COUNTY OF MENDOCINO

SELF-INSURED EMPLOYEE BENEFIT PLAN

Notice of Privacy Practices
Effective Date: October 1, 2025

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1. OUR DUTY TO PROTECT YOUR HEALTH INFORMATION

The County of Mendocino sponsors a self-funded employee benefits plan. We are legally required to protect the privacy of your health information and provide you with this Notice. This Notice describes:

- How we may use and share your protected health information (PHI),
- Your rights concerning your PHI, and
- Our obligations under federal law (HIPAA and related rules).

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2. WHO THIS NOTICE APPLIES TO

This Notice applies to:

- The County of Mendocino as the sponsor of a **self-funded health plan**, and
- The **health plan itself**, not to any fully insured health insurance carrier (they will provide their own privacy notice).

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3. HOW WE MAY USE AND DISCLOSE YOUR PHI

A. For Treatment, Payment, and Health Care Operations

We may use and disclose your PHI to:

- Coordinate or manage health care (Treatment),
- Obtain payment for plan benefits (Payment), and

- Conduct administrative functions like claims review or audits (Health Care Operations).

B. As Required by Law

We may disclose your PHI when required by federal, state, or local law (e.g., to report abuse, respond to subpoenas, or comply with workers' compensation laws).

C. For Health Oversight and Law Enforcement

We may disclose PHI to government agencies for health oversight activities (e.g., audits, investigations) or in response to valid legal requests by law enforcement.

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4. SPECIAL PROTECTIONS FOR REPRODUCTIVE HEALTH INFORMATION

As of **June 25, 2024**, federal regulations place new limits on how we may use or disclose PHI related to **reproductive health care**. We are prohibited from:

- Using or disclosing PHI to investigate or impose liability on individuals, health care providers, or others for **lawfully obtained reproductive health care** services (e.g., contraception, abortion, fertility care, miscarriage management), regardless of where the care was provided.
- Making certain disclosures (to law enforcement, courts, or oversight agencies) **without first receiving a signed attestation** that the PHI will not be used for an unlawful purpose under HIPAA.

Additional California Reproductive Health Protections:

In addition to the federal reproductive health privacy rules noted above, California law provides enhanced protection pursuant to the Confidentiality of Medical Information Act (CMIA). Each employer who receives medical information shall establish appropriate procedures to ensure confidentiality and protection from unauthorized use and disclosure including the following:

- We must implement reasonable safeguards to protect reproductive and sexual health PHI, including segmentation and secure handling of such records.
- We will not disclose reproductive health PHI to law enforcement, courts, or other third parties unless required by California law or with your written authorization, and subject to heightened standards for subpoenas and warrants.
- Upon your request, we will send communications about reproductive health services to an alternative address or by alternative means to maintain confidentiality.

- California law may further restrict disclosures of certain sensitive services (such as contraception, abortion, miscarriage management, fertility services, or gender-affirming care) and we will follow the stricter standard where state law provides greater privacy protection.

We will presume reproductive health services were lawfully obtained unless we have actual knowledge to the contrary, consistent with HIPAA and California law.

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5. DISCLOSURE WARNING – REDISCLOSURE RISK

Once we disclose your PHI to a third party (with your authorization or as permitted by HIPAA), that party may not be subject to HIPAA and could share your information without the same protection.

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6. SUBSTANCE USE DISORDER INFORMATION

PHI relating to **substance use disorder treatment** is further protected under federal law (42 C.F.R. Part 2) and may not be disclosed without your written consent or a court order.

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7. YOUR RIGHTS

You have the right to:

- **Access and copy** your PHI,
- **Request corrections** to your medical information,
- **Receive a list** (accounting) of when we shared your PHI,
- **Request limits** on how we use or share your PHI,
- **Request confidential communications**, and
- **Revoke prior authorizations** at any time in writing.

To exercise any of these rights, contact our Privacy Officer (see contact info below).

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8. OUR RESPONSIBILITIES

We are required to:

- Maintain the privacy of your PHI (subject to lawful and authorized disclosure);

- Provide you with this Notice of our legal duties and privacy practices;
- Notify you in the event of a **breach** of unsecured PHI;
- Abide by the terms of this Notice.

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9. CHANGES TO THIS NOTICE

We reserve the right to change the terms of this Notice and to apply those changes to all PHI we maintain. If we make material changes, we will provide a revised Notice and post it on our website.

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10. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with:

Privacy Officer
County of Mendocino Executive Office
501 Low Gap Road, Room 1010
Ukiah, CA. 95482
Phone: 707-463-4441
Email: employeehealthbenefits@mendocinocounty.gov

Or file a complaint with the U.S. Department of Health and Human Services at:

https://www.hhs.gov/hipaa/filing-a-complaint/index.html

You will not be penalized or retaliated against for filing a complaint.

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11. CONTACT INFORMATION

For questions about this Notice or your rights under HIPAA, please contact:

Privacy Officer
County of Mendocino Executive Office
Phone: 707-463-4441
Email: employeehealthbenefits@mendocinocounty.gov
Mailing Address: 501 Low Gap Road, Room 1010
Ukiah, CA. 95482
