



COUNTY OF RIVERSIDE

NOTICE OF PRIVACY PRACTICES

This Notice describes how medical information about you may be used and shared and how you can obtain access to this information. Please review it carefully.

Your Rights

When it comes to your health information, you have the right to:

Get an electronic or paper copy of your medical record

- You can ask to see or get copies of your medical record. Ask us how to do this.
- We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to change health information about you if it is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but if we say no, we’ll tell you why in writing within 60 days.
- You may also add a written add-on to your medical record about the statement in your record that you believe is incorrect or incomplete. Ask us how to do this.

Request confidential communications

- You have the right to receive confidential communications of protected health information as provided in 45 CFR §164.522(b), as applicable and can ask us to communicate with you in a certain way (for example: home, cell, or office phone or to send mail to a certain address).

Ask us to limit what we share

- If you have paid for an item or service in full, you can ask us not to share that information about the **item or service with a health plan**. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask us for a list (called an “accounting”) of times we’ve shared your health information during the last six years before the date you ask, who we shared it with, and why.
- We will provide one (1) accounting a year for free but will charge a reasonable, cost-based fee if you ask for another accounting within 12 months.

File a complaint if you feel your rights are violated

- You can file a complaint by contacting us at (951) 486-4659 or compliance@ruhealth.org.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by using the information on page 4.
- We will not retaliate against you for filing a complaint.

How we may use or disclose information about you

We use or share information to:

Treat you and contact you	<ul style="list-style-type: none"> • We can use health information, including Substance Use Disorder (SUD) information from “Part 2” programs received with your consent, about you and share it with other professionals who are treating you. • Health information about you may also be used by non-County of Riverside healthcare providers who share our common electronic health record, but only to treat or contact you. • We may use and share your health information to contact you when necessary. 	<p>Examples:</p> <p>RUHS providers, such as nurses, doctors, therapists, etc., may view your health information.</p> <p>Because RUHS shares a common medical record platform with Loma Linda University Health, RUHS providers can also see information collected by your Loma Linda providers and appointments you have scheduled there.</p> <p>We may contact you about future appointments and with test results.</p>
Run our organization	<ul style="list-style-type: none"> • We may use information to assess the care and outcomes in your case, to improve our services, and in administrative processes. 	<p>Example: We use health information to measure how well our staff is caring for patients.</p>
Bill for your services	<ul style="list-style-type: none"> • We may use and share information to bill you or your insurance company. 	<p>Example: We send bills and other information to your health insurance plan so it will pay for services you received.</p>
Health care operations and plan administration	<ul style="list-style-type: none"> • As administrator of certain health plans, such as Medicare, Medi-Cal, and Exclusive Care, the County may disclose limited information to plan sponsors. 	<p>Example: For purposes such as plan eligibility and enrollment, benefits administration, and payment of health care expenses.</p>

Help with public health and safety issues	<p>We can share health information about you for certain situations such as:</p> <ul style="list-style-type: none"> • Reporting births and deaths • Preventing or controlling disease, injury, or disability • Helping with product recalls • Reporting adverse reactions to medications or problems with products • Reporting suspected abuse, neglect, or domestic violence • Preventing or reducing a serious threat to anyone's health or safety • Disclosing deidentified SUD information to public health authorities
Comply with the law	<p>We will share your health information as required by State or federal law.</p>
Work with the medical examiner or funeral director	<p>We can share your information with a coroner, medical examiner, or funeral directors, as necessary.</p>
Do research	<p>We can use and share your health information for health research, if a special board permits us to.</p>
Address workers' compensation, law enforcement, and other government requests	<p>We can use or share health information about you:</p> <ul style="list-style-type: none"> • For workers' compensation claims or similar programs • For certain, limited law enforcement purposes • With government agencies responsible for health oversight • For special government functions such as national security and presidential protective services. • In response to a court or administrative order, or a subpoena. • If you are an inmate of the correctional institution or in custody of a law enforcement official, we may share with the correctional institution or other law enforcement for purposes such as protecting your safety or the safety of others.
Health Information Exchange	<ul style="list-style-type: none"> • We participate in a Health Information Exchange (HIE). • A HIE is an electronic system that allows participating health care providers to share patient information in compliance with federal and state privacy laws. • Unless you notify us or otherwise make your objection known, we will share your health information electronically with your participating health care providers as necessary for treatment. This includes SUD information received with your consent. • Patient health information that currently, by law, requires your signed authorization for release WILL NOT be transmitted to the HIE without your additional consent. • You can opt out of being included in an HIE at any time by contacting your provider's office.

Generative Artificial Intelligence (AI) and Patient Communications

We may use technology tools, including generative artificial intelligence (AI), to assist our workforce with administrative and clinical support functions. If we use generative AI to generate written or verbal communications to you that pertain to your clinical information, we will either:

- Have the communication read and reviewed by a human licensed or certified health care provider before it is provided to you; or
- If the communication is not read and reviewed by a human licensed or certified health care provider, include (1) a clear disclosure that the communication was generated by generative AI and (2) clear instructions describing how you may contact a human health care provider, employee, or other appropriate person.

We may use AI solutions in connection with treatment, payment, and health care operations. For purposes of this Notice, “AI solutions” mean software or computerized tools that can generate outputs (such as summaries, draft text, recommendations, or other content) based on patterns learned from data and/or programmed rules.

How we may use AI solutions

We may use AI solutions, as permitted by law, to support activities such as:

- Assisting members of our workforce with reviewing and summarizing information in your health record.
- Preparing draft clinical documentation (for example, draft notes or draft care plans) for review by your health care providers.
- Supporting administrative functions that are part of health care operations (for example, quality improvement, patient safety activities, care coordination, internal auditing, training of our workforce, and similar operational activities).

Clinician responsibility and oversight

AI solutions are intended to assist our workforce. Your health care providers remain responsible for clinical decisions, and information generated by an AI solution may be reviewed, edited, accepted, or rejected by appropriate personnel in accordance with our policies and professional standards.

Use and disclosure to outside service providers

We may use AI solutions that are provided by third parties. When we use third parties to help us operate our programs or provide services, we may share health information with them as needed for them to perform services on our behalf, consistent with applicable privacy and security requirements.

Limits

We do not use AI solutions to sell your health information. We do not use your health information for marketing in connection with AI solutions unless allowed by law or you authorize us to do so.

If you have questions about our use of AI solutions, you may contact the County Privacy Office using the contact information provided in this Notice.

How else may we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research efforts. We have to meet many conditions before we can share your

information for these purposes. For more information see: <https://www.hhs.gov/hipaa/for-individuals/index.html>

Your Choices

For certain health information, you can choose what we share. Tell us what you want us to do, and we will do our best to follow your instructions.

In these cases, you have the right to decide if we can:

- Share information with individuals involved in your health care or assisting with payment for your health care.
- Share information in a disaster relief situation
- Contact you for fundraising efforts
- Include you in our patient directory and share your name, location in the facility, and general status (for example “good”, “fair” or “critical”) with those who ask for you by name.
- Share your religious affiliation with clergy.

Instances where we will not share information about you without your written permission:

- Psychotherapy notes and other mental health treatment records
- Marketing purposes
- Substance abuse treatment records when consent is required under 42 C.F.R. Part 2
- Selling your information
- Any other uses and disclosures not described in this notice

Our Responsibilities / Notices

- We are committed and required by law to maintain the privacy and security of your protected health information.
- We will let you know of any breach that may have compromised the privacy or security of your protected health information (PHI).
- We must follow the terms of this notice and give you a copy of it to inform you of our legal duties and privacy practices with respect to PHI. Except in an emergency treatment situation, we will make a good faith effort to obtain a written acknowledgment of receipt of this Notice of Privacy Practices.
- A single consent may be used for all future uses and disclosures of your health information.
 - You may revoke your consent at any time by letting us know in writing. However, we can't unuse or unrelease information that was released when your consent was valid such as if you gave us permission to disclose your information to obtain insurance coverage.
- For “Part 2” substance use disorder treatment records:
 - Records, or testimony relaying the content of such records, shall not be used or disclosed in any civil, administrative, criminal, or legislative proceedings against the patient unless based on specific written consent or a court order;
 - Records shall only be used or disclosed based on a court order after notice and an opportunity to be heard is provided to the patient or the holder of the record, where required by [42 U.S.C. 290dd-2](#) and this part; and

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- A court order authorizing use or disclosure must be accompanied by a subpoena or other similar legal mandate compelling disclosure before the record is used or disclosed.
 - Records that are disclosed to a part 2 program, covered entity, or business associate pursuant to the patient's written consent for treatment, payment, and health care operations may be further disclosed by that part 2 program, covered entity, or business associate, without the patient's written consent, to the extent the HIPAA regulations permit such disclosure.
 - For additional information about this Notice, contact the County's Privacy Officer using the contact information on page 4 of this Notice.

Changes to the Terms of this Notice: We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our offices, and on our web site.

The effective date of this Notice is February 2026.

Privacy Complaint Contacts

County Privacy Office
Compliance and Privacy Officer
26520 Cactus Avenue
Moreno Valley, CA 92555
(951) 486-4659

U.S. Department of Health & Human Services
Region IX Office of Civil Rights
90 7th Street, Suite 4-100 San Francisco, CA 94103
TEL: (800) 368-1019 • TDD: (800) 537-7697 •
FAX: (202) 619-3818