SAN MATEO COUNTY HEALTH
SAN MATEO MEDICAL CENTER

NOTICE OF PRIVACY PRACTICES (NPP)

Notice of Privacy Practices
Acknowledgement of Receipt

ACKNOWLEDGEMENT OF RECEIPT

By signing this form, you acknowledge receipt of the Notice of Privacy Practices of San Mateo County Health. 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 San Mateo Medical Center: (650) 573-2354.

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

Privacy Officer
(650) 573-2329
San Mateo Medical Center
222 West 39th Avenue
San Mateo, CA 94403

I acknowledge receipt of the Notice of Privacy Practices of San Mateo County Health.

Print Name of Client/Patient/Authorized Representative _____ **Signature** _____

Date/Time _____ **If signed by someone other than the patient/client, include name and relationship** _____

INABILITY TO OBTAIN ACKNOWLEDGEMENT:
Please indicate why acknowledgement was not obtained

Print Name of Client/Patient/Authorized Representative _____ **Signature** _____

Reason why not obtained _____

Date/Time _____ **If signed by someone other than the patient/client, include name and relationship** _____

SAN MATEO COUNTY HEALTH

NOTICE OF PRIVACY PRACTICES

Effective Date:

SUMMARY

San Mateo County Health (SMCH) values your privacy and will protect your health information. Such services may be provided by Aging & Disability Services, Behavioral Health & Recovery Services (BHRS), Family Health Services (FHS), Correctional Health Services (CHS), and/or SMMC Hospital and Clinics. The complete **Notice of Privacy Practices** details how SMCH safeguards your health information to ensure that only the minimum amount of information is used or disclosed to individuals with a legal right to access or read your information.

Please note the following carefully:

- "Use" means the sharing and using of information by SMCH providers and staff
- "Disclosure" means the release of information by SMCH to others outside of SMCH services
- "Authorization" means giving SMCH written permission to release your information to you or to other persons

By law, you have the legal right to:

- Receive a written notice explaining how SMCH services (as noted above) will use and disclose your information.
- View and receive a copy of your health records (with several exceptions).
- Request to correct, add, or otherwise amend your health records.
- Request restrictions on certain uses or disclosures.
- Request confidential communications and ask SMCH to contact you in a specific way.
- Receive a written document explaining where SMCH has disclosed your health information, including federal substance use disorder confidentiality regulations (42 CFR Part 2) and California privacy protections.
- Authorize the release of your health information. *NOTE: Your SMCH provider may release your health information as needed for treatment, payment, or business operations without your authorization.*
  Revoke your consent to disclose your substance use records.

The Notice of Privacy Practices will tell you:

- HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED
- YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION
- HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION

- YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH SMCH'S DESIGNATED PRIVACY OFFICERS IF YOU HAVE ANY QUESTIONS. FOR PART 2, CONTACT BHRS'S OFFICE OF CONSUMER & FAMILY AFFAIRS.

SMCH staff pledges that it will follow the guidelines outlined in the Notice of Privacy Practices. It will be posted at all care and administrative delivery sites. If any part of the Notice of Privacy Practices changes, a new notice will be made available to patients.

If you have any questions about your privacy rights, please contact:	
Aging & Disability Services: SMMC Privacy Officer	(650) 573-2329
Behavioral Health & Recovery Services (BHRS): BHRS Office of Consumer & Family Affairs	(800) 388-5189
Family Health Services (FHS): FHS Privacy Officer	(650) 373-3234
Hospital and Clinics Services: SMMC Privacy Officer	(650) 573-2329
Public Health, Policy & Planning: SMMC Privacy Office	(650) 573-2329
Secretary of Health & Human Services: Customer Response Center	(800) 368-1019

NOTICE OF PRIVACY PRACTICES

The Notice of Privacy Practices describes how your medical, social, behavioral health, and substance use disorder information may be used and disclosed. This notice also includes how you can access this information. Please review it carefully.

If you have any questions about this notice, please contact:	
Aging & Disability Services: SMMC Privacy Officer	(650) 573-2329
Behavioral Health & Recovery Services (BHRS): BHRS Office of Consumer & Family Affairs	(800) 388-5189
Family Health Services (FHS): FHS Privacy Officer	(650) 373-3234
Hospital and Clinics Services: SMMC Privacy Officer	(650) 573-2329
Public Health, Policy & Planning: SMMC Privacy Office	(650) 573-2329
Secretary of Health & Human Services: Customer Response Center	(800) 368-1019

WHO WILL FOLLOW THIS NOTICE

This notice describes the practices of San Mateo County Health (SMCH) services and those of:

- Any health care professional authorized to provide treatment and enter information into your medical, social, and/or behavioral health record
- All SMCH divisions, departments, and services
- Any volunteer or student who provides services to you
- All SMCH employees, contract staff, and other medical and behavioral health personnel

All entities listed above must comply with the terms of the Notice of Privacy Practices. In addition, these entities may share medical, social, and/or behavioral health information with each other for Treatment, Payment, or Medical Operations (TPO) purposes described in this notice.

OUR PLEDGE: MEDICAL INFORMATION

SMCH understands that your medical, social, and/or behavioral health information is personal and is committed to protecting your information. To provide you with quality care and to comply with certain legal requirements, a record is created whenever you receive care and/or services from SMCH. The Notice of Privacy Practices applies to all records of your care generated by any SMCH service, whether made by your personal therapist, doctor, treatment team, or other personnel. This notice covers any service you receive as a client/patient of SMCH, regardless of location.

The Notice of Privacy Practices describes your rights and how SMCH may use and disclose your medical, social, and/or behavioral health information. It also describes SMCH's obligations regarding the use and disclosure of such health information.

SMCH is required by law to:

- Ensure that health information identifying you is kept private (with certain exceptions)
- Provide you with the Notice of Privacy Practices, which outlines SMCH's legal duties and privacy practices with respect to your health information
- Follow the terms of the Notice of Privacy Practices that are currently in effect
- To protect immigration status, documentation status, and national origin information, as required by SB 54 and SB 81.
- Maintain integrated electronic health record systems. Workforce members access information only as necessary to perform their duties and consistent with applicable privacy laws. **Access to substance use disorder records protected under 42 CFR Part 2 is restricted based on role, job function, and legal authorization, and is subject to audit and monitoring.**

HOW SMCH MAY USE AND DISCLOSE MEDICAL, SOCIAL, AND BEHAVIORAL HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that SMCH may use and disclose your medical, social, and/or behavioral health information. Each category of uses or disclosure provides a definition and example (when necessary). Though not all use or disclosure categories are listed, all of the ways SMCH is permitted to use, and disclose information are described and will fall within one of the categories.

HOW SMCH MAY USE AND DISCLOSE SUBSTANCE USE DISORDER (SUD) RECORDS

Certain programs and services provided by SMCH, including BHRS substance use disorder treatment programs, are federally assisted programs subject to additional confidentiality protections under federal law (42 CFR Part 2). These federal laws provide enhanced privacy protections for medical records related to substance use disorder diagnosis, treatment, or referral. We will notify you promptly if a breach occurs that may compromise the privacy or security of your information, **in accordance with applicable federal law, including HIPAA and 42 CFR Part 2 breach notification requirements.** We may use and disclose your health information for Treatment, Payment, and Healthcare Operations (TPO) as permitted by law. **For records protected under 42 CFR Part 2, disclosures for Treatment, Payment, and Health Care Operations require your written consent, unless a specific exception under federal law applies.** These records require patient consent before disclosure unless otherwise permitted by law.

Federal law prohibits unauthorized redisclosure of substance use disorder treatment information. **Information disclosed under 42 CFR Part 2 may not be used or disclosed in any civil, criminal, administrative, or legislative proceedings against you without your written consent or a court order, as specifically permitted by federal law.** Any recipient of Part 2 information may only use or disclose it as permitted by 42 CFR Part 2 or with your written authorization. HIPAA alone does not permit redisclosure of information protected by 42 CFR Part 2.Any receipt of such information may only use or disclose it as permitted by federal law or patient authorization. HIPAA alone does not permit redisclosure of information protected by 42 CFR Part 2. Although HIPAA permits certain uses and disclosures for Treatment, Payment, and Healthcare Operations (TPO) without authorization, other applicable laws, including federal substance use disorder confidentiality regulations, may prohibit or materially limit those disclosures. When multiple laws apply, SMCH follows the most protective standards. SMCH will only use and disclose your protected information as described in this notice, or with your written consent.

You may provide a single consent for all future uses or disclosures for treatment, payment, and health care operations purposes.

You may revoke your writtenconsent at any time, except to the extent we have already relied on it, by submitting a request in writing to BHRS.

When both HIPAA and 42 CFR Part 2 apply, San Mateo County Health follows the law that provides greater privacy protection.

Treatment

SMCH may use your Personal Health Information [PHI] to provide you with medical, social,behavioral health, and/or substance use disorder treatment or services. SMCH may disclose this information about you to doctors, nurses, therapists, case managers, students, or other affiliated personnel who are involved in your care. SMCH may also disclose information about your treatment to other medical professionals caring for you. For example, a doctor treating you for diabetes may need to know what medications your psychiatrist has prescribed to ensure that they are compatible. In addition, your case manager may need to know if you have diabetes so that SMCH can help you with an appropriate diet. Different medical and behavioral health teams may also share medical information about you to coordinate the services you may need, such as prescriptions, lab work, referrals, and case management. SMCH may also disclose your medical, social, and/or behavioral health information to people outside the San Mateo County system who may be involved in your care, such as your case managers with whom we have a business agreement. For substance use disorder treatment, a patient has the right to request restrictions of disclosures made with prior consent for purposes of treatment, payment, and health care operations.

Payment

SMCH may use and disclose your medical, social, behavioral health, and/or substance use disorder information so that correct billing and payment information for treatments and services you receive from San Mateo County Health may be collected from you, an insurance company, or a third party. For example, SMCH may give your health information about therapy services you received at a behavioral health clinic to your health plan agency to pay for or reimburse you for these services. SMCH may also tell your health plan about a treatment you are going to receive on a future date to obtain prior approval or to determine whether your plan will cover the treatment. For substance use disorder treatment, the patient has the right to request and obtain restrictions of disclosures of records under this part to the patient's health plan for those services for which the patient has paid in full.

Health Care Operations

SMCH may use and disclose medical, social, behavioral health, and/or substance use disorder information about you for operational reasons. Uses and disclosures of this kind are necessary to operate our system and ensure that all of our clients/patients receive quality care. For example, SMCH may use medical information to review our treatment and services in an effort to evaluate the performance of SMCH staff in your care. SMCH may also combine medical information about many medical and/or behavioral health patients/clients to determine additional services to offer, what services are not needed, and whether certain new treatments are effective. SMCH may also disclose information to doctors, nurses, therapists, students, and other medical and behavioral health personnel for review and learning purposes. SMCH may combine medical, social, and/or behavioral health information we have with similar health information from other counties for comparative reasons and to see where improvements are needed in care and services offered.

Information that identifies you may be removed from this set of medical information. Removing your identifying information helps to ensure that other entities may use medical information without identifying specific patients/clients.

Appointment Reminders

SMCH may use and disclose medical, social, behavioral health, and/or substance use disorder information to contact you as a reminder that you have an appointment.

Health-Related Benefits and Services

SMCH may use and disclose medical, social, and/or behavioral health information to notify and inform you of health-related benefits or services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care

With your consent, SMCH may release medical, social, behavioral health, and/or substance use disorder information about you to a friend or family member who is involved in your care. SMCH may also give information to someone who helps pay for your care. If you are admitted into a hospital, SMCH may release medical information to a family member or others involved in your care, so they know of your whereabouts. In addition, SMCH may disclose medical, social, behavioral health, and/or substance use disorder information about you to an entity assisting in a disaster relief effort to ensure that your family can be notified about your condition, status, and location.

Research

Under certain circumstances, SMCH may use and disclose medical, social, and/or behavioral health information about you for research purposes. For example, a research project may involve comparing health and recovery information among clients who received one medication compared to another, for the same condition. It's important to note that all research projects are subject to a special approval process. This process evaluates proposed research projects and their use of medical, social, and/or behavioral health information. Evaluating proposed research projects measures the extent of research need compared to patient/client privacy of Protected Health Information (PHI). Before SMCH uses or discloses medical, social, behavioral health, and/or substance use disorder information for research, the project will have been approved

through the research approval process. SMCH may disclose medical, social, and/or behavioral health information about you to people preparing to conduct a research project; this might be the case when researching specific medical, social, behavioral health, and/or substance use disorder needs that will not extend beyond SMCH services. SMCH will almost always ask for your specific permission if researchers will have access to your name, address, or other information that reveals who you are.

Hospital Directory
SMCH may include certain limited information about you in the hospital directory while you are a patient/client at the San Mateo Medical Center. This information may include your name, location in the hospital, your general condition, and your religious preference. Unless there is a written request for you, directory information (with the exception of religious preference) may be released to people who ask for you by name. Your religious preference may be given to a clergy member, such as a priest or rabbi, even if they do not ask for you by name. This information is released so your family, friends, and clergy can visit you in the hospital and have a general understanding of your condition. Limited information may be included, or no information may be included in the hospital directory unless you object to this disclosure.

If you are a patient enrolled in a substance use treatment program, we will not release your name or any information about you unless you have specifically authorized us to do so.

As Required By Law
SMCH will disclose your medical, social, behavioral health, and/or substance use disorder information when required to do so by federal, state, or local law.

To Avert a Serious Threat to Health or Safety
SMCH may use and disclose your medical, social, behavioral health, and/or substance use disorder information when necessary to prevent a serious threat to the health and safety of you, another person, or the public. Such information will only be disclosed to someone able to help in the prevention of the threat.

The following categories describe **special situations** in which we may use and disclose your health information.

Military and Veterans
If you are a member of the armed forces, SMCH may release your medical, social, and/or behavioral health information as required by military command authorities.

Organ and Tissue Donation
SMCH may release medical, social, behavioral health, and/or substance use disorder information to organizations that handle organ procurement, organ, eye, or tissue transplantation. SMCH may also release medical, social, and/or behavioral health information to an organ donation bank to facilitate organ or tissue donation and transplantation.

Worker's Compensation
SMCH may release your medical, social, behavioral health, and/or substance use disorder information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

Public Health Risks
SMCH may disclose your medical, social, behavioral health, and/or substance use disorder information 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 SMCH believes a client has been the victim of abuse, neglect, or domestic violence. SMCH will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities

SMCH may disclose medical, social, and/or behavioral health information to a health oversight agency for activities authorized by law. Examples of oversight activities might include audits, investigations, inspections, and 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, SMCH may disclose your medical, social, and/or behavioral health information in response to a court or administrative order. SMCH may also disclose this type of information in response to a subpoena, discovery request, or other lawful process. This information may be disclosed to someone involved in the dispute, but only if efforts have been made to inform you of the request (which may include a written notice to you) or to obtain an order protecting the information requested. Substance Use Disorder treatment records received from programs subject to 42 CFR part 2, or testimony relaying the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against the individual unless based on written consent, or a court order after notice and an opportunity to be heard is provided to the individual or the holder of the record, as provided in 42 CFR part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

Law Enforcement

SMCH may release your medical, social, and/or behavioral health information if asked to do so by a law enforcement official for the following reasons:

- 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, SMCH is unable to obtain the person's agreement.
- About a death, SMCH believes may be the result of criminal conduct.
- About criminal conduct at any SMCH location.
- In emergency circumstances, to report a crime, the location of the crime or victims, or the identification, description, or location of the person who committed the crime.

Mental health and substance use treatment services records require additional legal

protections and cannot be released without a court order or an authorization by the patient or the patient's representative, except in certain limited circumstances as allowed by law.

If you were mandated to treatment through the criminal legal system (including drug court, Proposition 36, probation, or parole) and you sign a consent authorizing disclosures to elements of the criminal legal system such as the court, probation officers, parole officers, prosecutors, or other law enforcement, **your consent may not be revocable during the time period specified in that written consent. Any limitations on revocation will be clearly described in the consent form you sign, consistent with federal law.**

Substance use disorder records may not be used or disclosed to investigate or prosecute a patient solely based on information received from a Part 2 program, except as expressly permitted by federal law.

Coroners, Medical Examiners, and Funeral Directors

SMCH may release medical, social, behavioral health, and/or substance use disorder information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

National Security and Intelligence Activities

SMCH may release your medical, social, behavioral health, and/or substance use disorder information to authorized federal officials so they may conduct special investigations and/or provide protection to the President of the United States, other authorized persons, or foreign heads of state.

Inmates

If you are an inmate of a correctional institution or under the custody of a law enforcement official, SMCH may release your medical, social, and/or behavioral health information 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, and/or (3) for the safety and security of the correctional.

Fundraising Communications

SMCH may contact individuals for fundraising purposes as permitted by law. If fundraising communications involve substance use disorder treatment information, SMCH will provide a clear and conspicuous opportunity to opt out. Opting out will not affect treatment or eligibility for services. You have the following Opt-Out options:

1. Call San Mateo Health Foundation at (650) 573 – 2655
2. Email San Mateo Health Foundation at info@smchf.org
3. Direct mail solicitation includes a Reply Form with "Do Not Solicit" checkbox and mail to the return address.

YOUR RIGHTS: MEDICAL, SOCIAL, BEHAVIORALHEALTH, AND/OR SUBSTANCE USE DISORDER (SUD)INFORMATION

You have the following rights regarding medical, social, behavioral health, and/or substance use disorder information SMCH maintains about you.

Right to Inspect and Copy

You have the right to inspect and copy your medical, social, behavioral health, and/or substance use disorder information that may be used to make decisions about your care. This usually includes health information and billing records. Certain behavioral health information may not be included. Please see SPECIFIC PROGRAM AND SERVICES CONTACTS listed below. If you request a copy of this information, SMCH may charge you a fee for the cost of copying, mailing, and/or other supplies associated with your request. In very limited circumstances, SMCH may deny your request to inspect and copy. If you are denied access to health information, you may request that the denial be reviewed. SMCH will choose another health care professional to review your request and denial. SMCH will comply with the outcome of the review.

Right to Amend

If you feel that your medical, social, behavioral health, and/or substance use disorder information is incorrect or incomplete, you may ask for the information to be amended. You have the right to request an amendment for as long as the information is kept by San Mateo County Health and affiliated agencies. Please see SPECIFIC PROGRAM AND SERVICES CONTACTS listed below to request an amendment in writing. You must provide a reason that supports your amendment request. SMCH 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, SMCH may deny your request if you request to amend information that:

- Was not created by SMCH, unless the person or entity that created the information is no longer available to make the amendment
- Is not part of the medical, social, and/or behavioral health information kept by San Mateo County Health or affiliated agencies
- Is not part of the information which you would be permitted to inspect and copy
- Is accurate and complete

Right to an Accounting of Disclosures

You have the right to request an "accounting of disclosures". This is a list of the disclosures SMCH has made of your medical, social, behavioral health, and/or substance use disorder information. Such disclosures include those other than what you have authorized, what has been approved for SMCH treatment purposes, payment, and health care operations. These functions are described above. To request a list of accounting disclosures, you must submit your request in writing to the appropriate service provider. Please see SPECIFIC PROGRAM AND SERVICES CONTACTS listed below. Your request must state a time period that may not exceed six years

from the date of your request and may not include dates before 2011. The first disclosure list you request within 12 months will be free of cost. SMCH may charge you for costs associated with providing disclosure lists for any additional requests. SMCH will notify you of associated costs. You may choose to withdraw or modify your request at that time before any costs are incurred. For substance use disorder treatment records protected under 42 CFR Part 2, you have the right to receive an accounting of disclosures of electronic records for the past three (3) years, and an accounting of disclosures made with your consent, consistent with federal law.

Right to Request Restrictions

You have the right to request a restriction or limitation on the medical, social, and/or behavioral health information SMCH uses or discloses about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical, social, behavioral health information, and/or substance use disorder SMCH discloses about you to someone who is involved in your care or the payment for your care (i.e., family member, friend, clergy, etc.). For example, you could ask that we not use or disclose information about a surgery you had to your spouse. **Note: SMCH is not required to agree to your request.** However, if SMCH agrees to comply with your request, we will do so unless information is needed to provide you with emergency treatment. In your request, you must (1) clarify what information you want to limit; and (2) to whom you want the limits to apply (i.e., spouse). Please see SPECIFIC PROGRAM AND SERVICES CONTACTS listed below.

Right to Request Confidential Communications

You have the right to request that SMCH communicate your medical, social, and/or behavioral health information with you in a certain way or at a certain location. For example. You may request that we only contact you at work or by mail. To request confidential communications, see SPECIFIC PROGRAM AND SERVICES CONTACTS listed below. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how and where you wish to be contacted.

Right to a Paper Copy of this Notice

You have the right to request a paper copy of this notice at any time. You may obtain a copy of this notice on our website at www.smchealth.org. To obtain a paper copy of this notice, you may request one at the San Mateo County Health location where you receive services. You may also request a copy of this notice from the SPECIFIC PROGRAM AND SERVICES CONTACTS listed below.

SPECIFIC PROGRAM AND SERVICES CONTACTS

To request a copy of your medical, social, and/or behavioral health information, or to request an amendment, accounting of disclosures, restrictions, confidential communications, please contact the appropriate service(s) listed:

Behavioral Health & Recovery Services (BHRS)	Submit your request in writing to the clinic where you received treatment or to San Mateo County Behavioral Health and Recovery Services Administrative Office at 2000 Alameda De Las Pulgas, Suite 235, San Mateo, CA 94403
San Mateo Medical Center (Hospital and Clinics)	Submit your request in writing to the clinic where you received treatment or to San Mateo County Health Information Management Services at 222 W. 39th Ave., San Mateo, CA 94403
Family Health Services (FHS)	Submit your request in writing to the program where you have received services or to Family Health Services at 2000 Alameda De las Pulgas, Suite 230, San Mateo, CA 94403
Aging & Disability Services (ADS)	Submit your request in writing to San Mateo County Aging and Disability Services at 2000 Alameda de Las Pulgas, Suite 200, San Mateo, CA 94403
Public Health, Policy & Planning (PHPP)	Submit your request in writing to San Mateo County Public Health, Policy and Planning at 2000 Alameda De las Pulgas, Suite 240, San Mateo, CA 94403

CHANGES TO THIS NOTICE

SMCH reserves the right to change the Notice of Privacy Practices. SMCH reserves the right to implement the change notice effective for medical, social, and/or behavioral health information that currently exists, along with information collected in the future. The current copy of the Notice of Privacy Practices will be posted at all medical and behavioral health clinics, along with other agencies that might supply services to you as a San Mateo County Health patient/client.

The effective date of the Notice of Privacy Practices is displayed 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 medical or behavioral health visit.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the appropriate privacy officer. Complaints may be submitted verbally or in writing. Telephone the appropriate service-specific privacy officer to obtain a complaint form or to file a verbal complaint. **You will not be penalized for filing and complaint.**

For SMMC hospital and clinics services, Public Health, Policy & Planning (PHPP), Family Health Services (FHS) and Aging & Disability Services (ADS), contact the SMMC Privacy Officer.	(650) 573-2329
For Behavioral Health & Recovery Services (BHRS), contact the Office of Consumer and Family Affairs.	(800) 388-5189
For complaints about any services, contact the Office of the Secretary of Health & Human Services: Customer Response Center.	(800) 368-1019
Individuals will be able to file complaints with the Office of Civil Rights (OCR) for alleged 42 CFR Part 2 violations. https://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html	1-800-368-1019, TDD: 1-800-537-7697

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical, social, behavioral health, and/or substance use disorder information not covered by the Notice of Privacy Practices or laws that apply to SMCH are only authorized with your written permission. If you provide SMCH permission to disclose your medical, social, and/or behavioral health information, you may revoke such permission at any time in writing. If you revoke your permission, SMCH will no longer disclose medical, social, and/or behavioral health information about you for the reasons covered by your written authorization. SMCH is unable to retract any disclosures previously made with your permission. SMCH is required to retain our records of your treatment and care.