

APPLICATION FOR SERVICES AND CONSENT TO TREATMENT

I hereby make application for myself, or my minor child, to receive care and treatment voluntarily from the Public Health, Policy, and Planning Division of the San Mateo County Health System.

I understand that such care and treatment may consist of an evaluation process, medical services, case management, mental health services, and substance use assessment.

If this application is accepted, the Public Health, Policy, and Planning Division of the San Mateo County Health System is authorized to administer the treatment/services described above. Such consent, however, does not waive my civil rights; I reserve the right to decline such care and treatment against medical advice.

I further understand that I have the continuing right to an explanation of the care and treatment to be administered, and that I may address complaints about services to the Director of Public Health, Policy, and Planning at (650) 573-2263. I further understand that my records are confidential under Federal and State law and will not be released to outside individuals or agencies without my expressed written authorization. However, I realize that certain information may be released without my authorization under circumstances described in the Public Health, Policy, and Planning Division of the San Mateo County Health System Notice of Privacy Practices.

I have read the above, and I agree to accept care and treatment for myself/my child, and I further agree to all conditions set forth herein. I acknowledge that I have received a copy of this agreement.

Signature (client/parent/conservator/guardian): _____ Date: _____

Print Name of Client: _____ Relationship to Client: _____

Client is unable to sign.

Reason client is unable to sign: _____ **Date:** _____

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing this form, you acknowledge receipt of the Notice of Privacy Practices of the Public Health, Policy, and Planning Division of the San Mateo County Health System. Our Notice of Privacy Practices provides information about how we may use and disclose your protected health information. We encourage you to read it in full.

Our Notice of Privacy Practices is subject to change. If we change our notice, you may obtain a copy of the revised notice by contacting the Privacy Officer at 650-573-2329.

If you have any questions about our Notice of Privacy Practices, please contact:

San Mateo County Privacy Officer
Public Health, Policy, and Planning Division
225 37th Avenue
San Mateo, CA 94403

I acknowledge receipt of the Notice of Privacy Practices of the Public Health, Policy, and Planning Division of the San Mateo County Health System.

Signature (client/parent/conservator/guardian): _____ Date: _____

Print Name of Client: _____ Relationship to Client: _____

Inability to obtain acknowledgement

Please indicate why acknowledgement was not obtained:

Signature of client representative (or staff): _____ Date: _____

Original to chart; Copy to Client

Page Left
Blank
Intentionally

NOTICE OF PRIVACY PRACTICES SUMMARY

The Public Health, Policy, and Planning Division of the San Mateo County Health System (Public Health, Policy, and Planning Division) values your privacy and will protect health information about you or your child. The complete **Patient Notice of Privacy Practices** tells you in detail about how we safeguard your health information to make sure only the minimum amount of information is used or disclosed to individuals with a legal right to access or read your health information. PLEASE REVIEW IT CAREFULLY.

“Use” means the sharing and using of information by public health staff.

“Disclosure” is the release of information by us to others outside of the Public Health, Policy, and Planning Division.

“Authorization is you giving us written permission to release your information to you or other persons.

By law, you have the legal right to:

- Be given this written notice explaining how the Public Health, Policy, and Planning Division will use and disclose your information.
- See your records and get a copy of them, with a few exceptions.
- Ask to correct or add to your health records.
- Find out, in writing, where we disclosed your health information.
- Authorize the release of your own health information; public health may release information needed for treatment, payment, or our own business operations without your authorization.

This Notice will tell you:

- How to ask the Public Health, Policy, and Planning Division about seeing your chart, getting a copy, making changes, or releasing your information.
- How we will respond to any of your requests.
- How to make a complaint about the use or disclosure of your Protected Health Information. It will tell you how you may complain to the Public Health, Policy, and Planning Division and that you may also complain to the Secretary of Health and Human Services.

The San Mateo Public Health, Policy, and Planning Division pledges that we will follow this Notice. It will be posted at all of our sites, and if any part of it changes, new notices will be available.

If you have any questions about your privacy rights, please contact:

The San Mateo County Privacy Officer at 650-573-2329.

San Mateo County
Public Health, Policy, and Planning Division
225 37th Avenue • San Mateo, CA 94403

PATIENT NOTICE OF PRIVACY PRACTICES

Original Notice Effective Date:
April 14, 2003

Most Recent Revision Date:
July 20, 2016

Prior Revision Dates:
April 28, 2016
January 15, 2013

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

If you have any questions about this notice, please contact the San Mateo County Privacy Officer at
650-573-2329.

WHO WILL FOLLOW THIS NOTICE

This notice describes our clinic's practices and that of:

- Any health care professional authorized to provide treatment and to enter information into your public health record.
- All teams and services of the Public Health, Policy, and Planning Division of the San Mateo County Health System (Public Health, Policy, and Planning Division).
- Any volunteers or students that provide services to you through the Public Health, Policy, and Planning Division.
- All employees, contract staff and other public health personnel.

All the above entities, including all Public Health, Policy, and Planning Division providers, teams and clinics follow the terms of this notice. In addition, these providers, teams, and clinics may share health information with each other for treatment, payment, or health care operations purposes described in this notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that health information about you is personal. We are committed to protecting health information about you. We create a record of the care and services you receive through the San Mateo County Public Health, Policy, and Planning Division. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the Public Health, Policy, and Planning Division, whether made by your doctor, public health nurse, treatment team, or other personnel. In addition, if you have other

personal doctors or access services provided at other County Medical Clinics or San Mateo Medical Center, they may have different policies or notices regarding the use and disclosure of your medical information created in those locations.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- make sure that medical information that identifies you is kept private (with certain exceptions);
- give you this notice of our legal duties and privacy practices with respect to public health information about you; and
- follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment

We may use medical information about you to provide you with treatment or services. We may disclose health information about you to doctors, therapists, case managers, students, or other health personnel who are involved in taking care of you. We may also disclose information about your care to other non-Public Health, Policy, and Planning Division health care professionals caring for you. For example, a public health nurse assisting you with your new baby may need to contact your child's pediatrician to find out which immunizations your baby has received. Different health teams also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work, and x-rays. We also may disclose medical information about you to people outside the County system who may be involved in your health or medical care, such as your other case managers or, with your consent, family members, clergy, or others who may be providing services that are part of your care.

For Payment

We may use and disclose health information about you so that the treatment and services you receive from the San Mateo County Public Health, Policy, and Planning Division may be billed to and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about services you need so that your health plan will pay us or reimburse you for these services. We may also tell your health plan about a service or treatment you are going to receive in order to obtain prior approval or to determine whether your plan will cover the service.

For Health Care Operations

We may use and disclose health information about you for the Public Health, Policy, and

Planning Division's operations. These uses and disclosures are necessary to run our system and make sure that all of our clients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many clients to decide what additional services the Public Health, Policy, and Planning Division should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, therapists, students, and other public health personnel for review and learning purposes. We may also combine the health information we have with health information from other counties to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific clients are.

Marketing and Sale

Most uses and disclosures of medical information for marketing purposes, and disclosures that constitute a sale of medical information, require your authorization.

Appointment Reminders

We may use or disclose medical information to contact you as a reminder that you have an appointment for assessment or treatment by a Public Health, Policy, and Planning Division program.

Health-Related Benefits and Services

We may use or disclose health information to tell you about health-related benefits or services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care

We may release medical information about you, with your consent, to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. Unless there is a specific written request from you to the contrary, if you are admitted to the hospital, we may release medical information to your family, friends, or others involved in your care so that they can know where you are.

In addition, we may disclose medical information about you to an organization assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

Research

Under certain circumstances, we may use and disclose health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another medication for the same condition. All research projects, however, are subject to a special approval process.

This process evaluates a proposed research project and its use of medical information, and

tries to balance the research needs with clients' need for privacy of their health information. Before we use or disclose health information for research, the project will have been approved through this research approval process. We may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific health needs, so long as the information they review does not leave the Public Health, Policy, and Planning Division. We will almost always ask for your specific permission if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care at Public Health, Policy, and Planning Division locations.

As Required By Law

We will disclose health information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety

We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

SPECIAL SITUATIONS

Military and Veterans

If you are a member of the armed forces, we may release health information about you as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.

Diagnoses and Testing Restrictions

There are additional restrictions on the disclosure of information for mental health diagnoses, HIV diagnoses and testing, drug and alcohol diagnoses, and for other specified diagnoses as required by law. Please see Public Health, Policy, and Planning Division staff for information regarding these additional protections.

Workers' Compensation

We may release health information about you for Workers' Compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks

We may disclose health information about you for public health activities. These activities generally include the following:

- To prevent or control disease, 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 products;
- To notify people of recalls of products they may be using;

- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a client has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities

We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, or licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes

If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health 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.

Law Enforcement

We may release health information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons, or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at health locations; and
- In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors

We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about clients to funeral directors as necessary for them to carry out their duties.

National Security and Intelligence Activities

We may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others

We may disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, or to conduct special investigations.

Psychotherapy Notes

We may release psychotherapy notes that are considered part of progress notes only if an authorization is signed by the patient or the patient's representative, or if the psychotherapy notes are required by law and to avert serious threats to health and safety. Psychotherapy notes that are considered process notes and are solely created by the provider, and may contain sensitive information relevant to no one other than the provider, will not be disclosed.

Security Clearances

We may use health information about you to make decisions regarding your medical suitability for a security clearance or service abroad. We may also release your medical suitability determination to the officials in the Department of State who need access to that information for these purposes.

Inmates

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care, (2) to protect your health and safety or the health and safety of others, or (3) for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding health information we maintain about you:

Right to Inspect and Copy

You have the right to inspect and copy health information that may be used to make decisions about your care. Usually, this includes health services information and billing records, but certain health information may not be included.

To inspect and copy health information that may be used to make decisions about you, you must submit your request in writing to the program where you are receiving services OR to San Mateo County Public Health, Policy, and Planning Division, 225 37th Avenue, San Mateo, CA 94403. 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.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another licensed health care professional chosen by us will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend

If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Public Health, Policy, and Planning Division.

To request an amendment, your request must be made in writing and submitted to the clinic where you are treated OR to San Mateo County Public Health, Policy, and Planning Division, 225 37th Avenue, San Mateo, CA 94403. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the medical information kept by or for the County Public Health, Policy, and Planning Division;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete.

Even if we deny your request for amendment, you have the right to submit a written addendum, not to exceed 250 words, with respect to any item or statement in your record you believe is incomplete or incorrect. If you clearly indicate in writing that you want the addendum to be made part of your medical record we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect.

Right to an Accounting of Disclosures

You have the right to request an ‘accounting of disclosures.’ This is a list of the disclosures we made of health information about you other than for our own uses for treatment, payment, or health care operations (as those functions are described above) and with other expectations pursuant to the law.

To request this list or accounting of disclosures, you must submit your request in writing to the program where you are receiving services OR to San Mateo County Public Health, Policy, and Planning Division, 225 37th Avenue, San Mateo, CA 94403. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). 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. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

In addition, we will notify you as required by law following a breach of your unsecured protected health information.

Right to Request Restrictions

You have the right to request a restriction or limitation on the health information we use or

disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request, except to the extent that you request us to restrict disclosure to a health plan or insurer for payment or health care operations purposes if you, or someone else on your behalf (other than the health plan or insurer), has paid for the item or service out of pocket in full. Even if you request this special restriction, we can disclose the information to a health plan or insurer for purposes of treating you.

If we agree to another special restriction, we will comply with your request unless the information is needed to provide you emergency services.

To request restrictions, you must make your request in writing to the program where you are receiving services OR to San Mateo County Public Health, Policy, and Planning Division, 225 37th Avenue, San Mateo, CA 94403. In your request, you must tell us (1) what information you want to limit, (2) whether you want to limit our use, disclosure or both, and (3) to whom you want the limits to apply; for example, disclosures to your spouse.

Right to Request Confidential Communications

You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the clinic where you are receiving services OR to San Mateo County Public Health, Policy, and Planning Division, 225 37th Avenue, San Mateo, CA 94403. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our websites:

- Edison Clinic: <http://www.smchealth.org/location/edison-clinic>
- Mobile Clinic: <http://www.smchealth.org/mobileclinic>

To obtain a paper copy of this notice, you may ask for one at the program where you are receiving services, OR you may write to San Mateo County Public Health, Policy, and Planning Division, 225 37th Avenue, San Mateo, CA 94403.

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 health information we already have about you, as well as any information we

receive in the future. We will post a copy of the current notice at all service sites. The notice will contain the effective date on the first page in the top right-hand corner. If the notice has changed, you will be notified and offered a revised copy at your next visit.

Complaints

It you believe your privacy rights have been violated, you may file a complaint with the San Mateo County Privacy Officer or with the Secretary of the Department of Health and Human Services.

To file a complaint, telephone the office of the San Mateo County Privacy Officer at 650-573-2329 to obtain a complaint form. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, this will stop any further use or disclosure of your health information for the purposes covered by your written authorization, except if we have already acted in reliance on your permission. You should understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.