

Effective Date of This Notice: July 23, 2003

**CITY OF PASADENA
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)
NOTICE OF PRIVACY PRACTICES**

IMPORTANT: This notice describes how personal medical information about you may be used and disclosed and how you may get access to this information. Please read this Notice carefully.

The City of Pasadena ("City") is required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to maintain the privacy of certain confidential health care information, known as "Protected Health Information," or "PHI," and to provide you with a notice of the City's legal duties and privacy practices regarding your PHI. This Notice describes your legal rights, advises you of the City's privacy practices, and explains the circumstances under which the City is permitted to use and disclose PHI about you. The City is required to comply with the terms of its most current HIPAA Privacy Notice in effect.

We will treat all health care information about City patients with utmost care, following strict policies of confidentiality required under HIPAA.

USES AND DISCLOSURES OF PHI: The City may use PHI for the purposes of treatment, payment and health care operations, in most cases *without your written permission*.

- **Treatment:** This includes verbal and written information we have about you pertaining to your medical condition and treatment provided to you by us and other medical personnel (including doctors, nurse practitioners and nurses who give orders to allow us to provide treatment to you). It also includes information we give to other health care personnel to whom we transfer your care and treatment, and includes transfer of PHI via fax, radio or telephone to the hospital, private medical office or dispatch center, as well as providing the hospital or other private health care provider with a copy of the written record we create in the course of providing you with treatment and/or transport.
- **Payment:** This includes any activities we must undertake in order to be reimbursed for the services we provide to you, including organizing your PHI and submitting bills to insurance companies (either directly or through a third party billing company), management of billed claims for services rendered, medical necessity determinations and reviews, utilization review, and collection of outstanding accounts.
- **Health care operations:** This includes quality assurance activities, licensing, and training programs to ensure that our personnel meet our standards of care and follow established policies and procedures, obtaining legal and financial services, conducting business planning, processing grievances and complaints, creating reports that do not individually identify you for data collection purposes, fundraising, and certain marketing activities.

USE AND DISCLOSURE OF PHI WITHOUT YOUR AUTHORIZATION: The City is permitted to use PHI *without your written authorization or opportunity to object* in certain situations, including the following:

- For use by the City in treating you or in obtaining payment for services provided to you or in other health care operations;
- For the treatment activities of another health care provider;
- To provide to another health care provider or entity for the payment activities of the provider or entity that receives the information (such as your hospital or insurance company);
- To provide to another health care provider (such as a hospital to which you are transferred or transported) for the health care operations activities of the entity that receives the information if the entity receiving the information has or has had a relationship with you and the PHI pertains to that relationship;

- For health care fraud and abuse detection or for activities related to compliance with the law;
- To provide to a public health authority in certain situations (such as reporting a birth, death or disease as required by law) as part of a public health investigation; to report child or adult abuse or neglect or domestic violence; to report adverse events such as product defects; or to notify a person about exposure to a possible communicable disease as required by law;
- For health oversight activities including audits or governmental investigations, inspections, disciplinary proceedings and other administrative or judicial actions undertaken by the government (or their contractors) by law to oversee the health care system;
- For judicial and administrative proceedings as required by a court or administrative order, or in some cases in response to a subpoena or other legal process;
- For law enforcement activities in limited situations such as when there is a warrant for the request, or when the information is needed to locate a suspect or stop a crime;
- For military, national defense and security and other special governmental functions;
- To avert a serious threat to the health and safety of a person or the public at large;
- For workers' compensation purposes, and in compliance with workers' compensation laws; and
- Formatting the PHI in a way, which does not personally identify you or reveal your identity in some other manner.

WRITTEN AUTHORIZATION REQUIRED: Any other use or disclosure of your PHI (other than those listed above) shall only be made with your written authorization. The authorization must specifically identify the information we seek to use or disclose and the manner in which we seek to use or disclose it. **You may revoke your written authorization at any time, in writing. This revocation will not apply to PHI information already used or disclosed in reliance on the original written authorization.**

PATIENT RIGHTS: As a patient, you have a number of rights regarding protection of your PHI, including:

- The right to access, inspect or copy your PHI: This means you may request to come to our offices and inspect or obtain a copy of most of the health care information about you that we maintain. We will normally provide you with access to this information within 30 days of your request. We may also charge you a reasonable fee for copies of any medical information you request. To inspect and obtain a copy of your medical information, please contact the Privacy Officer listed at the end of this Notice.

NOTE: You have the right to appeal certain types of denials of access to your medical information. You are required to complete a Request Form to request access to your PHI. The City will provide you a written response if your request for access is denied, including your appeal rights.

- The right to amend your PHI: You have the right to request the City amend written health care information that we may have about you. We will generally amend the information within 60 days of receipt of your request, and will notify you when we have amended the information. To request that we amend the medical information that we have about you, please contact the Privacy Officer listed at the end of this Notice.

NOTE: We are permitted under the law to deny your request to amend your health care information only in certain circumstances, such as when we believe the information you have asked us to amend is correct as-is.

- The right to request an accounting of our use and disclosure of your PHI: You may request an accounting from us of certain disclosures of your health care information that we have made in the last six (6) years prior to the date of your request. To request an accounting of the medical information about you that we have used or disclosed that is not exempt from the accounting requirement, please contact the Privacy Officer listed at the end of this Notice.

NOTE: We are not required to give you an accounting of information we have used or disclosed for purposes of treatment, payment, or health care operations, or when we share your health care information with our business associates, such as our billing company or a medical facility from/to which we have transferred or transported you.

NOTE: We are also not required to give you an accounting of our uses of protected health care information for which you have already given us written authorization.

- The right to request that we restrict the uses and disclosures of your PHI: You have the right to request that we restrict the manner in which we use and disclose your health care information for treatment, payment, or health care operations, or to restrict the information that is provided to family, friends and other individuals involved in your health care. If you request a restriction and the information you asked us to restrict is needed to provide you with emergency treatment, we may use the PHI or disclose the PHI to a health care provider who is providing you emergency treatment. To request a restriction on any PHI about you that we may use or disclose, please contact the Privacy Officer listed at the end of this Notice.

NOTE: The City is not required to agree to any restrictions you request; however, any restrictions agreed to by the City are binding.

AVAILABILITY OF NOTICE: If the City maintains a website, we will prominently post a copy of this Notice there and make the Notice available electronically through the website. Upon request, the City will also make a copy of this Notice available to you through electronic mail (e-mail). You may also request a hard copy of this Notice.

REVISIONS OF THE NOTICE: The City reserves the right to amend the terms of this Notice at any time, and the changes become effective immediately and apply to all protected health care information that we maintain. Any material amendments to the Notice shall be promptly posted in our facilities and posted on our website if we maintain one. You may obtain a copy of the current version of this Notice by contacting the Privacy Officer identified at the end of this Notice.

COMPLAINTS OR COMMENTS: You have the right to file a complaint with the City or the Secretary of the U.S. Department of Health and Human Services if you believe your privacy rights have been violated. If you have any complaints, questions or comments, please direct your inquiries to the Privacy Officer listed at the end of this Notice.

RETALIATION: You will not be retaliated against for filing a complaint with the City or with the federal government.

If you have any questions or if you wish to file a complaint, or exercise any rights listed in this Notice, please contact one of the City's Privacy Officers at the telephone number listed below:

Pasadena Fire Department
(626) 744-4675

Finance Department
(626) 744-4355

Pasadena Public Health Department
(626) 744-6005

Information Technology Services Division
(626) 744-4220

Planning and Development
(626) 744-4009

Human Resources
(626) 744-4365



www.cityofpasadena.net