Care+ Program

County of Orange
Care Plus Program

PRIVACY NOTICE

June 2025

Dear Care Plus Program Participant:

We are required by Federal and State laws to protect the privacy of your personal, medical, and behavioral health information that is private and confidential. We may obtain a signed authorization from you for certain disclosures. The County of Orange creates and maintains your protected health information (PHI) and personally identifiable information (PII).

We are providing you with this Privacy Notice (Notice) of the County's privacy practices with respect to your information under the Care Plus Program (CPP). This Notice explains how we may legally use and disclose your information and your rights regarding the privacy of your information. We are required to follow all the terms of this Notice. We reserve the right to change the provisions of this Notice and make it effective for all the information we maintain.

If you have any questions and/or would like additional information, you may contact:

Care Plus Program
400 W Civic Center Drive, 3rd Floor
Santa Ana, Ca 92701
(714) 834-5000
CarePlusProgram@ocgov.com

Thank you for placing your care, and your trust, in the County of Orange.

Why We Use and Disclose Information

The information we use and share in the CPP helps us to efficiently coordinate the most effective services for you. The CPP utilizes the data platform Compass OC to allow authorized CPP participants to securely share your information to ensure they have a comprehensive view of your circumstances for your care coordination needs. These services may be in areas like medical care, mental health care, drug and alcohol treatment, housing, employment, workforce development, public benefits, education, nutrition, parenting, child welfare, and related public support services. Using and sharing information among the CPP participating entities listed in your Authorization to Use and Disclose Protected Health and Personal Information Form (Authorization Form) allows the CPP to maximize the available services to provide for your care coordination.

The Type of Information We Use and Disclose

We use and disclose your information for CPP purposes. The information may be written or verbal and includes the following: name, date of birth, social security number, demographics, contact information, citizenship/legal residency status, history of housing and homelessness, veterans status and benefits, welfare, social security, and other public benefits, financial information, wage and income information, probation status, correctional institution history, court involvement, health and emergency services including medical history, mental or physical condition and treatment received, drug or alcohol use including any related diagnosis and treatment, disability information, and any additional information that would assist the CPP Participating Entities listed in your Authorization Form in coordinating your care.

How Your Personal Information Is Protected

Each CPP Participating Entity and care coordinator must sign an agreement to maintain the security and privacy of your information as required by law and CPP policy. Each CPP Participating Entity and care coordinator that violates the agreement may have access rights terminated and may be subject to further penalties. Your information is used and shared only as authorized by you or applicable law. Your electronic information is used and shared in Compass OC only with required authorization and is protected by passwords and encryption technology.

How We May Use and Disclose Your Information

The County has policies and procedures and other safeguards to protect your information from improper use and disclosure. Our employees are trained and required to comply with these processes. We briefly describe these uses and disclosures of your information below and provide you with some examples. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose your information will fall within one of the categories.

1. **Care Coordination**
   We may use and disclose your information to provide care coordination and case management to direct or recommend related services such as health care, behavioral health, drug and alcohol treatment, housing, employment, workforce development programs, public benefits, education, nutrition, parenting, child welfare, and related public support services. We may also disclose your information to others, such as community resources and providers who may be involved in your care.

2. **Payment**
   We may use or disclose your information to determine the County's responsibility to pay for or to permit us to bill and collect payment for the CPP services that we provide to you. For example, we may include information with a bill to Medi-Cal or Medicare that identifies you, your diagnosis, and services provided to receive payment.

3. **Health Care Operations**
   We may use and disclose your information to support the business activities of the CPP or the County of Orange. For example, we review and evaluate our services or improve the care and services we offer. In addition, we may disclose your information to other staff or contractors who perform consulting, auditing, investigatory, and other services for the County of Orange.

4. **Required or Permitted by Law**
   We may use and disclose your information when required or permitted by Federal, State, or local law. For example, the secretary of the Department of Health and Human Services (DHHS) may review our compliance efforts which may include seeing your PHI/PII. As another example, Welfare and Institutions Code section 18999.8 allows CPP care coordinators to share among each other information that is confidential under State law for CPP purposes.

5. **Victims of Abuse, Neglect, or Domestic Violence**
   We may disclose your information to other government agencies to report suspected abuse, neglect, or domestic violence. We will only disclose this information if you agree or if the law requires or permits us to do so.

6. **Coroners, Medical Examiners, and Funeral Directors**
   We may disclose your information to funeral directors, coroners, and medical examiners for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law.

7. **Government Programs for Public Benefits**
   We may use or disclose your information to help you qualify for government benefit programs such as Medicare, Medi-Cal, Supplemental Security Income, or other benefits or services available. We may also contact you to tell you about possible treatment options or health-related benefits or services.

8. **Identity Verification**
   We may photograph you for identification purposes. Your photo may be stored in your record. You may decline to have your photograph taken, if you wish, by contacting the Care Plus Program.

9. **Electronic Records**
   We use an electronic record to store and retrieve your information. The information is obtained from the Participating Entities into Compass OC and allows sharing information among personnel who are involved in your care.

10. **Communications with Family and Others Involved in Your Care**
    Sometimes a family member or other person involved in your care or payment will be present when we are discussing your PHI/PII with you. If you object, please tell us and we will not discuss your PHI/PII while that person is present. In case of an emergency or when you lack the decision-making capacity, we will use our professional judgement to determine if it's in your best interest to disclose your PHI/PII.

Uses and Disclosures of Your Information Requiring Your Written Authorization

We will obtain your written permission through an Authorization Form to use and disclose your confidential information with the CPP Participating Entities. Members of Participating Entities who have completed CPP information and security privacy trainings are able to use and disclose your confidential information to coordinate your care. You may revoke the authorization in writing at any time and, unless otherwise permitted or required by law, we will stop using or disclosing your confidential information for the purposes stated in your written authorization. Any uses or disclosures made prior to the revocation are not affected by the revocation.

Your Rights Regarding Your Information

1. **Right to Request Review, View and Copy (Screenshot/Print) Your CPP Records**
   You may request to review, view and/or obtain a copy of your CPP Records. Your request may be submitted in writing to the Care Plus Program at the address or email address listed above. There may be a fee charged for costs of copying, mailing, and for any other supplies used in fulfilling your request. In limited situations, we may deny some or all your requests to see or receive copies of your records. If denied, we will tell you why in writing and explain your right, if any, to have our denial reviewed.

2. **Right to Request Confidential Communications**
   You have the right to request how we communicate with you to preserve your privacy. For example, you may request that we call you only at your work number or send mail to a special address. Your request must be made in writing to the Care Plus Program (at the address or email address listed above) and must specify how or where we are to contact you. We will accommodate all reasonable requests.

3. **Right to Revoke an Authorization**
   You have the right to revoke your written authorization for Participating Entities to use and disclose your PHI/PII at any time. You must let us know of your revocation in writing and delivered to the Care Plus Program (at the address or email address listed above). If you revoke your written authorization, we will stop sharing your PHI/PII. However, the revocation will not affect prior disclosure of information Participating Entities have already made.

4. **Right to a Paper Copy of this Notice**
   Unless you are an inmate, you have the right to receive a paper copy of this notice any time you request it.

5. **Breach Notification**
   In the event of a breach of your PHI/PII, the County will notify you of the circumstances of the breach.

6. **Right to File a Complaint**
   If you have any questions about this notice, your privacy rights, or believe your privacy rights have been violated, you may contact the County Privacy Officer at:

County of Orange
Privacy Office
721 S. Parker St. 2nd Floor
Orange, CA 92868
(714) 834-4082
privacyofficer@ocgov.com

The County of Orange honors your right to express concerns regarding your privacy. You will not be punished, threatened, or penalized for asking questions or for filing a complaint.

Our Responsibilities

We must follow the terms of this notice while it is in effect. We reserve the right to change this notice and our privacy practices at any time. Changes in our privacy practices will apply to any information we already have and information we create or receive in the future. We will also post and make the new notice available at the Care Plus Program website https://ceo.ocgov.com/care-coordination/care-plus-program.

Notice of Nondiscrimination

The County of Orange and its CPP comply with applicable Federal and State civil rights laws and do not discriminate on the basis of race, color, religion, national origin, ancestry, disability, age, sex, gender, sexual orientation, genetic information, military or veteran status, medical condition, or marital status.

The County of Orange and its CPP:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)

- Provide free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

Please let our staff know if you need these services. If you have any difficulty obtaining these services, believe you have been discriminated against, or wish to file a grievance related to any of these services or policies, you can file a grievance in person, by mail, or by email at:

Care Plus Program
400 W Civic Center Drive, 3rd Floor
Santa Ana, CA 92701
(714) 834-5000
CarePlusProgram@ocgov.com

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Tel: 1-800-368-1019, 1-800-537-7697 (TDD)

Language Assistance Services

#	Language	Tagline
	English	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-714-568-5787 (TTY: 711).
1	Spanish	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-714-568-5787 (TTY: 711).
2	Chinese	注意：如果您使用繁體中文。您可以免費獲得語言援助服務。請致電 1-714-568-5787 (TTY: 711)
3	Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-714-568-5787 (TTY: 711).
4	Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-714-568-5787 (TTY: 711).
5	Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-714-568-5787 (TTY: 711) 번으로 전화해 주십시오.
6	Armenian	ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք 1-714-568-5787 (TTY: 711) հեռախիպ
7	Persian (Farsi)	**توجه** : اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-714-568-5787 (TTY: 711) تماس بگیرید.
8	Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-714-568-5787 (телетайп: 711).
9	Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-714-568-5787（TTY: 711）まで、お電話にてご連絡ください。
10	Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-714-568-5787 (711: رقم هاتف الصم والبكم)
11	Punjabi	ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-714-568-5787 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।
12	Monn-Khmer, Cambodian	ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-714-568-5787 (TTY: 711)។
13	Hmong	LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-714-568-5787 (TTY: 711).
14	Hindi	ध्यान द□: य□द आप ि◌हंदी बोलते ह□ तो आपके ि◌लए मुफ्त म□ भाषा सहायता सेवाएं उपलब्ध ह□। 1-714-568-5787 (TTY: 711) पर कॉल कर□।
15	Thai	เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-714-568-5787 (TTY: 711).