the Program cannot reasonably accommodate the request, the Program is not required to agree. If the restriction is mutually agreed upon, we will not use or disclose your protected health information in violation of that restriction, unless it is needed to provide emergency treatment. You may revoke a previously agreed upon restriction any time in writing.

3. Right to Request Confidential Communication

You may request that we communicate with you using alternative means or at an alternative location. We will not ask you the reason for your request. We will accommodate reasonable requests when possible.

4. Right to Request Amendment

If you believe that the information we have about you is incorrect or incomplete, you may request an amendment to your protected health information as long as we maintain this information. While we will accept requests for amendment, we are not required to agree to the amendment.

5. Right to an Accounting of Disclosures

You may request that we provide you with an accounting of the disclosures we have made of your protected health information. This right applies to disclosures made for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. The disclosures must have been made after April 14, 2003, and no more than six (6) years from the date of request. This right excludes disclosures made to you, to family members or friends involved in your care, or for notification. The right to receive this information is subject to additional exceptions, restrictions, and limitations as described earlier in this notice.

6. Right to Obtain a Copy of this Notice

You may obtain a paper copy of this notice from the Health Care Assistance Program at any time upon request. You may also obtain a copy of the notice at http://www.washoecounty.us/socsvr/socsvr_adult_hcap.html.

7. Right to Breach Notification.

You have the right to be notified whenever a breach of your protected health information occurs. A breach of information is defined as the unauthorized acquisition, access, use, or disclosure of protected health information. Unauthorized acquisition, access, use or disclosure of protected health information means in a manner not permitted under the terms described in this notice. "Compromises the security or privacy of the protected health information" means poses a significant risk of financial, reputational, or other harm to the individual. Washoe County Department of Social Services will conduct a risk assessment after becoming aware of a potential breach of

information and will notify you in writing at your last reported address if your information has been compromised.

COMPLAINTS

If you believe these privacy rights have been violated, you may file a written complaint with the Privacy Officer, Washoe County Risk Management Division, 1001 E. Ninth Street, P.O. Box 11130, Reno Nevada, 89520 or the Department of Health and Human Services, The Hubert H. Humphrey Building, 200 Independence Avenue S.W., Washington, D.C. 20201. No retaliation will occur against you for filing a complaint.

CONTACT INFORMATION

You may contact the Eligibility Case Compliance Reviewer at the Health Care Assistance Program at 1001 E. Ninth Street, P.O. Box 11130, Reno, Nevada 89520-0027, or call (775) 328-2700 for further information about the complaint process, or for further explanation of this document.

This notice is effective in its entirety as of August 1, 2013. Washoe County Department of Social Services reserves the right to make changes to the notice of privacy practices as is necessary to accommodate our business functions. When the notice is changed the revised version will be posted at our website and you will be notified at your next update or within 60 days from that effective date of the new notice, whichever is later.