



## **NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW PERSONALLY IDENTIFIABLE INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.**

### **What We Do:**

The North Coast Health Improvement and Information Network (NCHIIN) is a community health improvement and health information exchange (HIE) organization in Humboldt County, CA. NCHIIN is a resource and information hub that allows your health information to be shared by participating medical groups, hospitals, and other health and social care providers through secure, electronic means. NCHIIN works with its trusted network of providers to coordinate services and resources to members of the community through programs such as the Perinatal Substance Use Disorder Project. NCHIIN in support of the Perinatal Substance Use Disorder Project (Perinatal SUD Project), provides referral, care coordination, outreach, education, and other services via its HIE and a technology platform and in connection with its trusted network of providers. The sharing of this information is based on your consent.

### **Information We Collect About You:**

To address your needs and connect you to appropriate providers in our network, NCHIIN supporting the Perinatal SUD Project may collect and keep a record of information about you. This information may include your name, social security number, telephone number, address and email, your age, gender, nationality, ethnicity, physical and mental health condition, health care, health insurance and care team, and other information that may be required to determine if you are

eligible for other programs and services offered by our network of providers. Some of the information we collect may be considered “protected information” under federal and/or state privacy laws. NCHIIN supporting the Perinatal SUD Project maintains information about its Clients, in a secure electronic database and takes precautions to prevent third parties from accessing Client information inappropriately. NCHIIN’s system allows us to document the source of the information, who accessed your information and control what information is shared with NCHIIN’s network of providers. NCHIIN’s network of network of providers are legally and/or contractually obligated to protect your information.

### **Where the Information Comes From:**

Information about you may come from a variety of sources. The information you provide to us directly through the care coordination platform or when you speak to one of our project representatives is considered “self-reported” information. When you provide us with self-reported information, you give us consent to share the information with staff members within our organization and with the service providers in our network. Some of these network of providers may include:

#### Network

Humboldt County Department of Health and Human Services  
North Coast Health Improvement and Information Network  
Providence-St. Joseph Health-Humboldt County

Information about you may also be disclosed to us by network of providers if they are a member of our network. The information will be shared with us when they use project services or access our platform to provide services to you, or to refer you to other providers and programs in the region. For example we may receive and share information about you with government agencies and community programs that provide meals, emergency or low cost shelter, transportation, healthcare, behavioral health counseling and education services , employment, and job training. This information will also be shared within our organization and with other network of providers in our network in order to provide you with resources. In some situations, we may receive protected health information from your healthcare provider. In those situations, we may use and disclose your information only as permitted by the business associate agreement we have entered into with

your provider or as expressly permitted by you or as permitted or required by law. Regardless of the source of information, NCHIIN and its network of providers are committed to safeguarding your protected information from unlawful use and disclosure.

For the most current list of the network of providers with whom we may share your information please visit: [www.nchiin.org/perinataalsudproject](http://www.nchiin.org/perinataalsudproject)

## **NCHIIN's Responsibilities**

### **Privacy of Information:**

Under California and Federal privacy laws we have a responsibility to maintain the privacy of "protected information." We are required to provide you with this notice of our privacy practices, and follow the terms of the notice currently in effect. We must notify you when we become aware of unauthorized access, use or disclosure of your unsecured protected health and personally identifiable information.

### **Changes to this Notice:**

We reserve the right to change this notice at any time. We reserve the right to make the revised or changed notice effective for the protected information we already have about you as well as any protected information we receive about you in the future.

### **How to Obtain a Copy of this Notice:**

We will post a copy of the current notice on our website at [www.nchiin.org](http://www.nchiin.org). A copy of the notice currently in effect will be available at the registration area of our facility located at 2662 Harris St, Eureka, CA 95503. You have a right to receive a paper copy of this Notice and a copy will be mailed to you upon request.

## **HOW NCHIIN AND THE PERINATAL SUD PROJECT MAY USE AND DISCLOSE YOUR PROTECTED INFORMATION**

We may disclose protected information about you in accordance with the Privacy Laws, or as permitted by you or as permitted or required under state and federal laws. In some situations, we may disclose your information without your oral or written permission. The following list describes examples of different situations where we may use and disclose your information to individuals outside our organization.

For more information on how we may use your health information visit:  
[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

**Legally Permissible Uses and Disclosures of Information About You:**

**To Contact You, a Family Member, Friend or Personal Representative:**

When you call us, you will be asked to provide us with contact information for yourself and other persons involved in your care. If you do so, you give us permission to use that information to contact you and the individuals you have identifies and to provide services to you by telephone, email or text. We may use the information to communicate necessary information about your appointments, to update you on your care or care management options, programs and benefits you or your family may be eligible for, or to connect you with any of our network providers and to follow up with our providers about services you have received or programs you have enrolled in. We may contact you or the individuals involved in your care by fax, cell phone, telephone, email, writing, or in the platform.

**To Verify Your Identity:**

We may use your protected information to establish your identity and link it to your record or communicate with you about your information.

**Referral for Treatment, Care Coordination, Case Management and the Determination of Eligibility for Disability Benefits and Programs:**

We may gather, use and disclose your protected information to network providers to facilitate the delivery of healthcare, care coordination, for health and human services agencies, case management, the determination of eligibility for governmental or other private program benefits, in an emergency or for other purposes permitted by you or permitted by or required by law. Our referral network providers may include doctors, nurses and other healthcare professionals, public health agencies and officials, insurers, social workers, housing officials, and other professionals that provide or coordinate healthcare, mental health or behavioral health treatment, housing and emergency shelter, transportation, education, food, and financial assistance among other things. Different departments within our organization may also share protected information about you in order to coordinate the referral of services you need to and amongst members of our referral network.

**For Payment, Qualification for Government Benefits:**

We may disclose your protected information to insurance or managed care companies, Health and Human Services Agency, Medicare, Medicaid to assist in

the payment of your bills or to qualify you for government benefits or other programs.

**For Business Operations:**

We may use and disclose your protected information for our business operations. For example, we may use protected information to review the quality of our referral services, and to evaluate the performance of our staff. We may use your information for our business planning and program development, and to investigate complaints.

**Business Associates:**

We may use or disclose your protected information to our subcontractors, and “business associates” when they perform services that may require the use of your protected information, such as technology, accounting, auditing, legal and consulting services. Our business associates will be required to keep your protected information confidential.

**Disclosures Required by Law:**

We may use or disclose your protected information when required or permitted to do so by federal, state, or local law. The following are examples of some of the situations where we may be required to use or disclose information about you without your consent:

**Public Health Activities:**

We may use or disclose your protected information for public health activities that are permitted or required by law. For example, we may disclose your protected health information in certain circumstances to control or prevent a communicable disease, injury or disability; for public health oversight activities or interventions.

**Health Oversight Activities:**

We may disclose your protected information to a health oversight agency for activities authorized by law. Oversight activities may include audits; investigations; inspections; licensure or disciplinary actions’ or civil, administrative, or criminal proceedings or actions. Oversight agencies include government agencies that oversee the health care system, government benefit

programs, other government regulatory programs, and government agencies that ensure compliance with civil rights laws.

### **Lawsuits and Other Legal Proceedings:**

We may disclose your protected information in the course of a judicial or administrative proceeding or in response to an order of a court or administrative tribunal, or a subpoena, a discovery request, or other lawful process.

### **Law Enforcement:**

We may be required to disclose your protected information to law enforcement officials for law enforcement purposes, such as to: (1) respond to a court order; (2) locate or identify a suspect, fugitive, material witness, or missing person; (3) report suspicious wounds, burns or other physical injuries; or (4) report a crime or identify a victim.

### **Abuse or Neglect:**

We may disclose your protected information to a government authority that is authorized by law to receive reports of abuse, neglect, or domestic violence. If we believe you have been a victim of abuse, neglect, or domestic violence, we may disclose your protected health information to a government entity authorized to receive such information.

### **To Avert a Serious Threat to Health or Safety:**

We may disclose your protected information if disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or the health or safety of another person of the public.

### **Research:**

We may use and share your protected information for certain kinds of health or social services research. For example, a project may involve comparing the housing outcomes of all clients who received services from a referral agency to those received from another. Some research projects may require a special approval process and your written authorization. In some instances, the law allows us to do some research using your protected information without your approval.

### **Shared Medical Record/Health Information or Social Information Exchanges:**

Some of our providers maintain protected information about their clients in a common electronic record that allows business associates to share protected information. We may participate in various electronic health or social information

exchanges that facilitate the sharing of protected information among healthcare, health and human service agencies or other referral network providers.

### **Other Uses and Disclosures of Your Protected Information**

#### **Disclosures Requiring Your Written Authorization:**

Most uses and disclosures of psychotherapy notes, substance use disorders, and uses and disclosures of protected health information, disclosures for marketing purposes and disclosures that constitute the sale of protected information require your *written authorization*. A written authorization may be created in paper or electronic format. Once received, we may store copy of your authorization electronically.

### **YOUR RIGHTS REGARDING YOUR PROTECTED INFORMATION**

#### **The Right to Access Your Own Information:**

You have the right to inspect and copy your information for as long as we maintain it. All requests for access must be made in writing. We may charge you a nominal fee for each page copied and postage if applicable. You also have the right to ask for a summary of this information. If you request a summary, we may need to charge you a nominal fee for preparation of the summary and postage if applicable.

#### **Right to Request Restrictions:**

You have the right to request certain restrictions on our use of disclosure of your protected information. We are not required to agree to your request in most cases. But if we agree to the restriction, we will comply with your written request unless the information is needed to provide you emergency treatment or we are required to disclose the information by law. We reserve the right to terminate any agreed-to restrictions (other than a restriction we are required to agree to by law). We will inform you of the termination of the agreed-to restriction and such termination will only be effective with respect to protected information created after we inform you of the termination.

#### **Right to Request Confidential Communications:**

You may request that we communicate with you in a certain manner or at an alternative location. For example, you may ask that we contact you only at home. Your request must be in writing and specify the alternative means or location for

communicating with you. We will accommodate a request for confidential communications that is reasonable based on our system capabilities.

**Right to be Notified of a Breach:**

You have the right to be notified in the event that we (or one of our business associated) or network providers discovers a breach of your unsecured protected information. We may notify you in writing or by email or other electronic means.

**Right to Inspect and Copy Your Record:**

You have the right to inspect and receive a copy of protected information about that may be used to make decisions about your health. A request to inspect or receive a copy of your records may be made by completing a Request for Release of Information form. For protected information in a designated record set maintained in electronic format, you can request an electronic copy of such information. If the information you request is protected health information, NCHIIN may be required to forward your request to your healthcare provider for a response. There may be a charge for these copies.

**Right to Amend:**

You may ask us to amend, or correct your self-reported information. If the information was reported to us by your healthcare provider, a government agency, or other third party provider, you must contact that provider to correct or amend the information.

**Right to an Accounting:**

With some exceptions, you have the right to receive an accounting of disclosures of your protected information made for purposes other than treatment, payment, healthcare operations, disclosures excluded by law or those you have authorized. A nominal fee can be charged for the record search and preparation of the accounting of disclosures.

**Right to Revoke Your Authorizations:**

You may revoke your written authorization or consent to share your information at any time in writing by mailing your request to the address listed below. If you revoke your written authorization or consent, it will be effective for future uses and disclosures of your protected information. Once your authorization has been revoked, we will render your record inaccessible and our referral partners will no longer be able to see your information in our system. However, the revocation will not be effective for information that we have used or disclosed to a referral partner in reliance on your authorization or consent and prior to receipt of your written



revocation. After revocation, we will continue to store and use your information internally for our own business purposes, including auditing, accounting, training and quality improvement.

**Complaints:**

You may also file a complaint with us, or the Secretary of the U.S. Department of Health and Human Services if you feel that your rights have been violated. There will be no penalty or retaliation for you making a complaint.

**Right to Receive a Copy of this Notice:**

You may request a paper copy of this Notice at any time, even if you earlier agreed to receive this notice electronically. You may also access this Notice on our website at [www.nchiin.org](http://www.nchiin.org)

**Requests:**

Please submit all requests, complaints or concerns in writing to our Privacy Officer at:

**NCHIIN - Perinatal Substance Use Disorder Project**

**Attn: Privacy Questions, 2662 Harris St Eureka, CA 95503**