



## NOTICE OF PRIVACY PRACTICES SUMMARY

This describes how health data about you may be used and shared and how you can get access to this data. **IMPORTANT NOTE:** This page is a summary only and does not include all of the details about our privacy policy. For more details on all sections, please read the attached notice.

**I. How we may use and share health data about you:**

- **Treatment** - We may use or share your health data to give you medical treatment or other types of health services.
- **Payment** - We may use or share your health data to bill you or a third party for payment for services provided to you.
- **Health Care Operations** - We may use and share health data about you for our own operations such as quality control, compliance monitoring, outcome evaluation, audit, etc.

**II. Disclosures where we do not have to give you a chance to agree or object:**

- **To you**
- **As required by federal, state, or local law**
- **If child abuse or neglect is suspected**
- **Public Health risks** for public health activities to prevent and control of disease.
- **Lawsuits and disputes** in response to a court or administrative order.
- **Law enforcement** to help law enforcement officials respond to criminal activities.
- **Coroners, medical examiners and funeral directors**
- **Organ or tissue donation facilities** if you are an organ donor
- **To avert a threat to individual or public health or safety**

**III. Disclosures where we have to give you a chance to agree or object:**

- **Patient directories** - You can decide what health data, if any, you want to be listed in patient directories.
- **Persons involved in your care or payment for your care** - We may share your health data with a family member, a close friend or other person that you have named as being involved with your health care.

**IV. Other uses of health data:** Other uses not covered by this notice or the laws that apply to us will be made only with your written consent.

**V. You have these rights for the health data we keep about you:**

- 1) Right to inspect your health record and to receive a copy of your health record upon request ;
- 2) Right to amend information in your health record you believe is inaccurate or incomplete;
- 3) Right to know to whom we have disclosed your health information
- 4) Right to ask for limits on the health information data we give out about you
- 5) Right to receive communication from us about your health information in alternate ways
- 6) Right to a paper copy of the complete Notice of Privacy Practices

---

## NOTICE OF PRIVACY PRACTICES RECEIPT

I acknowledge that I have received with the Notice of Privacy Practices of Alameda County Health.

Signature of Patient  
or representative

---

Date

---

Print Patient Name

---

Patient Birth Date

---