



**SAN BERNARDINO COUNTY**  
**Medical Expense Reimbursement (FSA) Plan**  
**NOTICE OF PRIVACY PRACTICES (NOPP)**

**Effective Date of Notice: February 16, 2026**

**THIS NOTICE DESCRIBES: HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. 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 EMPLOYEE BENEFITS & SERVICES DIVISION AT 909-387-5787 OR [EBSD@HR.SBCOUNTY.GOV](mailto:EBSD@HR.SBCOUNTY.GOV) IF YOU HAVE ANY QUESTIONS. PLEASE REVIEW IT CAREFULLY.**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on employer health plans concerning the use and disclosure of individual health information. This information, known as protected health information (PHI), includes almost all individually identifiable health information held by the plan – whether received in writing, in an electronic medium, or as an oral communication. This notice describes the privacy practices of San Bernardino County Medical Expense Reimbursement Plan(s). The plans covered by this notice may share health information with each other to carry out Treatment, Payment or Health Care Operations. These plans are collectively referred to as the Plan in this notice, unless specified otherwise.

**The Plan's duties with respect to health information about you**

The Plan is required by law to maintain the privacy of your health information and to provide you with this notice of the Plan's legal duties and privacy practices with respect to your health information.

**How the Plan(s) may use or disclose your health information**

The privacy rules generally allow the use and disclosure of your health information without your permission (known as an authorization) for purposes of health care Treatment, Payment Activities, and/or Health Care Operations. Here are some examples of what this might entail:

- **Treatment.** While the Plan generally does not use or disclose your PHI to health care providers for treatment, the Plan is permitted to do so if necessary.
- **Payment.** The Plan may use or disclose your PHI to administer the Plan, which includes reimbursing you for eligible health care expenses for you and your dependents that are not reimbursed by insurance. The Plan may use your information to determine your eligibility for enrollment and for reimbursement and other services, including responding to complaints, appeals and external review requests.
- **Health Plan Operations.** For example, the Plan may use or disclose your PHI to perform its functions as a flexible spending account (FSA) plan. This may include: quality assessment and improvement activities, internal grievance resolution, fraud and abuse compliance programs, authorizing business associates to perform data aggregation services; and managing, planning or developing the Plan's business including conducting or arranging for legal, billing, auditing, compliance and other administrative support functions and/or services.
- **To Business Associates.** The Plan may disclose your PHI to business associates the Plan hires to assist the Plan. Each business associate of the Plan must agree in writing to ensure the continuing confidentiality and security of your medical information.

The amount of health information used, disclosed or requested will be limited and, when needed, restricted to the minimum necessary to accomplish the intended purposes, as defined under the HIPAA rules. Where state or other federal laws are more restrictive than the HIPAA rules regarding the use or disclosure of your health information, the Plan will follow the more restrictive law. The Plan will not use or disclose PHI that is your genetic information. The Plan may also contact you to provide you with information about other FSA benefits and services that may be of interest to you.

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### **How the Plan may share your health information with San Bernardino County**

The Plan may disclose your health information without your written authorization to San Bernardino County for plan administration purposes. San Bernardino County may need your health information to administer benefits under the Plan. San Bernardino County agrees not to use or disclose your health information other than as permitted or required by the Plan Document and by law. The staff of the Human Resources Department, Employee Benefits and Services Division (EBSD) are the only County employees who will have access to your health information for plan administration functions.

Please be aware that San Bernardino County cannot and will not use health information obtained from the Plan for any employment-related actions.

### **Other allowable uses or disclosures of your health information**

In certain cases, your health information can be disclosed without authorization to a family member, close friend, or other person you identify who is involved in your care or payment for your care. Information describing your location, general condition, or death may be provided to a similar person (or to a public or private entity authorized to assist in disaster relief efforts). You will generally be given the chance to agree or object to these disclosures (although exceptions may be made for example if you are not present or if you are incapacitated). In addition, your health information may be disclosed without authorization to your legal representative.

The Plan also is allowed to use or disclose your health information without your written authorization for the following activities:

|                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|---------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Workers' Compensation                                   | Disclosures to workers' compensation or similar legal programs that provide benefits for work-related injuries or illness without regard to fault, as authorized by and necessary to comply with such laws.                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Necessary to prevent serious threat to health or safety | Disclosures made in the good-faith belief that releasing your health information is necessary to prevent or lessen a serious and imminent threat to public or personal health or safety, if made to someone reasonably able to prevent or lessen the threat (including disclosures to the target of the threat); includes disclosures to assist law enforcement officials in identifying or apprehending an individual because the individual has made a statement admitting participation in a violent crime that the Plan reasonably believes may have caused serious physical harm to a victim, or where it appears the individual has escaped from prison or from lawful custody. |
| Public Health activities                                | Disclosures authorized by law to person who may be at risk of contracting or spreading a disease or condition; disclosures to public health authorities to prevent or control disease or report child abuse or neglect; and disclosures to the Food and Drug Administration to collect or report adverse events or product defects.                                                                                                                                                                                                                                                                                                                                                   |
| Victims of abuse, neglect or domestic violence          | Disclosures to government authorities, including social services or protected services agencies authorized by law to receive reports of abuse, neglect or domestic violence, as required by law or if you agree or the Plan believes that disclosure is necessary to prevent serious harm to you or potential victims (you will be notified of the Plan's disclosure if informing you would not put you at further risk).                                                                                                                                                                                                                                                             |
| Judicial and Administrative Proceedings                 | Disclosures in response to a court or administrative order, subpoena, discovery request or other lawful process (the Plan may be required to notify you of the request, or receive satisfactory assurance from the party seeking your health information that efforts were made to notify you or to obtain a qualified protective order concerning the information).                                                                                                                                                                                                                                                                                                                  |
| Law Enforcement purposes                                | Disclosures to law enforcement officials required by law or pursuant to legal process or to identify a suspect, fugitive, witness or missing person; disclosures about a crime victim if you agree or if disclosure is necessary for immediate law enforcement activity; disclosure about a death that may have resulted from criminal conduct; and disclosure to provide evidence of criminal conduct on the Plan's premises.                                                                                                                                                                                                                                                        |
| Decedents                                               | Disclosures to a coroner or medical examiner to identify the deceased or determine cause of death; and to funeral directors to carry out their duties.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Organ, eye or tissue donation                           | Disclosures to organ procurement organizations or other entities to facilitate organ, eye or tissue donation and transplantation after death.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Research purposes                                       | Disclosures subject to approval by institutional or private privacy review boards and subject to certain assurances and representations by researchers regarding necessity of using your health information and treatment of the information during a research project.                                                                                                                                                                                                                                                                                                                                                                                                               |
| Health oversight activities                             | Disclosures to health agencies for activities authorized by law (audits, inspections, investigations or licensing actions) for oversight of the health care system, government benefits programs for which health information is relevant to beneficiary eligibility and compliance with regulatory programs or civil rights laws.                                                                                                                                                                                                                                                                                                                                                    |
| Specialized government functions                        | Disclosures about individuals who are Armed Forces personnel or foreign military personnel under appropriate military command; disclosures to authorized federal officials for national security or intelligence activities; and disclosures to correctional facilities or custodial law enforcement officials about inmates.                                                                                                                                                                                                                                                                                                                                                         |
| HHS investigations                                      | Disclosures of your health information to the Department of Health and Human Services (HHS) to investigate or determine the Plan's compliance with the HIPAA privacy rule.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

Except as described in this notice, other uses and disclosures will be made only with your written authorization. For example, in most cases, the Plan will obtain your authorization before it communicates with you about products or programs if the Plan is being paid to make those communications. The Plan will never sell your health information unless you have authorized us to do so. You may revoke your authorization as allowed under the HIPAA rules. However, you cannot revoke your authorization with respect to disclosures the Plan has already made. Information that is shared based on your written authorization or consent may be subject to redisclosure by the recipient. Once your health information is disclosed to a person or organization that is not legally required to comply with federal privacy laws, it may no longer be protected by those laws. You will be notified of any unauthorized access, use or disclosure of your unsecured health information as required by law.

The Plan will notify you if it becomes aware that there has been a loss of your health information in a manner that could compromise the privacy of your health information.

### **Uses and Disclosures of Your Substance Use Disorder (SUD) Records and Patient Rights**

The confidentiality of your substance use disorder (SUD) records is protected by 42 USC 290dd-2 and the Department of Health and Human Services (HHS) regulations at 42 CFR Part 2 – Confidentiality of Substance Use Disorder Patient Records. The Plan is required by law to maintain the privacy of your records and to provide you with this notice of the Plan's legal duties and privacy practices with respect to your records. If the Plan receives or maintains SUD records about you, we are not allowed to disclose your SUD records unless:

- You consent in writing;
- The disclosure is authorized by a court order;
- The disclosure is made to medical personnel to the extent necessary to meet a bona fide medical emergency;
- To disclosure is to qualified personnel for the purpose of conducting scientific research, management audits, financial audits, or program evaluation; or
- The disclosure is to a public health authority, so long as such content meets certain standards for creating de-identified information.

Upon receiving written consent from you, a single consent may be used for all future uses or disclosures for treatment, payment, and health care operations purposes. 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.

Federal laws and regulations allow the Plan to report under State law personally identifying information about you in connection with incidents of suspected child abuse or neglect to appropriate State or local authorities.

If a use or disclosure for any purpose described in this section is prohibited or materially limited by other applicable law, the Plan will follow the more restrictive law.

Records or testimony relaying the content of SUD records, will not be disclosed by the Plan for use in any civil, criminal, administrative, or legislative proceeding against you unless based (i) your written consent, or (ii) a court order accompanied by a subpoena or other legal mandate compelling disclosure issued after the Plan and you were given notice and an opportunity to be heard.

You have the right to a list of disclosures by an intermediary for the past 3 years.

You have the right to an accounting of disclosures of electronic records for the past 3 years, and the right to an accounting of disclosures that meets the requirements of [45 CFR 164.528\(a\)\(2\)](#) and [\(b\)](#) through [\(d\)](#) for all other disclosures made with consent.

You have the right to discuss this notice with the Plan.

Except as described in this notice, other uses and disclosures will be made only with your written authorization. You may revoke your authorization as allowed under the Part 2 rules. However, you cannot revoke your authorization with respect to disclosures the Plan has already made.

You have the right to request restrictions of disclosures made with prior consent for purposes of treatment, payment, and health care operations, as provided in [42 CFR § 2.26](#). However, except as provided in [paragraph 42 CFR § 2.26\(a\)\(6\)](#), the Plan is not required to agree to a restriction.

You have the right to request and obtain restrictions of disclosures of records to your health plan for those services for which you have paid in full, in the same manner as [45 CFR 164.522](#) applies to disclosures of protected health information.

You have the right to elect not to receive fundraising communications.

### **Your individual rights**

You have the following rights with respect to your health information the Plan maintains. These rights are subject to certain limitations, as discussed below. This section of the notice describes how you may exercise each individual right. See the table at the end of this notice for information on how to submit requests.

- **Right to request restrictions on certain uses and disclosures of your health information and the Plan's right to refuse.** You have the right to ask the Plan to restrict the use and disclosure of your health information for Treatment, Payment or Health Care Operations, except for uses or disclosures required by law. You have the right to ask the Plan to restrict the use and disclosure of your health information to family members, close friends, or other persons you identify as being involved in your care or payment for your care. You have the right to ask the Plan to restrict use and disclosure of health information to notify those persons of your location, general condition, or death – or to coordinate those efforts with entities assisting in disaster relief efforts. If you want to exercise this right, your request to the Plan must be in writing.

The Plan is not required to agree to a requested restriction. And if the Plan does agree, a restriction may later be terminated by your written request, by agreement between you and the Plan (including an oral agreement), or unilaterally by the Plan for health information created or received after you are notified that the Plan has removed the restrictions. The Plan may also disclose health information about you if you need emergency treatment, even if the Plan has agreed to a restriction.

- **Right to receive confidential communications of your health information.** If you think that disclosure of your health information by the usual means could endanger you in some way, the Plan will accommodate reasonable requests to receive communications of health information from the Plan by alternative means or at alternative locations.

If you want to exercise this right, your request to the Plan must be in writing and you must include a statement that disclosure of all or part of the information could endanger you.

- **Right to inspect and copy your health information.** With certain exceptions, you have the right to inspect or obtain a copy of your health information in a "Designated Record Set." This may include medical and billing records maintained for a health care provider; enrollment, payment, claims adjudication and case or medical management record systems maintained by a plan; or a group of records the Plan uses to make decisions about individuals. However, you do not have a right to inspect or obtain copies of psychotherapy notes or information compiled for civil, criminal or administrative proceedings. The Plan may deny your right to access, although in certain circumstances you may request a review of the denial.

If you want to exercise this right, your request to the Plan must be in writing. Within 30 days of receipt of your request (60 days if the health information is not accessible on site), the Plan will provide you with one of these responses:

1. The access or copies you requested;
2. A written denial that explains why your request was denied and any rights you may have to have the denial reviewed or file a complaint; or
3. A written statement that the time period for reviewing your request will be extended by no more than 30 days, along with the reasons for the delay and the date by which the Plan expects to address your request.

You may also request your health information be sent to another entity or person, so long as that request is clear, conspicuous and specific. The Plan may provide you with a summary or explanation of the information instead of access to or copies of your health information, if you agree in advance and pay any applicable fees. The Plan also may charge reasonable fees for copies or postage. If the Plan does not maintain the health information but knows where it is maintained, you will be informed of where to direct your request.

If the Plan keeps your records in an electronic format, you may request an electronic copy of your health information in a form and format readily producible by the Plan. You may also request that such electronic health information be sent to another entity or person, so long as that request is clear, conspicuous and specific. Any charge that is assessed to you for these copies must be reasonable and based on the Plan's cost.

- **Right to amend your health information that is inaccurate or incomplete.** With certain exceptions, you have a right to request that the Plan amend your health information in a Designated Record Set. The Plan may deny your request for a number of reasons. For example, your request may be denied if the health information is accurate and complete, was not created by the Plan (unless the person or entity that created the information is no longer available), is not part of the Designated Record Set, or is not available for inspection (e.g. information compiled for civil, criminal or administrative proceedings).

If you want to exercise this right, your request to the Plan must be in writing, and you must include a statement to support the requested amendment. Within 60 days of receipt of your request, the Plan will take one of these actions:

1. Make the amendment as requested;
2. Provide a written denial that explains why your request was denied and any rights you may have to disagree or file a complaint; or
3. Provide a written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request.

- **Right to receive an accounting of disclosure of your health information.** You have the right to a list of certain disclosures the Plan has made of your health information. This is often referred to as an "accounting of disclosures." You generally may receive this accounting if the disclosure is required by law, in connection with public health activities, or in similar situations listed in the table earlier in this notice, unless otherwise indicated below.

You may receive information on disclosures of your health information for up to six (6) years before the date of your request. You do not have a right to receive an accounting of any disclosures made in any of these circumstances:

1. For Treatment, Payment or Health Care Operations;
2. To you about your own health information;
3. Incidental to other permitted or required disclosures;
4. Where authorization was provided;
5. To family members or friends involved in your care (where disclosure is permitted without authorization);
6. For national security or intelligence purposes or to correctional institutions or law enforcement officials in certain circumstance; or
7. As part of a "limited data set" (health information that excludes certain identifying information).

In addition, your right to an accounting of disclosures to a health oversight agency or law enforcement official may be suspended at the request of the agency or official. If you want to exercise this right, your request to the Plan must be in writing. Within 60 days of the request, the Plan will provide you with the list of disclosures or a written statement that the time period for providing this list will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request. You may make one (1) request in any 12-month period at no cost to you, but the

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Plan may charge a fee for subsequent requests. You will be notified of the fee in advance and have the opportunity to change or revoke your request.

- **Access and distribution of this notice.** This notice will be provided as follows: 1) in paper format to employees upon hire, 2) electronically (and in paper format upon request) as part of the annual Open Enrollment materials, 3) electronically posted on San Bernardino County, Human Resources Department, EBSD web pages. Unless you affirmatively contact Human Resources and advise that you do not have electronic access to these documents, you will be deemed to have given your consent to continue to receive notices electronically. You may exercise your right to obtain a paper copy of this notice, at any time, as described herein.
- **Right to obtain a paper or electronic copy of this notice from the Plan upon request.** You have the right to obtain a paper or electronic copy of this Privacy Notice upon request. Even individuals who agreed to receive this notice electronically may request a paper copy at any time.

### **Changes to the information in this notice**

The Plan must abide by the terms of the Privacy Notice currently in effect. This notice takes effect on February 16, 2026. However, the Plan reserves the right to change the terms of its privacy policies as described in this notice at any time, and to make new provisions effective for all health information that the Plan maintains. This includes health information that was previously created or received, not just health information created or received after the policy is changed. If changes are made to the Plan's privacy policies described in this notice, you will be provided with a revised Privacy Notice either electronically or by mail to your mailing address. If you receive this Notice electronically, you may also request a paper copy at no charge. This Notice is also posted on San Bernardino County, Human Resources Department website (<https://hr.sbcounty.gov/employee-benefits/evidence-of-coverage/>).

### **Our right to check your identity**

For your protection, we may check your identity whenever you have questions about your specific enrollment Plan activities. We will check your identity whenever you submit requests to look at, copy or amend your records or to obtain a list of disclosures of your health information.

### **Complaints**

If you believe your privacy rights have been violated or your Plan has not followed its legal obligations under HIPAA, you may complain to the Plan or to San Bernardino County, Office of Compliance and Ethics at the addresses listed below. Alternatively, you may complain to the Secretary of the U.S. Department of Health and Human Services, at the regional office that handles your area, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/), generally within 180 days of when the act or omission occurred. You will not be retaliated against for filing a complaint.

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| To file a complaint with the Plan as administered by the County Human Resources Department, contact:<br><br>Benefits Chief, Department of Human Resources<br>Employee Benefits and Services<br>175 W. Fifth Street, First Floor<br>San Bernardino, CA 92415-0440<br><br>Phone # (909) 387-5787<br>Fax # (909) 387-5566<br>Email: <a href="mailto:ebds@hr.sbcounty.gov">ebds@hr.sbcounty.gov</a> | To file a complaint with San Bernardino County, Office of Compliance and Ethics:<br><br>HIPAA Complaints Official<br>157 W. Fifth Street, First Floor<br>San Bernardino, CA 92415-0440<br><br>Phone # (909) 387-4500<br>Fax # (909) 387-8950<br>Email: <a href="mailto:HIPAAComplaints@cao.sbcounty.gov">HIPAAComplaints@cao.sbcounty.gov</a> |
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For more information on the Plan's privacy policies or your rights under HIPAA, contact:

HIPAA Benefits Analyst  
San Bernardino County, Human Resources Department  
Employee Benefits and Services  
175 W. Fifth Street, First Floor  
San Bernardino, CA 92415-0440

Email: [ebisd@hr.sbcounty.gov](mailto:ebisd@hr.sbcounty.gov)  
Phone # (909) 387-5787  
Fax # (909) 387-5566

**Plans that will follow this Notice include the following:**

- San Bernardino County, Medical Expense Reimbursement (FSA) Plan (Active and COBRA)