



**NAPA COUNTY**  
Health & Human  
Services Agency

## **Napa County Health & Human Services Agency**

### **SUMMARY NOTICE OF PRIVACY PRACTICES**



A Tradition of Stewardship  
A Commitment to Service

### **OUR PLEDGE REGARDING YOUR HEALTH INFORMATION**

We understand that information about you and your health is personal. We are committed to protecting your health information. Our complete Notice of Privacy Practices is posted nearby. The Notice will tell you about the ways in which we may use and disclose your health information. It also describes your rights and certain obligations we have regarding the use and disclosure of your health information.

**For complete details please read our full Notice of Privacy Practices**

You received a copy of our complete Notice of Privacy Practices during your first visit to the Agency after April 2003, or, if this is your first visit to the Agency since April 2003, you will receive a copy today and be asked to sign an acknowledgement that you received the Notice. If you would like an additional copy, or if you are not a client of the Agency and would like a copy of our Notice of Privacy Practices please ask any Agency staff member. The following is a summary of the information contained in our Notice of Privacy Practices.

### **HOW WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION**

- > We may use and disclose health information about you for: treatment purposes, in order to obtain payment for services, for Agency operational purposes, and other uses and disclosures permitted or required by law.
- > We will disclose health information about you to other individuals you authorize in writing to receive your health information.

Please contact the Compliance and Privacy Officer at (877) 237-7319 or by email at [ComplianceOfficer@countyofnapa.org](mailto:ComplianceOfficer@countyofnapa.org) to request a copy of this notice in another language or format.



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### **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

You have the following rights regarding your health information that we maintain:

- > To Access and inspect your designated record set and to obtain a copy of all or part of it
- > To amend incomplete or incorrect information in you record
- > To receive an accounting of disclosures made of your health information after April 14, 2003
- > To request restrictions on the use or disclosure of your health information
- > To request confidential communications when we need to contact you about medical matters

### **COMPLAINTS**

If you believe your privacy rights have been violated you may file a complaint with the County Privacy Officer or the Secretary of the U.S. Department of Health and Human Services. To file a complaint with the County Privacy Officer please call 707-259-8349 or address a written complaint to 1195 Third Street Suite 301, Napa, CA 94559. **You will not be penalized for filing a complaint.**

**For complete details about your rights and our responsibilities with regard to your health information please read our full Notice of Privacy Practices.**

We reserve the right to change our Notice of Privacy Practices as necessary to reflect our policies and procedures and to incorporate any changes in the law.

An electronic version of the full Notice of Privacy Practices is available on the County of Napa website at: <https://www.countyofnapa.org>

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