

YOUR PRIVACY RIGHTS

- You have the right to ask us not to use or share your information in the ways listed in this notice. We are not required to agree to your request. We may say “no” if it would affect your care. We will agree to your request if you ask us to not share information with your health plan about a service you paid for in full, out of pocket.
- You have the right to request to receive confidential communication in alternate methods (i.e. home, office, or mobile phone, email, etc.) or to send mail to a different address. We will accommodate all reasonable requests.
- You have the right to view or get a copy of your medical record on file with us, including lab tests performed by us. We may not be able to provide your entire record, but we will provide the information we are able to. You may be asked to pay the cost of copies and postage related to this request.
- You have the right to ask to change a piece of information in your record which you believe to be incorrect. If we created the error, we will amend it. If we obtained the information from another source, we will tell you who we received it from and you can ask them to change it. If it is not an error, we will let you know.
- You have the right to ask who we have shared your information with. We keep a list in each client file of who we shared your information with.
- You have a right to choose someone to act for you, such as your medical power of attorney, or your legal guardian.
- You have the right to be notified by us if your information is accessed or used in an impermissible way. We will notify you in writing.

PRIVACY AND YOU

Your health information is personal and private. We are required by law to maintain the privacy of protected health information and to provide individuals with this notice of our legal duties and privacy practices as related to protected health information. This applies to the information you provide to us, as well as the information we get from your other doctors, therapists, clinics, labs, and your insurance provider. We must obey the rules in this Notice. We have the right to change our privacy practices. If we do make changes, the revised Notice will be available at all our health offices and the new Notice will apply to all the health information we have at that time.

WHEN WRITTEN PERMISSION IS NEEDED

We must have written permission from you or your personal representative before sharing information in a way not described in this notice. If you give us written permission to use or share your information for other reasons, you may take back your written permission at any time.

For example, you may be asked to provide written permission to allow us to share information with other programs or entities which could help to improve your overall health situation such as education and support programs, nutrition counseling, and peer or child advocates. We also participate in Multi-disciplinary Treatment Teams and collaborative inter-agency case management teams with other county departments and community-based organizations in order to coordinate health care programs. We will only share your protected health information with your permission in these situations.

You have the right to receive a paper copy of this Notice at the location where you receive services from us.

WE CANNOT REQUEST YOU WAIVE ANY OF YOUR RIGHTS DESCRIBED IN THIS NOTICE AS A CONDITION OF RECEIVING TREATMENT AND CANNOT RETALIATE AGAINST YOU FOR FILING A COMPLAINT.

JOINT NOTICE OF PRIVACY PRACTICES

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

**Nevada County Public Health
Virtual Dental Home Program
Organized Health Care Arrangement**

WHO FOLLOWS THIS NOTICE

This Joint Notice of Privacy Practices (“Notice”) applies to the Nevada County Public Health Oral Health Program, California Northstate University and Registered Dental Hygienist’s in Alternative Practice (RDHAP’s) who provide services through the Nevada County Public Health Virtual Dental Home Program.

We have formed an Organized Health Care Arrangement (“OHCA”) to enable us to better address your health care needs by simplifying the ways we protect and use your health information. The OHCA allows us to provide you with this single Notice and to efficiently share your health information among ourselves for purposes of treatment, payment, and health care operations. However, each member of the OHCA retains its own legal identity. By participating in the OHCA, no member is providing health care services for or on behalf of another member of the OHCA.

Effective: October 1, 2025

HOW WE MAY USE AND SHARE INFORMATION

We must obey laws on how we use and share your information. Any information shared must be for a reason related to your care or allowed by law. Such reasons include:

To treat your medical condition/s we may use or share your information with other health care providers involved in your treatment.

To bill for your medical care, we may share information with your insurance provider or the person paying for the services you receive.

To administer our programs, we may use your information for assessment, training, quality improvement, or other managerial purposes.

OTHER WAYS WE MAY SHARE YOUR INFORMATION

We may share limited medical information about you for research purposes.

We report statistical information to the State of California and our local Public Health Authority (the Nevada County Department of Public Health).

We may share information to help with public health and safety issues, such as preventing disease, recalling products, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence, and preventing or reducing a serious threat to anyone's health or safety. We may share your information with the Department of Health Care Services in order to check your eligibility and help you enroll in Medi-Cal, California Children's Services, or Children's Presumptive Eligibility (CPE).

We may share limited information with other County Departments who assist us in billing, collections, legal services, management, administration, and compliance.

We may share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are meeting federal privacy laws.

We may share your information as required by law, in response to a court order or subpoena from a court, investigator, or lawyer.

You have the right to privacy regarding reproductive healthcare, meaning your health information cannot be used or shared to investigate or penalize you for legally seeking, or receiving such care.

We may use or share your information for law enforcement purposes or with law enforcement officials, to address worker's compensation claims, with health oversight agencies for activities authorized by law, or for special government functions such as military, national security, and presidential protective services.

We may share information with a coroner, medical examiner, or funeral director when an individual dies.

We may share information with organ procurement organizations.

We may contact you as a reminder of an appointment or tell you about additional services which may help you.

Some California laws limit the sharing of information. For example, special laws protect information about HIV/AIDS status, mental health treatment, developmental disabilities, and drug and alcohol abuse. We will obey these laws.

HOW WE MAY USE AND SHARE INFORMATION ABOUT SUBSTANCE USE DISORDERS

Substance Use Disorder Records receive special protections under federal regulations: 42 Code of Federal Regulations (CFR) Part 2. A violation of these laws is a crime. Generally, we will only share this information with your written consent. At times, we may be allowed or required by law to share this information without your consent. These times include:

You can choose to give one consent for all future uses of your health records for treatment, payment, and operations. If you sign the single consent your records may be redisclosed in accordance with HIPAA regulations.

Deidentified information may be provided to the State of California and our local Public Health Authority (the Nevada County Department of Public Health).

To treat you in a medical emergency in which you are unable to consent to us sharing the information.

The disclosure is allowable by court order

If you commit a crime in the place where you receive services or against personnel, we may share that you receive services here with law enforcement.

If we have reasonable suspicion of child abuse, we are required to make a report.

The disclosure is for the purpose of conducting scientific research.

The disclosure is made for certain audit and/or evaluation purposes.

Your records and testimony cannot be used against you in legal proceedings without your consent or a court order.

HOW TO CONTACT US TO USE YOUR RIGHTS

If you want to use any of the privacy rights explained in this notice, please contact the program you are enrolled in and request a "Universal HIPAA Client Rights Form."

HOW TO COMPLAIN

If you believe that your privacy rights have been violated and wish to complain, or get more information about privacy policies you may contact:

Nevada County Privacy Officer
950 Maidu Ave
Nevada City, CA 95959
(530) 265-1632 or 1-855-652-4205

Or you may complain to the Secretary of the U.S. Department of Health and Human Services by writing or calling the Office for Civil Rights, 200 Independence Avenue, S.W. Room 509F HHH Bldg. Washington, D.C. phone: (800) 368-1019, or (800) 537-7697 TTY/TDD; fax: (415) 437-8329, or Email to OCRComplaint@hhs.gov

We will not retaliate against you for filing a complaint. **This Notice is also available on the departments' websites at:**

www.nevadacountyca.gov