



## Public Health

# NOTICE OF PRIVACY PRACTICES

**EFFECTIVE FEBRUARY 11, 2026**

This notice describes:

- 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 the Privacy Officer at (909) 387-6469 or [privacy@dph.sbcounty.gov](mailto:privacy@dph.sbcounty.gov) if you have any questions.

Protected Health Information (PHI) is information about you, including demographic information that can reasonably identify you, concerning your past, present or future physical or mental health condition. The information may be about payment of your health care as well. The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule requires us to keep your PHI private.

All San Bernardino County Department of Public Health (DPH) staff, volunteers, interns, contractors and others who have access to health information will follow this notice. However, we may change this notice when the law or our practices change. We reserve the right to make the revised or changed notice effective for PHI we already have about you as well as any information we receive in the future. You will not automatically receive a new notice. If you would like to receive a copy of any new notice, visit our web site at <https://dph.sbcounty.gov> or you can request a copy from any DPH staff member.

## OUR USES AND DISCLOSURES

### How do we typically use or share your health information?

**For Treatment:** We can use and disclose your PHI to provide you with medical treatment and related services. DPH can share your PHI with doctors, health care personnel, and other staff who are involved in your care. We can also share your PHI with individuals or entities for your future care for other treatment reasons. We can also use or share your PHI in response to an emergency. For example, a doctor treating you for an injury asks another doctor about your overall health condition.

**For Payment:** We can use and disclose your PHI to bill and receive payment for the treatment and services you receive. For billing and payment purposes, we can disclose your PHI to your payment source, including insurance or managed care company, Medicare, Medicaid/Medi-Cal, or another third-party payer. For example, we can give your health plan information about the treatment you received so your health plan will pay us or refund us for the treatment. Or we can contact your health plan to confirm your coverage or to ask for prior authorization for a proposed treatment.

**For Health Care Operations:** We can use and disclose your information to run our organization and contact you when necessary. This includes quality assurance and improvement actions, reviewing the competence and qualifications of health care professionals, medical review, legal services, audit roles, and general administrative purposes. For example, we can use your PHI to evaluate our services and our staff's performance in caring for you.

There may be some services provided by our business associates, such as a billing service, record company, or legal or accounting consultants. We can share your PHI with our business associates so they can perform the job we have asked them to do. We enter a written contract with our business associates that mandate them to safeguard your information.

For more information visit:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

The following describe different ways that we can use or disclose your PHI without obtaining an authorization:

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**Help with public health and safety issues**

We can share your PHI for certain situations such as:

- Preventing disease.
- Helping with product recalls.
- Reporting adverse reactions to medications.
- Preventing or reducing a serious threat to anyone's health or safety.

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**Do research**

We can use or share your PHI for health research.

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**Comply with the law**

We can share your PHI:

- As required by federal, state or local law.
- In response to a subpoena, or a court or administrative order.
- For workers' compensation claims.
- With health oversight agencies for activities authorized by law.
- For special government functions such as military, national security, and presidential protective services.
- When required to do so by law enforcement officials
  - 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.
  - In emergencies, to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed a crime.

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**Respond to organ and tissue donation requests and work with a medical examiner or funeral director**

- We can share PHI with organ procurement organizations.
  - We can share PHI with a coroner, medical examiner, or funeral director when an individual dies.
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<b>Conduct outreach, enrollment, care coordination and case management</b>	We can share your PHI with other government benefits programs like Covered California for reasons such as outreach, enrollment, care coordination, and case management.
<b>Appointment Reminders</b>	We can use and disclose your PHI to contact you as a reminder that you have an appointment for treatment or care.
<b>Inform individuals involved in your care or payment of your care</b>	We can share your PHI with a family member, a relative, a friend, or person you identify involved in your medical care or payment provided that you agree to this, or we give you an opportunity to object and you do not do so. If you are unable to agree or object, we may decide that it is in your best interest based on our professional judgment to share your information, such as if you are incapacitated or we need to disclose your PHI in an emergency.
<b>Prevent or report abuse and neglect</b>	We can share your PHI with a multidisciplinary personnel team relevant to the prevention, identification, management or treatment of an abused child and the child's parents, or elder abuse and neglect.

Additional privacy protections may apply if we are using or sharing sensitive health information, such as HIV-related information, mental health information, psychotherapy notes, and genetic information. For example, under California law, we cannot disclose HIV test results without a written authorization, except in limited circumstances. Your information will be protected according to the highest level of protection required. We do not create or manage a hospital directory

## **SUBSTANCE USE DISORDER RECORDS AND YOUR PRIVACY**

Your substance use disorder (SUD) treatment records are protected by federal law under [Title 42 of the Code of Federal Regulations \(CFR\) Part 2](#). These records are confidential and cannot be disclosed without your written consent, except as allowed by law.

**DPH may use or disclose your SUD records without written consent only for the following reasons:**

- Medical emergencies to address an immediate health emergency.
- When ordered by a court, after notice and an opportunity to be heard.
- For research, audits or program evaluation purposes, provided the information is de-identified.

- To entities providing services for data processing and billing.

**Any other use or disclosure of your SUD information records requires your written consent. Some examples include:**

- Sharing information with your employer.
- Disclosing to family members or friends.
- Providing information to non-treatment entities.

### **Single Consent for Future Disclosures and Revoking Your Consent**

You may provide one written consent that allows all future uses and disclosures for treatment, payment and health care operations purposes.

You have the right to revoke your written consent at any time. Revocation will not affect disclosures already made under your prior consent.

### **Legal Protections**

Your records cannot be used against you in civil, criminal, administrative or legislative proceedings unless you provide written consent or a court order is issued. A court order authorizing disclosure must be issued after notice and an opportunity to be heard and must be accompanied by a subpoena or similar legal mandate.

## **REPRODUCTIVE HEALTH CARE**

We are prohibited under the California [Reproductive Privacy Act § 56.108](#) (Cal. Health & Safety Code §123460, et. Seq.) from disclosing information about you with respect to personal reproductive decisions, which entails the right to make and effectuate decisions about all matters relating to pregnancy, including prenatal care, childbirth, postpartum care, contraception, sterilization, abortion care, miscarriage management, and infertility care.

## **YOUR RIGHTS**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

### **Get a copy of your health and claims records**

- You can ask to see or get a copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

**Ask us to correct health and claims records**

- You can ask us in writing to correct your health and claims records if you think they are incorrect or incomplete.
  - We can deny your request, but we will tell you why in writing within 60 days.
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**Request confidential communications**

- You can ask us in writing to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
  - We will consider all reasonable requests and will not ask you the reason for your request.
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**Ask us to limit what we use or share**

- You can ask us in writing not to use or share certain health information for treatment, payment, or our operations.
  - We are not required to agree; however, if we do agree, we will comply with your request unless your PHI is needed to provide emergency treatment.
  - If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.
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**Get a list of those with whom we have shared information**

- You can ask us in writing for a list of disclosures we have made regarding your PHI (accounting of disclosures) up to six years prior to the date of your request.
  - We will include all the disclosures except for those about treatment, payment, and health care operations, or as required by law. We will provide one accounting per year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
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**Get a copy of this privacy notice**

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

**Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

**Get a copy of completed test results directly from a laboratory**

- You or your authorized personal representative can receive laboratory test results from your health care provider or you can request your completed test report directly from the laboratory that performed the test.
- In most cases, laboratories must provide test results within 30 days.
- Ask your provider about how to obtain your laboratory results directly.

**YOUR CHOICES****For certain health information, you can tell us your choices about what we share.**

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

**In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

*If you are not able to tell us your preference, for example if you are unconscious, we can go ahead and share your information if we believe it is in your best interest. We can also share your information when needed to lessen a serious and imminent threat to health or safety.*

**In the case of fundraising:**

We can contact you for fundraising efforts, but you can tell us not to contact you again.

## OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your PHI.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you change your mind at any time, let us know in writing.
- We will never market or sell your information.

For more information visit:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

**QUESTIONS OR COMPLAINTS**

If you have questions regarding this notice or believe your (or someone else's) rights have been violated, you can contact us or the federal government. We will not retaliate against you for filing a complaint nor will your right to further treatment or future treatment be affected.

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**For questions regarding this notice or to file a complaint with the San Bernardino County Department of Public Health, contact:**

San Bernardino County Department of Public Health  
Privacy Officer  
451 E. Vanderbilt Way, 4th Floor  
San Bernardino, CA 92408  
Phone (909) 387-6469  
Email [privacy@dph.sbcounty.gov](mailto:privacy@dph.sbcounty.gov)

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**To file a complaint with the County of San Bernardino, contact:**

San Bernardino County  
HIPAA Complaints Official  
175 West Fifth Street, First Floor  
San Bernardino, CA 92415  
Phone (909) 387-4500  
Email [HIPAAComplaints@cao.sbcounty.gov](mailto:HIPAAComplaints@cao.sbcounty.gov)

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**To file a complaint with the Federal Government, contact:**

Region IX  
Office for Civil Rights, Department of Health and Human Services  
90 7th Street, Suite 4-100  
San Francisco, CA 94103  
Phone (800) 368-1019  
FAX (415) 437-8329  
TDD (800) 537-7697  
[www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)

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(909) 387-6234

## **NOTICE OF NONDISCRIMINATION**

DPH complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. DPH does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

## **ALTERNATIVE FORMATS**

This notice may be provided to you in an alternative format, including but not limited to:

- Audio recording,
- Sign language,
- Lip reading,
- Braille, and
- Foreign languages through use of an interpreter or translation service.

**LANGUAGE ASSISTANCE**

**English**

ATTENTION: If you need help in your language call 1-909-387-6234. Aids and services for people with disabilities, like documents in braille and large print, are also available. TTY: dial 711. These services are free of charge.

**الشعار بالعربية (Arabic)**

رجى [1-909-378-6234] فى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل ب (TTY: [711]). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة برايل والخط الكبير. اتصل ب [1-909-387-6234] هذه الخدمات مجانية (TTY: [711]).

**Հայերեն պիտակ (Armenian)**

ՌԻՇԱԴՂՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք [1-909-387-6234] (TTY: [711]): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված կյութեր: Չանգահարեք [1-909-387-6234] (TTY: [711]): Այդ ծառայություններն անվճար են:

**ប្រាសម្ភាសជាភាសាខ្មែរ (Cambodian)**

ចំណាំ : បើអ្នក រក្សា ការជំនួយ ជាភាសា របស់អ្នក ឬ ទ្វេភាសា ទៅលេខ [1-909-387-6234] (TTY: [711])។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជា ឯកសារ របស់អាជ្ញាធរ សម្រាប់ជនពិការភ្នែក ឬឯកសាររបស់អាជ្ញាធរពុម្ពផ្សំ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទ មកលេខ [1-909-387-6234] (TTY: [711])។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

**简体中文标语 (Simplified Chinese)**

请注意：如果您需要以您的母语提供帮助，请致电 [1-909-387-6234] (TTY: [711])。我们另外还提供针对残疾人士的帮助和服务，例如盲文和大字体阅读，提供您方便取用。请致电 [1-909-387-6234] (TTY: [711])。这些服务都是免费的。

**مطلب به زبان فارسی (Farsi)**

توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با [1-909-387-6234] (TTY: [711]) تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با [1-909-387-6234] (TTY: [711]) تماس بگیرید. این خدمات رایگان

**हिंदी टैगलाइन (Hindi)**

ध्यान दें अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो [1-909-387-6234] (TTY: [711]) पर कॉल करें अशक्तता वाले लोगों के लिए सहायता और सेवाएं जैसे बरेल और बड़े पिंरंट में भी दस्तावेज़ उपलब्ध हैं। [1-909-387-6234] (TTY: [711]) पर कॉल करें ये सेवाएं नि: शुल्क हैं।

## LANGUAGE ASSISTANCE

### Nqe Lus Hmoob Cob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau [1-909-387-6234] (TTY: [711]). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau [1-909-387-6234] (TTY: [711]). Cov kev pab cuam no yog pab dawb xwb.

### 日本語表記 (Japanese)

注意日本語での対応が必要な場合は [1-909-387-6234] (TTY: [711])へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。 [1-909-387-6234] (TTY: [711])へお電話ください。これらのサービスは無料で提供しています。

### 한국어 태그라인 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 [1-909-387-6234] (TTY: [711]) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. [1-909-387-6234] (TTY: [711]) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

### ແຫກໄລພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ [1-909-387-6234] (TTY: [711]). ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນ ນອກະສານທີ່ ເບີ ນອກສອນນູນແລະມີ ໂຕລິ ມໃຫຍ່ ໃຫ້ໂທຫາເບີ [1-909-387-6234] (TTY: [711]). ການບໍລິການເຫຼົ່ານີ້ ບໍ່ ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

### Mien

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux [1-909-387-6234] (TTY: [711]). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzaih bun longc. Douc waac daaih lorx [1-909-387-6234] (TTY: [711]). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

## LANGUAGE ASSISTANCE

### ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ [1-909-387-6234] (TTY: [711]). ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬੋਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ [1-909-387-6234] (TTY: [711]).  
ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

### Русский слоган (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру [1-909-387-6234] (линия TTY: [711]). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру [1-909-387-6234] (линия TTY: [711]). Такие услуги предоставляются бесплатно.

### Mensaje en español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al [1-909-387-6234] (TTY: [711]). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al [1-909-387-6234] (TTY: [711]). Estos servicios son gratuitos.

### Tagalog

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa [1-909-387-6234] (TTY: [711]). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa [1-909-387-6234] (TTY: [711]). Libre ang mga serbisyonang ito.

### แท็กไลน์ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ ไปที่หมายเลข [1-909-387-6234] (TTY: [711]) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์ และเอกสารที่พิมพ์ ด้วยตัวอักษรขนาดใหญ่  
กรุณาโทรศัพท์ ไปที่หมายเลข [1-909-387-6234] (TTY: [711]) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

### Примітка українською (Ukrainian)

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