



## **Notice of Privacy Practices for County of Sonoma Flexible Spending Account Program Participants**

*Effective: October 1, 2019*

**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.**

### **Your Privacy is Important to Us**

Because we understand that medical information about you and your family members is personal, the County of Sonoma staff is committed to protecting your medical information.

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

### **The County of Sonoma is Required by Law to:**

- Make sure that medical information that identifies you is protected from inappropriate use and disclosure.
- Notify all affected individuals of a breach of unsecured protected health information.
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

### **Changes to Our Privacy Practices**

We reserve the right to change our privacy practices. We reserve the right to apply the revised practices to the medical information we already have about you as well as any information we receive after the revisions are made. A copy of the most current notice is available from the County of Sonoma Auditor-Controller's payroll division. The effective date of the notice is on the first page of the Notice of Privacy Practices in the top right-hand corner.

**THE FOLLOWING INFORMATION DESCRIBES THE WAYS THAT THE  
COUNTY OF SONOMA MAY USE AND DISCLOSE YOUR MEDICAL  
INFORMATION.**

### **For Payment**

We use and disclose your health information only as required so that you can be reimbursed for the covered health care services you receive. Administration is all internal. Health information is broadly defined under this law to include names and addresses.

### **For Treatment and Health Care Operations**

The management and adjudication of benefits received by members of the Flexible Spending Account Program does not require any use or disclosure of health information for the purposes of treatment or health care operations. We may use and disclose medical

information about you only as required by law. For example, if you were involved in litigation, disclosure of your records might be compelled by a subpoena or court order.

### **Health Oversight Activities**

Your health information may be disclosed for health oversight activities authorized by law, such as IRS audits, investigations and inspections. Health oversight activities are conducted by state and federal agencies that oversee government benefit programs.

### **Other Uses and Disclosures of Medical Information**

The County of Sonoma uses and discloses your medical information in a manner that complies with federal and state laws and regulations. When an authorization is required to disclose your medical information, such as, for the disclosure of mental health records, or substance abuse records, disclosure will be made only with your written authorization. If you authorize the disclosure of your medical information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, all disclosures of your medical information for the purposes covered by your written authorization will cease unless we have already acted in reliance on your authorization. We are unable to take back any disclosures we have already made prior to revoking your authorization.

## **YOUR INDIVIDUAL RIGHTS REGARDING YOUR MEDICAL INFORMATION**

### **You Have the Right to:**

- Inspect and copy your medical records maintained by the County of Sonoma that may be used to make decisions about your benefits.
- Amend your medical information that we have about you if you believe it is incorrect or incomplete.
- Request an accounting of disclosures we made of medical information about you, other than disclosures for treatment, payment, health care operations, or pursuant to a valid authorization.
- Request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request to receive communications about your health care by an alternate means or at alternative locations. We are not required to agree to your request.
- Receive a paper copy of this notice at any time. You may obtain a copy of this notice on the County of Sonoma Intranet site. Go to Privacy Information.

### **Complaints**

If you believe your privacy rights related to the management of your health information maintained by the County of Sonoma have been violated you may file a complaint with the County of Sonoma Privacy Officer or with the Secretary of the Department of Health and Human Services. To file a complaint with the County of Sonoma please submit your complaint to:

County of Sonoma Privacy Officer  
1450 Neotomas Avenue, Suite 200  
Santa Rosa, CA 95405  
**707-565-5703**

**Complaints must be submitted in writing. You will not be penalized for filing a complaint.**