CENTER FOR DATA INSIGHTS AND INNOVATION
CALIFORNIA HEALTH & HUMAN SERVICES AGENCY

STATE HEALTH INFORMATION GUIDANCE 2.2

SHARING HEALTH INFORMATION TO ADDRESS FOOD AND NUTRITION INSECURITY IN CALIFORNA

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Volume 2.2 – Change Log

Section	Page(s)	Change
Entire document	All	• Updated California Health & Human Services Agency references per Agency standard • References to Cal. Civ. Code section 56.05(m) updated to Cal. Civ. Code section 56.05(p) due to passage of AB 2089 – Privacy: mental health digital services: mental health application information and AB 254 – Confidentiality of Medical Information Act: reproductive or sexual health application information.
Scenario 12 – Older Americans Act Nutrition Services Provider to Health Provider		Final Rule – Older Americans Act (RIN 0985-AA17 February 14, 2024) – updated citation reference from 45 C.F.R. § 1321.51(a) to 45 C.F.R. § 1321.75(a)
Appendix 2 – Patient Authorization for Use or Disclosure		The following items were updated to reflect AB1697 - Uniform Electronic Transactions Act. (Chapter 374, October 7, 2023) and Final Rule for 42 CFR Part 2 (published February 2024): CMIA-Regulated Authorization Form Requirements • 2nd bullet – added "(handwritten or electronic)" • 7th bullet – added "or event (within one year or less)" after "with date" SUD- and HSC-Regulated Authorization Form Requirements • 4th bullet – updated language • 6th bullet – removed "orally or" before "in writing"

Executive Summary

Food and nutrition insecurity is a current social and health crisis. Addressing the full scope of issues associated with food and nutrition insecurity may require coordination between health providers; eligibility, enrollment, and program services; and food provisioners. The key to coordination of care is sharing the specific needs and preferences. Complex data privacy laws complicate seamless coordination of care across the various service providers. In some cases, service providers may be reluctant to share data or they must create complicated agreements between providers—especially when a patient/client's care occurs outside of a clinic or medical office. The State of California created the non-binding State Health Information Guidance (SHIG) Volume 2 to help standardize and clarify federal and state law.

In SHIG Volume 2, the State of California provides guidance about how health and social services information can be shared in the day-to-day practice of providing integrated care and services to address food and nutrition insecurity. The SHIG Volume 2 clarifies existing federal and state laws that affect disclosure and sharing of health and social services information. In addition, the SHIG Volume 2 provides scenario-based guidance written in simple, everyday business language.

The SHIG development process involved extensive input from non-profit, private, community-based, and government organizations involved in the delivery of healthcare, eligibility, enrollment, and food assistance services. During stakeholder sessions, participants offered ideas, identified common concerns and barriers to sharing patient/client information, and provided insights about how organizations coordinate services. The SHIG scenarios are based on stakeholder feedback. In addition, the SHIG Advisory Committee provided periodic feedback on materials as the SHIG was developed.

The State believes appropriate exchange of health and social services information can be achieved to effectively provide a patient/client with coordinated and integrated care and services while still protecting the patient/client's right to privacy. Based on this principle and relevant federal and state law, the guidance in this document moves from general to more specific guidance in the following three levels:

1. **General Guidance** identifies key federal and state laws regarding the disclosure of health and social services information to help health, eligibility, enrollment, and food assistance providers determine whether and when they can share their patient/client's information.
2. **Guidance by Category** provides help in the following situational categories specific to addressing food and nutrition insecurity:
    a. General Information Sharing
    b. Health Provider to Health Provider

c. Federal and State Food and Nutritional Programs including:
    i. CalFresh[1]
    ii. Medically Tailored Meals/ Special Medical Diets and Health Providers
    iii. Older Americans Act Nutrition Programs (includes Congregate Nutrition Program and Home Delivered Nutrition Program)
    iv. Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

3. **Scenario-Based Guidance** provides answers and clarifications to stakeholder-identified questions through flow-chart graphics and narrative responses in 14 scenarios.

Federal and state laws regarding the privacy of health and social services information clearly allow sharing of health and social services information for many purposes when a patient/client or patient/client's representative provides a signed release. Therefore, this guidance focuses on uses and disclosures that do not require a signed release from the patient/client or their authorized representative. However, there are times when health and social services information can only be shared with a signed release and the scenarios inform when that must occur.

While the guidance is designed to be helpful and authoritative, the SHIG is specifically not designed, nor does the State intend through its publication, to provide legal counsel. This guidance is for informational purposes only and should not be construed as legal advice from the State of California. The State makes no warranties, expressed or implied, regarding errors or omissions and assumes no legal liability or responsibility for loss or damage resulting from the use of information contained within the SHIG. Readers are encouraged to consult an attorney prior to developing and implementing operational policies and procedures governing the use and disclosure of health and social services information.

The SHIG is not intended as a comprehensive solution for all the associated legal, technological, operational, cultural, and financial issues associated with sharing health and social services information. However, it is intended to encourage responsible and appropriate information sharing in California and promote a dialog among health and social services providers and stakeholders regarding what can be done within current federal and state laws. Health providers, patient advocates, providers of nutrition and food assistance, CalFresh and WIC eligibility, enrollment, and program services, health plans and other payers, care coordinators, concerned individuals, the courts, county and local governments, community-based organizations, state agencies, and the Legislature must collaborate and dialog with one another to fully achieve this document's purpose. The dialog must continue well beyond the SHIG's

[1] California's version of the federal Supplemental Nutrition Assistance Program (SNAP) program.

publication to promote whole person care and address food and nutrition insecurity issues through information sharing while also protecting patient rights.

The State encourages readers to use the SHIG to take appropriate next steps for their organizations to improve coordination of services to address food and nutrition insecurity. Possible next steps for readers might include:

- Sharing the SHIG with appropriate staff and leaders within the readers' organizations and with staff and leaders in partner organizations
- Reviewing and possibly updating organization policies and procedures
- Identifying legislative changes that protect patient privacy while limiting obstacles for patient-centric integrated care and addressing food and nutrition insecurity as a coordinated service

While designed to be helpful, the SHIG clarifications will lead to improvements for addressing California's food and nutrition insecurity crisis only if there is meaningful follow-up action.

Navigating SHIG

This section helps orient the reader to the State Health Information Guidance (SHIG) document. It explains the imbedded hyperlinks, the structure of the guidance, and the approach to legal citations and references.

Definitions, Acronyms and Hyperlinks

Beginning with this section and throughout the rest of the SHIG, key words and phrases (which may include acronyms) are underlined in blue font the first time they are used in a section or scenario. As an example, note the formatting of health information. Words and phrases formatted in this way are hyperlinks to definitions presented in Appendix 7 - Definitions. All forms of a word are included under one definition – for example, disclosure, disclose, and disclosures would all be listed under "disclose" in the definitions. If the reader is using an electronic version of the document, a click on the link will take the reader to the appropriate SHIG definition.

Acronyms and the phrase each acronym represents are in Appendix 8 - Acronyms.

In addition to words and phrases, the titles of specific sections of the SHIG (or of reference documents included in the appendices) will have hyperlinks the first time they appear in each section. A click on the link when using an electronic version of the SHIG will take the reader to the section of the document referenced. As examples, note the links to Appendix 7 - Definitions and Appendix 8 - Acronyms here and in the paragraph above.

Lastly, the Table of Contents is also a navigation tool. In the electronic version of the SHIG, the reader may click on a section defined in the Table of Contents and be taken to the beginning of the section selected.

Structure of Guidance

The guidance in this document is organized to move from general to more specific guidance:

- General Guidance – This is the most general information on overall information privacy laws and policies.
- **Guidance by Category** – Each guidance by category section presents a general introduction about the category. The introduction may include who is involved in the information sharing, an overview of the food and nutrition program, or examples of information sharing situations. This guidance is presented in the following categories:
    - General Information Sharing
    - Health Provider to Health Provider
    - Program Scenarios

- **Scenario-Based Guidance** – This is guidance that addresses specific questions for each of the scenarios within a category. Each scenario answers a specific question raised by SHIG stakeholders. It uses illustrations to answer common questions regarding disclosure of health and social services information.

  The scenarios focus on the criteria for sharing information without a signed release. However, even when a signed release is not required by law, providers are encouraged to discuss with patient/clients why some forms of sharing are in their patient/clients' best interests. Informed disclosure decisions by patient/clients are often strongly beneficial in engaging patient/clients in their own health and wellbeing.

  Each scenario has four parts:

  - a brief description of the scenario
  - a graphic illustrating the State's guidance for the scenario
  - a narrative describing the State's guidance specific to the scenario
  - a list of relevant legal citations and references

Legal Caveat

The State Health Information Guidance (SHIG) provides the State of California's non-mandatory guidance regarding disclosure of health and social services information related to addressing food and nutrition insecurity. The SHIG clarifies existing federal and state laws that affect disclosure and sharing of health and social services information within California by providing scenario-based guidance in everyday language.

While the guidance is designed to be helpful and authoritative, the SHIG is not designed, nor does the State intend through its publication, to provide legal counsel. This is for informational purposes only and should not be construed as legal advice by the State of California. The State and the Center for Data Insights and Innovation (CDII) make no warranties, expressed or implied, regarding errors or omissions and assume no legal liability or responsibility for any loss or damage resulting from the use of information contained within. Readers are encouraged to consult an attorney prior to developing and implementing operational policies and procedures governing the use and disclosure of health and social services information.

The SHIG provides non-binding clarification to help readers working together to address food and nutrition insecurity to better understand relevant sections of federal and state privacy laws including, but not limited to, the:

- Health Insurance Portability and Accountability Act (HIPAA)
- United States Department of Agriculture (USDA) Food and Nutrition Service Programs
- Older Americans Act Nutrition Program (OAA)
- Confidentiality of Medical Information Act (CMIA)
- California Civil Code
- California Health and Safety Code
- California Welfare and Institutions Code

The SHIG does not address local, city, or county laws or ordinances. In addition, the SHIG only addresses regulations and laws listed above.

Purpose of SHIG Volume 2

Volume 2 of the State Health Information Guidance (SHIG) combines general guidance and real-life scenarios to clarify federal and state laws related to sharing of health and social services information for the purpose of coordinating care to alleviate food and nutrition insecurity as part of whole person care. The SHIG offers authoritative guidance to provide legal clarification for sharing information while protecting privacy. Removing obstacles may result in increased coordination of care to help the patient/client achieve better nutrition and thus better health outcomes. However, coordination of care requires sharing of health and social services information in an appropriate, secure, and timely manner between different types of health providers, eligibility, and enrollment services staff, and food provisioners.

This SHIG provides non-mandatory, authoritative guidance from the State of California on the uses, disclosures, and protection of health and social services information. This guidance document is not designed to address all sharing challenges currently experienced, but it does address those issues stakeholders identified as their highest priority. The SHIG Volume 2 aims to clarify federal and state laws and regulations for a non-legal audience and to help inform health and social service providers about when, why, and how health information may be shared among partners to address food and nutrition insecurity.

Federal and state laws and regulations regarding the privacy of health and social services information clearly allow the sharing of this information for a wide variety of purposes when a patient/client or their representative provides a signed release. Therefore, the SHIG focuses on exchange of health and social services information that does not require a signed release from the patient or their representative. However, there are times when sharing health and social services information can only occur with a signed release form and the scenarios inform when that must occur.

The intended audience of the SHIG is the patient/client, health providers; providers of nutrition and food assistance; enrollment and eligibility application assistors; health plans and other payers; vendors; healthcare associations; patient and privacy advocacy organizations; county and local governments; community-based organizations; and other interested parties. (State entities should refer to the *Statewide Health Information Policy Manual* for guidance.)

General guidance and real-life scenarios are employed in the SHIG as a means to clarify applicable privacy laws in the context of common obstacles and opportunities currently experienced by providers. Use of both general guidance and scenarios helps clarify the State's interpretation of privacy protections in lay language for a general and broad audience of stakeholders.

This guidance document is not a restatement of current laws. Instead, the SHIG is designed to clarify existing federal and state laws that impact disclosure and sharing of health and social services information within California by providing scenario-based guidance in everyday language.

Background of SHIG Volume 2

The State Health Information Guidance (SHIG) project was initially developed by the former California Health & Human Services Agency's (CalHHS) Office of Health Information Integrity (CalOHII). CalOHII is now the CalHHS Center for Data Insights and Innovation (CDII).

Part of CDII's mission is to assist State departments to protect and secure health information in their possession. CDII's statutory authority is to interpret and clarify federal and state laws – which led to the creation of the Statewide Health Information Policy Manual (SHIPM). The SHIPM provides mandatory guidance for California State departments covered by the Health Insurance Portability and Accountability Act (HIPAA). The SHIPM, originally published in 2015, is updated annually and in use today.

Leveraging this experience, CDII created the State Health Information Guidance (SHIG) *Volume 1 – Sharing Behavioral Health Information in California* (originally published in January 2018) as non-binding guidance to interpret and clarify state law for non-State entities.

Nourish California (with support from CommonSpirit Health), Archstone Foundation, the California Health Care Foundation, and the Centers for Medicare and Medicaid Services (CMS) provided CDII with grants to augment the SHIG. In early 2020, CDII, in collaboration with Nourish California and the California Primary Care Association, launched the SHIG Volume 2 project to address the problem of food and nutrition insecurity among Californians.

SHIG Volume 2 provides clarification of federal and state law targeting the sharing of health and social services information to support the coordination of treatment/care and services related to food and nutrition insecurity. Treating food and nutrition insecurity relies on seamless information sharing between all members of the services/treatment/care community. This includes public, private, community-based, and non-profit organizations such as: health providers; medically tailored meal providers; Meals on Wheels; food banks; CalFresh application assistors; Women, Infant and Children (WIC) local agencies; health plans and other payers; county and local governments; social service agencies; and others involved in services. Like the original SHIG, this augmentation will illustrate a path to comply with federal and state privacy laws while ensuring that patients/clients, for whom food and nutrition insecurity is a risk, are connected with providers of nutrition and food assistance. The goal of this document is to address stakeholder challenges in interpreting federal and state privacy laws protecting health and social services information.

The process to develop SHIG Volume 2 tapped on the experience, expertise, and knowledge of a wide-range of committed stakeholders who identified and prioritized the most critical issues that became the basis for the scenarios in this volume. The project began in February 2020 with outreach to various and diverse stakeholders – CDII and Nourish California conducted surveys

and interviews to collect initial insights. From this information, the team held eight virtual sessions with the goal to capture the current barriers to information sharing and gather insights on issues preventing coordinated care and services. Below are themes heard from the stakeholders during the sessions:

- Inconsistent information sharing process
    - Unilateral and bi-directional data sharing challenges
    - Lack of clarity on when patient or patient's representative authorization is required
    - Lack of clarity on what data can be shared - Personally Identifiable Information (PII) versus Protected Health Information (PHI)
    - Health Information Exchange (HIE) patchwork
    - Lack of understanding about how to leverage a universal authorization or the absence of one
- Concerns related to program resource availability and community-based organization capacity
- Regulatory/Legal challenges – Health Insurance Portability and Accountability Act (HIPAA), and other laws like the federal regulations on the Special Supplemental Nutrition Program for Women, Infants, and Children, etc.
    - Burden of HIPAA and other privacy compliance for small organizations
    - Medi-Cal eligible patients/clients are not automatically matched with other state services
- Technology challenges
    - Lack of interoperable technology
- Varied processes for determining eligibility
    - County variations
    - Programmatic variations – ties to federal/state regulations and laws
- Data sharing agreements – lack of clarity on which type of agreement is needed and what they should cover

During our closing session, the stakeholders agreed on the final scenarios for SHIG Volume 2.

Additionally, a subset of stakeholders participated in the SHIG Advisory Committee. This group reviewed all SHIG content as it was developed, sharing their input and expertise to help shape the final SHIG document.

Refer to Appendix 1 – SHIG Participants for a list of all individuals and organizations participating in the SHIG Volume 2 efforts.

Conclusion

One of the main objectives of the SHIG is to promote better care integration and better health and wellness outcomes while protecting privacy. Through feedback received via its "grass roots" stakeholder engagement method, CDII believes the greatest value provided by the SHIG is its clarification of federal and state laws by translating the complex laws into non-legal and non-technical language for a general audience. The intention is that this clarity will empower appropriate exchange of information between all stakeholders including health providers, nutrition educators, eligibility, enrollment and program services, and food provisioners, ultimately leading to improved healthcare outcomes for their patients and clients.

General Guidance

The State believes appropriate exchange of health information can effectively provide a patient with coordinated and integrated, whole person care while still protecting the patient's right to privacy. Many health providers may choose not to share health information with community service partners due to the complexity and lack of clarity of federal and state laws as well as the fear of non-compliance. This creates gaps in appropriate services to address food and nutrition insecurity for the people who need services the most.

This section provides guidance on health information sharing to encourage the appropriate exchange of health information with the food and nutrition assistance community. This section begins with an overview about food and nutrition insecurity to ensure consistent understanding of the public health crisis and the wide range of stakeholders involved in addressing it. Next, we provide guidance on information sharing including how, when, and how much information can be shared. Finally, this section provides a summary of federal and state laws regarding uses and disclosures of health information.

Food and Nutrition Insecurity Overview

The United States Department of Agriculture (USDA) defines food insecurity as "a household-level economic and social condition of limited or uncertain access to adequate food." Food and nutrition insecurity is a serious problem affecting approximately 10 million Californians (according to the California Association of Food Banks). A growing body of data has demonstrated the critical link between food and nutrition insecurity, chronic disease, and healthcare costs. Food and nutrition insecurity is a public health crisis.

A wide range of federal, state, and local nutrition programs provide services and resources that can help address food and nutrition insecurity, and a wide range of community-based organizations are committed to addressing these issues and serving Californians.

Due to the complexity of food and nutrition insecurity, multi-sector organizations are working together to respond to the high demand of healthy food access including – health providers, healthcare organizations, community-based organizations, health coaches, application assistors, federal nutrition programs, food banks, meal and medically tailored meal delivery organizations, food pharmacies, farmer's markets, and many more.

To ensure clarity for legal guidance, it is important to categorize the participants and establish consistent terminology. The table below provides the terms used in Guidance for Specific Scenarios section along with the definition of the term, an overview of the role, and several examples of the types of participants (this is not an exhaustive list, but a sample).

Caution! Community-based organizations may provide services where staff fall into more than one role depending on the services and programs they provide. Community-based organizations should assess what role they are acting in when they want to share health information and consult the scenario based on this role. For example, a community-based organization that is acting in the role of a health provider should consult scenarios on how a health provider may share a patient's health information. In this case, a Nurse Practitioner wanting to share a patient's health information with a Woman, Infants, and Children (WIC) local agency would consult the scenario related to the health provider sharing with a WIC local agency.

Term	Definition	Role	Examples of Participants/Setting
Health Providers	An array of clinicians, licensed health organizations, and entities (including healthcare settings) legally defined by the Health Insurance Portability and Accountability Act (HIPAA) and the California Confidentiality of Medical Information Act (CMIA).	• Conduct food and nutrition insecurity screening • Initiate referral for nutrition programs • Assist with finding appropriate services	• Clinicians • Licensed healthcare clinics/facilities • Registered Dietitian Nutritionists • Clinical Social Workers • Nurse Case Manager • Hospitals • Community health organizations • Health clinics • Accountable Care Organizations • Long-term and post-acute care • Medical homes Refer to Appendix 4 – Provider Definitions for a full list of professionals defined by HIPAA and CMIA as health providers.
Nutrition Educators (not health providers)	Non-clinical staff supporting the education of patients/people to make healthy food choices - from education to coaching.	• Educate about general food and nutrition guidance • Counsel/coach regarding ongoing nutritional needs	• Nutrition educators • Degreed nutritionists • Health coaches – such as promotores • Health educators • Lactation specialists • Breast feeding specialists • Comprehensive Perinatal Health Worker • Patient community education specialists • Outreach workers
Eligibility, Enrollment, and Program Services	An array of community, county, state, and federal organizations that help a person find appropriate	• Assist with application process	• Federal nutrition programs – such as Special Supplemental Nutrition Program for Women, Infants and Children (WIC), Older Americans Act Nutrition Program, and CalFresh

Term	Definition	Role	Examples of Participants/Setting
	food and nutrition services, apply for nutrition programs, determine eligibility, and enroll people into programs.	• Evaluate and determine nutrition program eligibility • Enroll into nutrition program • Assist with nutrition program enrollment • Confirm eligibility	• WIC Local Agencies • Community-based organizations • County social services departments administering CalFresh • Care Coordinators (non-clinician) • Social Workers • Case manager • Navigators • Community health workers – such as promotores
Food Provisioners	Local organizations preparing, distributing, and delivering food products.	• Prepare food • Distribute food • Deliver food	• Food banks • Food pantries • Farms • Older Americans Act nutrition services provider • Home-delivered meals programs – such as Meals on Wheels • Food Distribution Program on Indian Reservations • Medically tailored meals programs – such as California Food as Medicine Coalition member agencies • Medically supportive food programs • Congregate meal programs • Food pharmacies • Food hubs

Additionally, as an individual moves through the healthcare system and social services process, they are referred to or identified using different terminology based on the legal or regulatory terms covering the program (indicated as role in the table below).

Role	Refer to individual as…
Health Providers	Patient
Nutrition Educators	Patient/Client/Participant
Eligibility, Enrollment, and Program Services	Applicant/Enrollee Participant/Client
Food Provisioners	Client/Participant

Generally Applicable Guidance

Authorizations for Release of Protected Health Information

Health and social service providers are encouraged to take the lead in coordinating authorizations for their patients when they make referrals. The health provider should forward a copy of the completed and signed patient or patient's representative authorization form, whenever feasible, as part of a referral. This is a great assistance to the patients, such as older adults and people living with disabilities, for whom downloading, printing, and forwarding/mailing copies of patient or patient's representative authorization forms may be burdensome and a barrier to seeking treatment or services.

Many providers believe that a patient or patient's representative authorization that serve multiple purposes is illegal – this is not true. There is a difference between a compound authorization and an authorization combining multiple releases of health information.

A compound authorization mixes an authorization for the use and disclosure of health information with another health services document – typically related to consent to receive treatment or assign payment of benefits to the provider. The Health Insurance Portability and Accountability Act (HIPAA) prohibits compound authorizations. The patient or patient's representative authorization for the use and disclosure of health information must be voluntary.
[45 C.F.R. § 164.508(b)(3).]

On the other hand, a HIPAA covered entity can combine (or consolidate) authorizations for the use and disclosure of health information for multiple purposes or to multiple entities into a single form. The key to a combined authorization is that the authorization focuses on uses and disclosures of health information and does not include any other legal permissions. This allows the patient (or patient's representative) to sign one authorization form for all disclosures of

health information from a specific provider. Other items to keep in mind when consolidating the authorization for use and disclosure of health information:

- It can list specific persons, providers and/or categories of providers to whom the patient's provider can release the health information
- After the patient (or patient's representative) signs the authorization, adding a new category of treatment and/or a new provider (not listed in the original authorization) will require a new authorization
- An authorization for the use or disclosure of psychotherapy notes **may not be combined** with an authorization for the use or disclosure of other types of health information

For example, an authorization that includes a consent for treatment is a "compound authorization" while an authorization regarding various types of health information details who the information should be released to is a "combined authorization."

Federal and state statutes and regulations regarding the privacy of health information clearly allow health information to be shared when a patient or patient's representative provides a valid authorization. Therefore, the scenarios presented in SHIG Volume 2 will focus on activities involving uses and disclosures of health information that do not require an authorization from the patient or patient's representative, whenever possible. Refer to Appendix 2 – Signed Release Form Requirements for the specific documentation requirements for authorized disclosure forms.

Re-Disclosure of Confidentiality of Substance Use Disorder Patient Records (42 C.F.R. Part 2), California Confidentiality of Medical Information Act, and Lanterman-Petris-Short Act Health Information

Health and substance use disorder (SUD) patient-identifying information regulated by 42 C.F.R. Part 2 or California Confidentiality of Medical Information Act (CMIA) is specially protected and, once received, may only be re-disclosed under specific conditions. In addition, information regulated by 42 C.F.R. Part 2 that identifies a patient directly or indirectly as having been diagnosed, treated, or referred for treatment for a SUD requires each disclosure be made with a patient or patient's representative authorization unless disclosure meets an exception in the law. In addition, the recipient of the SUD patient-identifying information cannot further disclosure the information unless the further disclosure is expressly permitted by a patient or patient's representative authorization or as otherwise permitted by 42 C.F.R. Part 2.

While the Lanterman-Petris-Short Act (LPS) is silent on re-disclosure, the privacy protections contained within the LPS continue with the information even after the information has been

disclosed. Further disclosure of LPS-regulated information must meet an exception within the LPS or be done with patient or patient's representative authorization.
[42 C.F.R. § 2.32; Cal. Civ. Code § 56.13; Cal. Welf. & Inst. Code § 5328; State Department of Public Health v. Superior Court (2015) 60 Cal.4th 940, 954.]

Consult with legal counsel if you have any questions about whether other laws and regulations may also have similar restrictions on re-disclosure.

Minimum Necessary

When health information is requested, used, or disclosed, steps must be taken to limit the information to only what is relevant and necessary to accomplish the intended purpose. HIPAA requires disclosure of health information to be limited to the minimum necessary in many circumstances. While the minimum necessary requirement only applies to HIPAA regulated health information, other laws operate in a similar way to limit disclosures. The minimum necessary requirement in HIPAA does not apply to the following – as they are exceptions:

- Disclosures made to the patient who is the subject of the information
- Uses or disclosures made pursuant to a valid patient or patient's representative authorization
- Disclosures to the Secretary of the U.S. Department of Health and Human Services
- Uses or disclosures required by state or federal law

[45 C.F.R. § 164.502(b).]

Health Information Organizations/Community Information Exchange

The establishment and use of a Health Information Organization (HIO) can provide a secure and standard method for the electronic use, disclosure, movement, and storage of health information. A secure HIO encourages and supports the appropriate and legal sharing of health information for the purpose of coordination of care. Patient outcomes are invariably better when multiple health providers all have the same pertinent health and social services information. The HIO must comply with all of the privacy, security, and administrative requirements applicable to covered entities/business associates when providing services involving health information.

In contrast, a Community Information Exchange (CIE) is created with both health and non-health service providers to focus on the provision of community supports such as food, housing, transportation, and employment. While health providers often participate in a CIE, a CIE does not have the same focus on healthcare as an HIO.
[42 U.S.C. §§ 17901, 17938; 45 C.F.R. § 160.103.]

Social Service Providers as Public Health Authorities to Combat Food and Nutrition Insecurity

HIPAA provides an exception to the patient or patient's representative authorization requirement for public health activities. This exception allows covered entities to use and disclose health information to prevent or control disease, injury, or disability. Food and nutrition insecurity has long been recognized nationally and within California as a public health crisis. Appendix 6 – Additional Resources provides information on federal and state studies regarding food and nutrition insecurity as a public health crisis.

State, county, and local public health entities could have the ability (if state law was changed to match HIPAA) to designate non-governmental community partners in patient and social service care as public health authorities in their contracts, Memoranda of Understanding (MOU's), or other legal agreements. Under HIPAA, if a state, county, or local public health entity grants this authority to a community partner, the designated entities will be considered public health authorities. These entities can therefore collect or receive health information under relevant public health exceptions, without an authorization signed by the patient or the patient's representative, as long as the CMIA does not regulate the information. For example, a county public health department working regularly with a community-based organization to address food and nutrition insecurity could designate the organization as a public health authority in their contractual agreement since the organization is supporting the county's public health activities in fighting the public health problem of hunger and the health impacts of food and nutrition insecurity.

Of course, it is essential that the community partner that is acting as a public health authority ensure the information shared is sufficiently described, specifically related to a public health activity or intervention, and the minimum necessary to achieve the public health intervention. Counties and local public health entities are encouraged to consider how to best make the use of legal exceptions, such as the one in HIPAA for public health activities, to address food and nutrition insecurity as well as other public health crises.
[45 C.F.R. §§ 164.501, 164.512(b)(1)(i); Cal. Civ. Code § 56.10(c)(18).]

Summary of Primary Laws

Organizations sharing health and social services information to address food and nutrition insecurity must consider a variety of federal and state laws to ensure information privacy and security are addressed. While these federal and state laws prevent disclosure of patient/client information, this does not prevent the patient/client from sharing their own information with service providers.

The primary federal regulations affecting the use and disclosure of health and social services information include:

- 7 C.F.R. Parts 210 through 299 – Food and Nutrition Programs
- 45 C.F.R. Parts 160 through 164 – HIPAA
- 45 C.F.R. Part 1321 – Older Americans Act Nutrition Program

The primary State of California statutes pertaining to the use of disclosure of health and social services information include:

- Civil Code § 56 et seq. – California Confidentiality of Medical Information Act (CMIA)
- Civil Code § 1798.100 et seq. - California Consumer Privacy Act
- Health and Safety Code § 123280 – Women, Infants, and Children (WIC) Program
- Welfare and Institutions Code § 10850 et seq. – Public Social Services Records
- Welfare and Institutions Code § 14042.1 – Medically Tailored Meals Pilot Program
- Welfare and Institutions Code §§ 18325 – 18335 – Nutrition Program for the Elderly

The following is the State's interpretation of these regulations and laws related to access, use and disclosure of health and social services information. The Guidance for Specific Scenarios section provides additional details and examples.

The SHIG does not address local, city, or county laws or ordinances. Behavioral health providers should refer to *SHIG Volume 1 – Sharing Behavioral Health Information in California* for guidance regarding the sharing of mental health or substance use disorder patient identifying information.

Federal

Health Insurance Portability and Accountability Act Privacy Rule (45 C.F.R. § 164.500 et seq.)

The HIPAA Privacy Rule establishes national standards to protect patients' health information and applies to health plans, healthcare clearinghouses, and those health providers that conduct certain healthcare transactions electronically. The Privacy Rule requires appropriate safeguards to protect the privacy of health information, and sets limits and conditions on the uses and disclosures of such information without patient or patient's representative authorization. Generally, exceptions are allowed for treatment, payment, and healthcare operations. The Privacy Rule also gives patient's rights over their own health information, including rights to access and to request corrections.

Health Insurance Portability and Accountability Act Security Rule (45 C.F.R. § 164.300 et seq.)

The HIPAA Security Rule establishes national standards to protect patients' electronic health information that is created, received, used, or maintained by a HIPAA covered entity or its business associate(s). The Security Rule requires appropriate administrative, physical, and technical safeguards to ensure the confidentiality, integrity, and availability of electronic health information.

Child and Adult Care Food Program (7 C.F.R. § 226)

The Child and Adult Care Food Program provides federal funding for nutritious meals and snacks to eligible children and older or disabled adults who are enrolled at participating childcare centers, day care homes, and adult day care centers.

Special Supplemental Nutrition Program for Women, Infants, and Children (7 C.F.R. § 246)

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Program provides benefits for pregnant, postpartum, and breastfeeding women, infants, and young children up to age 5 from families with low-income that are at special risk with respect to their physical and mental health by reason of inadequate nutrition or healthcare, or both. The purpose of the WIC Program is to provide supplemental foods as well as nutrition education, including breastfeeding promotion and support, through payment of cash grants to State agencies, which administer the WIC Program through local agencies at no cost to eligible people.

Commodity Supplemental Food Program (7 C.F.R. § 247)

The Commodity Supplemental Food Program (CSFP) works to improve the health of low-income persons at least 60 years of age by supplementing their diets with nutritious US Department of Agriculture (USDA) Foods. The USDA distributes both food and administrative funds to participating states and Indian Tribal Organizations for the operation of CSFP.

Senior Farmers' Market Nutrition Program (7 C.F.R. § 249)

The Senior Farmers' Market Nutrition Program provides low-income older adults with access to locally grown fruits, vegetables, honey, nuts, and herbs. This federal program helps increase the consumption of locally grown agricultural products and aids in the development of new and additional farmer's markets, roadside stands, and community supported agricultural programs.

Supplemental Nutrition Assistance Program (7 C.F.R. § 271 et seq.)

CalFresh, the California version of the federal SNAP program, provides monthly food benefits to low-income individuals and families as well as economic relief to communities. CalFresh is the largest food program in California and is the State's main hunger safety net. In California, the program is state-supervised and county-operated.

CalFresh benefits enable people to purchase nutritious foods for a healthier diet. CalFresh benefits also supplement food budgets, enabling individuals and families to afford otherwise expensive nutritious food, including fruits and vegetables. CalFresh issues monthly benefits that enables people to purchase food at most grocery stores, corner stores, or farmer's markets.

Older Americans Act Nutrition Program (45 C.F.R. § 1321)

The Older Americans Act Nutrition Program provides state agencies, meeting specific requirements, with grants to develop comprehensive and coordinated systems for the delivery of supportive and nutrition services to older adults. These services include funding to support the provision of congregate meals, home-delivered meals, and nutrition screening, assessment, education and counseling.

State of California Statutes

Confidentiality of Medical Information Act (Cal. Civ. Code § 56 et seq.)

This law protects the privacy of health information by limiting disclosures by health providers, health plans, and health contractors.

California Consumer Privacy Act (Cal. Civ. Code § 1798.100 et seq.)

This law protects the privacy of consumers' personal information collected by for-profit businesses that meet certain threshold requirements for annual revenue or number of consumers of whom they receive, buy, sell, or share personal information. Health providers and information covered by HIPAA or the CMIA are exempted from the California Consumer Privacy Act (CCPA) requirements. In addition, non-profit organizations are exempted from the CCPA. All scenarios in the SHIG assume that the CCPA does not apply.

California Special Supplemental Nutrition Program for Women, Infants, and Children (Cal. Health & Safety Code § 123275-123355)

This law allows the California Department of Public Health to establish the California Special Supplemental Nutrition Program for Women, Infants, and Children (WIC Program) and ensure compliance with federal regulations.

Public Social Services Records (Cal. Welf. & Inst. Code § 10850)

This law protects the privacy of all information collected by any public officer or agency in connection with the administration of public social services in California for which grants-in-aid are received from the United States government.

Medically Tailored Meals Pilot Program (Cal. Welf. & Inst. Code § 14042.1)

The California Department of Health Care Services (DHCS) oversees the pilot program. DHCS has contracted with Project Open Hand for the provision of services via six non-profits covering seven counties. The pilot began in April 2018 and will run through December 2021[2]. The program serves three medically tailored meals per day for 12 weeks and four sessions with a registered dietitian nutritionist (RDN) to at least 1,000 eligible beneficiaries with congestive heart failure during the four-year period. At the conclusion of the pilot, DHCS will conduct an evaluation to determine the impact of the program on hospital, emergency department, and skilled nursing facility admissions and costs. In addition, DHCS will submit a report to the California Legislature identifying any positive health outcomes and reductions in health care utilization and costs for these beneficiaries.

Nutrition Program for the Elderly (Cal. Welf. & Inst. Code §§ 18325 – 18335)

This law instructs the California Commission of Aging, with approval of the Secretary of California Health & Human Services, to develop and oversee the state plan for implementing Older Americans Act Nutrition Program in California.

Who is Considered a Business Associate under HIPAA?

A business associate is a person or entity, not part of the workforce of a HIPAA covered entity, who performs certain functions or activities on behalf of, or provides certain services to, a HIPAA covered entity or another business associate. A business associate needs access to health information to perform the function or service.

The key thing to note is a business associate is a person or entity that:

- Is performing a service or activity on behalf of the HIPAA covered entity or another business associate; AND
- Needs health information from the HIPAA covered entity in order to perform that function or service.

[2] The CalAIM proposal includes home delivered meals at discharge and MTM for eight diagnoses as allowable covered benefits for the Medi-Cal plans starting in January 2022.

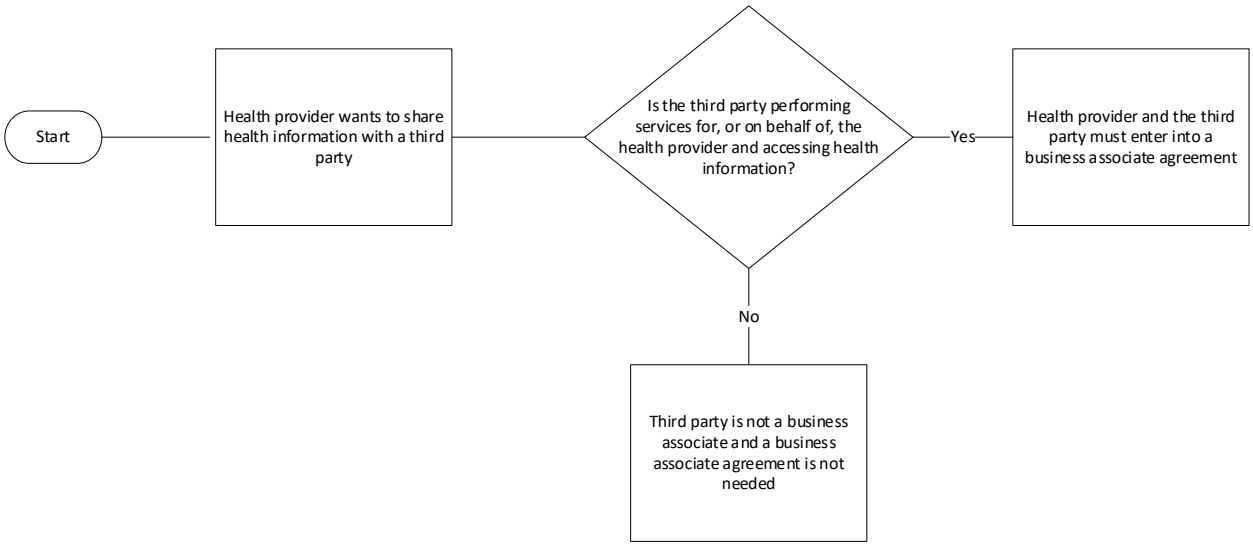
Therefore, access to health information is not enough – a business associate must have a business relationship with the HIPAA covered entity.

There are many exceptions to HIPAA where health information can be lawfully shared and a business associate relationship is not created. For example, a food bank does not provide services to a clinic but wants some information about a patient's health condition in order to tailor a food box that would meet that patient's dietary needs. While some limited health information may be shared, the food bank is not performing a service or function on behalf of the clinic. In this example, the food bank is not the business associate of the clinic or health provider.

As another example, a billing company is providing processing services to a HIPAA covered entity. In this situation, the billing company requires access to health information to process claims for the HIPAA covered entity. In this example, the billing company is a business associate and requires a business associate agreement.

To comply with HIPAA, all health providers, health plans, and healthcare clearinghouses must have a business associate agreement with any third parties that meet the definition of a business associate. A valid business associate agreement must be signed before the business associate accesses or receives health information.

[45 C.F.R. § 164.103.]



Guidance for Specific Scenarios

Guidance for specific scenarios is based on scenario descriptions and assumptions. Readers should thoroughly review them, as the laws discussed in the guidance for an individual scenario will vary based on the specifics of the scenario's description and assumptions.

Each scenario contains the following subsections:

- Description – provides a brief description of the scenario, the question to be addressed by the scenario and assumptions made when developing the guidance
- Graphic(s) – presents one or more decision flow diagrams illustrating the State's guidance for the scenario
- Scenario Guidance – provides a narrative describing the State's guidance specific to the scenario
- Citations and Related Guidance – presents a list of the relevant legal citations and references used in developing the guidance

Caution! For community-based organizations providing multiple services, refer to the scenario applicable to the service/role you are providing when sharing health information.

General Information Sharing

For the purposes of this scenario, general information refers to information about a person that is limited to the name and/or contact information of the person (phone number, address, and/or email address). General information does **NOT** include any demographical or health-related information originating from the health provider.

Health-related information is information regarding or related to medical condition, illness, disease, payment history, or mental health condition (examples include but are not limited to diagnosis, illness history, current treatment, ICD-10 code, laboratory/medical test results, description of condition, illness, or disease).

However, the definitions for health information are different under the Health Insurance Portability and Accountability Act (HIPAA) and the California Confidentiality of Medical Information Act (CMIA). While general information is not protected by CMIA, it may still be protected by HIPAA.

Caution! This guidance is not intended for state entities as it does not address California Information Practices Act (IPA), therefore state entities should refer to Statewide Health Information Policy Manual (SHIPM).

Guidance for sharing general information depends on who is sharing the information – the following scenarios provide specific guidance for:

- Health providers sharing general information with food provisioners (Scenario 1) – for example this could include:
    - Health providers would like to share a patient's general information with food provisioners to connect the patient, who is discharging from the hospital, with emergency food services
    - Health providers would like to share an older adult patient's general information with food provisioners for home meal delivery services
- Health providers sharing general information with nutrition educators (Scenario 2) – for example this could include:
    - Health providers would like to share a patient's general information with a nutrition educator to assist the patient with food and nutrition education services
- Eligibility, Enrollment, and Program Services for CalFresh and the Supplemental Nutrition Program for Women, Infants, and Children (WIC) sharing participant general information with food provisioners (Scenario 3) – for example this could include:
    - Food provisioners (such as food banks, farmer's markets, Meals on Wheels) would like to perform general outreach (not targeted or tailored outreach for a

specific health condition) to individuals in their communities – gathering name and contact information from Eligibility, Enrollment, and Program Services

- Food provisioners sharing client status information with health providers and/or Eligibility, Enrollment, and Program Services (Scenario 4) – for example this could include:
    - Food provisioners would like to provide service utilization data (such as delivery dates, food pick-up) to Eligibility, Enrollment, and Program Services to help demonstrate the effectiveness of nutrition programs
    - Food provisioners would like to share observational data (such as overall wellness, ability to accept delivery, number of meals delivered) with health providers
- Nutrition educators sharing client status information with health providers (Scenario 5) – for example this could include:
    - Nutrition educators would like to share the educational topics covered by them and observational data (such as overall wellness, attendance) of patients with their health providers

For more information about the types of data elements for potential information sharing, refer to Appendix 3 – Personally Identifiable Information (PII) versus Protected Health Information (PHI).

Scenario 1 – Health Provider to Food Provisioner

Description

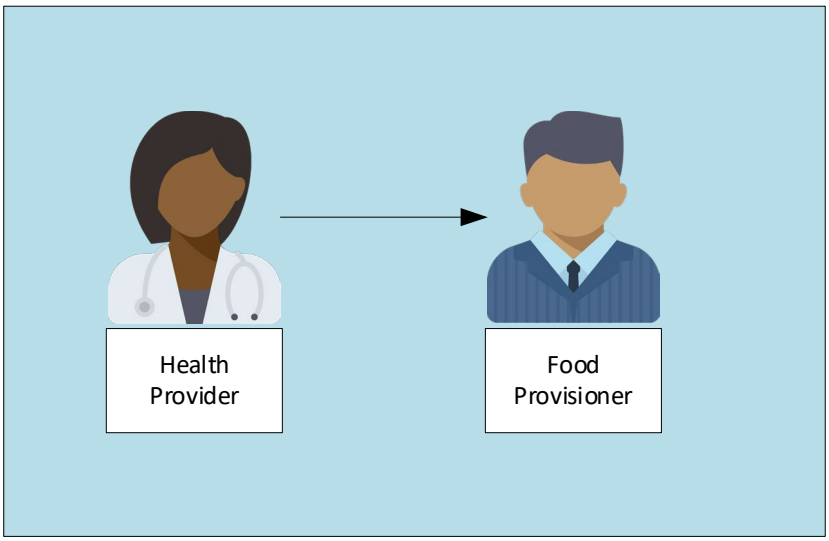
The health provider determines a patient is food or nutrition insecure or at risk for food and nutrition insecurity and wants to share a patient's general information with the local food provisioner to assist the patient in accessing a nutrition program for coordination of care.

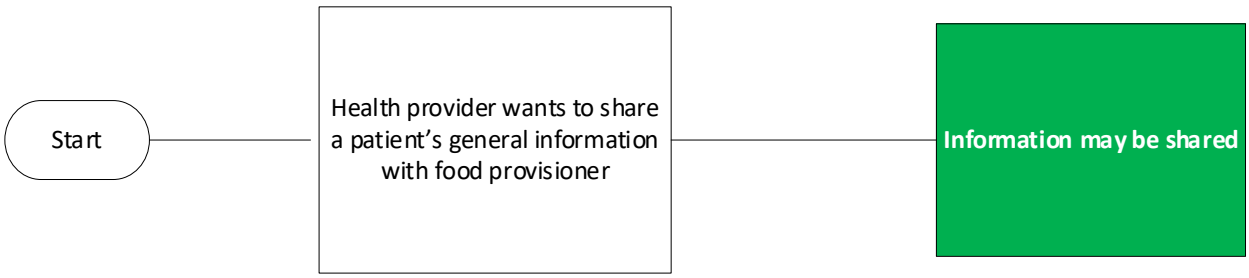
What general information can a health provider share with a food provisioner for coordination of care?

Important Scenario Guidance Assumptions:

- There is only name and contact information being shared by the health provider
- Information being shared is not covered by the Lanterman-Petris-Short and is not Substance Use Disorder treatment information
- Organizations participating in this information exchange are not subject to California Consumer Privacy Act
- There is no patient or patient's representative authorization

Graphic – Health Provider to Food Provisioner





Scenario Guidance – Health Provider to Food Provisioner

Health providers must protect all information collected from a patient regarding a patient's medical history, mental or physical condition, treatment, or payment.

Because of the difference in how the Health Insurance Portability and Accountability Act (HIPAA) and the California Medical Information Act (CMIA) define health information, contact information alone (such as name and address) is not protected by CMIA but may be protected by HIPAA. HIPAA allows disclosure to a third party who is not a health provider for continuity of care and treatment purposes. As such, health providers are generally permitted to disclose general information with food provisioner to coordinate patient care to address food and nutrition insecurity.
[45 C.F.R. §§ 160.103, 164.506; Eisenhower Medical Center v. Superior Court (2014) 226 Cal.App.4th 430, 436-437; HHS Guidance – "Does HIPAA permit health care providers to share protected health information (PHI) about an individual with mental health with a third party that is not a health care provider for continuity of care purposes?" (Published January 3, 2018).]

Caution! Health providers should be careful not to inadvertently disclose a patient's health information, including that a patient is food or nutrition insecure. When general information (such as contact information) is combined with any health information (specifically related to the patient's medical history, mental or physical condition, payment history, or treatment), it is now covered by CMIA.
[Cal. Civ. Code §§ 56.05, 56.10(a).]

Specialty care health providers (such as an oncologist, AIDS clinic) must consider if their specialty in combination with the patient's general information could be considered health information under CMIA and therefore should only be disclosed with a patient or patient's representative authorization. This is because the sharing of information from a specialty provider indirectly discloses information about the patient's medical condition.
[45 C.F.R. §§ 160.103, 164.508(a)(1); Cal. Civ. Code §§ 56.05, 56.10(a); Eisenhower Medical Center v. Superior Court (2014) 226 Cal.App.4th 430, 436-437 (in addition, refer to footnote 4).]

If the health provider is disclosing information specific to the patient's food needs based on a health condition, such as a heart healthy diet or low-sugar foods – this is no longer general information, it is now health information (protected by both HIPAA and CMIA) and should only be disclosed with a valid patient or patient's representative authorization. While HIPAA allows health information to be shared for treatment with a third party who is not a health provider, CMIA does not.
[45 C.F.R. § 164.506; Cal. Civ. Code §§ 56.05(p), 56.10(a); HHS Guidance – "Does HIPAA permit health care providers to share protected health information (PHI) about an individual with

mental health with a third party that is not a health care provider for continuity of care purposes?" (Published January 3, 2018).]

Citations and Related Guidance

- 45 C.F.R. § 160.103.
- 45 C.F.R. § 164.506.
- 45 C.F.R. § 164.508(a)(1).
- Cal. Civ. Code § 56.05.
- Cal. Civ. Code § 56.05(p).
- Cal. Civ. Code § 56.10(a).
- *Eisenhower Medical Center v. Superior Court* (2014) 226 Cal.App.4th 430, 436-437 (in addition, refer to footnote 4).
- HHS Guidance, "Does HIPAA permit health care providers to share protected health information (PHI) about an individual with mental illness with a third party that is not a health care provider for continuity of care purposes?" (Published January 3, 2018).
- Appendix 2 - Signed Release Form Requirements.

Scenario 2 – Health Provider to Nutrition Educator

Description

The health provider determines a patient is food insecure or at risk for food and nutrition insecurity and wants to share patient general information with a nutrition educator for coordination of care. As described in General Guidance, nutrition educators are not considered health providers within California law, and are instead individuals that provide education and guidance about general food, nutrition, and other ongoing nutritional needs.

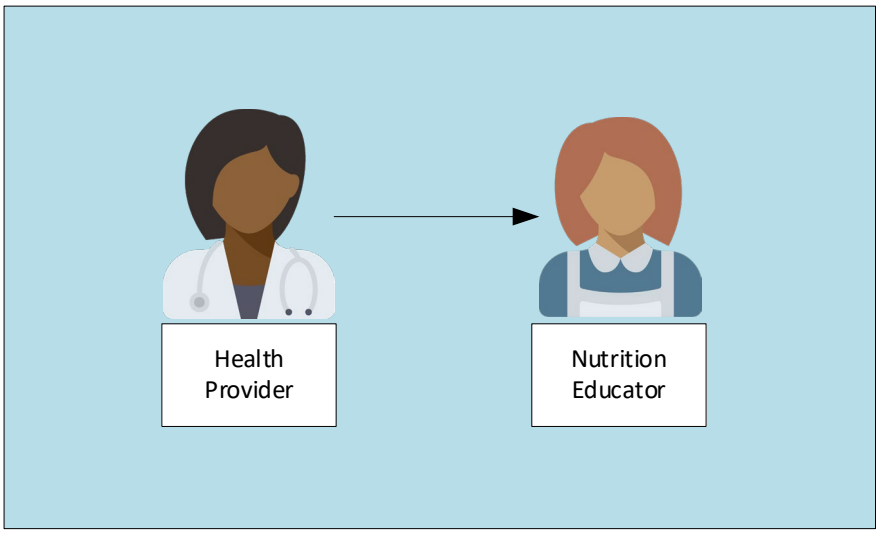
For guidance regarding a health provider providing information to a certified or licensed health professional, such as a registered dietitian, refer to Scenario 6: Health Provider to Health Provider.

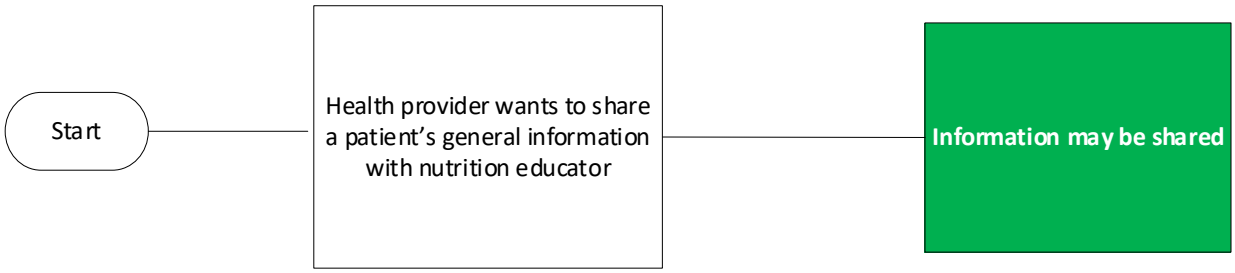
What general information can a health provider share with a nutrition educator for coordination of care?

Important Scenario Guidance Assumptions:

- There is only name and contact information being shared by the health provider
- Information being shared is not covered by the Lanterman-Petris-Short and is not Substance Use Disorder treatment information
- Organizations participating in this information exchange are not subject to California Consumer Privacy Act
- There is no patient or patient's representative authorization

Graphic – Health Provider to Nutrition Educator





Scenario Guidance – Health Provider to Nutrition Educator

Health providers must protect all information collected from a patient regarding a patient's medical history, mental or physical condition, treatment, or payment.

Because of the difference in how Health Insurance Portability and Accountability Act (HIPAA) and the California Medical Information Act (CMIA) define health information, contact information alone (such as name and address) is not protected by CMIA but may be protected by HIPAA. HIPAA allows disclosure to a third party who is not a health provider for continuity of care and treatment purposes. As such, health providers are generally permitted to disclose general information with nutrition educators to coordinate patient care to address food and nutrition insecurity.
[45 C.F.R. §§ 160.103, 164.506; Eisenhower Medical Center v. Superior Court (2014) 226 Cal.App.4th 430, 436-437; HHS Guidance – "Does HIPAA permit health care providers to share protected health information (PHI) about an individual with mental health with a third party that is not a health care provider for continuity of care purposes?" (Published January 3, 2018).]

Caution! Health providers should be careful not to inadvertently disclose a patient's health information, including that a patient is food or nutrition insecure. When general information (such as contact information) is combined with any health information (specifically related to the patient's medical history, mental or physical condition, payment history, or treatment), it is now covered by CMIA.
[Cal. Civ. Code §§ 56.05, 56.10(a).]

Specialty care health providers (such as an oncologist, AIDS clinic) must consider if their specialty in combination with the patient's general information could be considered health information under CMIA and therefore should only be disclosed with a patient or patient's representative authorization. This is because the sharing of information from a specialty provider indirectly discloses information about the patient's medical condition.
[45 C.F.R. §§ 160.103, 164.508(a)(1); Cal. Civ. Code §§ 56.05, 56.10(a); Eisenhower Medical Center v. Superior Court (2014) 226 Cal.App.4th 430, 436-437 (in addition, refer to footnote 4).]

If the health provider is disclosing information specific to the patient's nutrition education needs based on a health condition, such as a heart healthy diet or low-sugar foods – this is no longer general information, it is now health information (protected by both HIPAA and CMIA) and should only be disclosed with a valid patient and patient's representative authorization. While HIPAA allows health information to be shared for treatment purposes with a third party who is not a health provider, CMIA does not.
[45 C.F.R. § 164.506; Cal. Civ. Code §§ 56.05(p), 56.10(a); HHS Guidance – "Does HIPAA permit health care providers to share protected health information (PHI) about an individual with

mental health with a third party that is not a health care provider for continuity of care purposes?" (Published January 3, 2018).]

Citations and Related Guidance

- 45 C.F.R. § 160.103.
- 45 C.F.R. § 164.506.
- 45 C.F.R. § 164.508(a)(1).
- Cal. Civ. Code § 56.05.
- Cal. Civ. Code § 56.10(a).
- *Eisenhower Medical Center v. Superior Court* (2014) 226 Cal.App.4th 430, 436-7 (in addition, refer to footnote 4).
- HHS Guidance, "Does HIPAA permit health care providers to share protected health information (PHI) about an individual with mental illness with a third party that is not a health care provider for continuity of care purposes?" (Published January 3, 2018.
- Appendix 2 - Signed Release Form Requirements.

Scenario 3 – Eligibility, Enrollment, and Program Services to Food Provisioner

Description

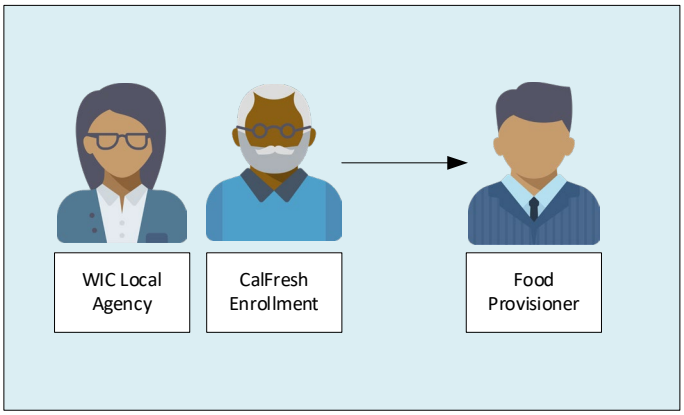
Eligibility, Enrollment, and Program Services, specifically the Supplemental Nutrition Assistance Program - Women, Infants, and Children (WIC) or CalFresh, want to share participant general information with a food provisioner to help facilitate the food referral process.

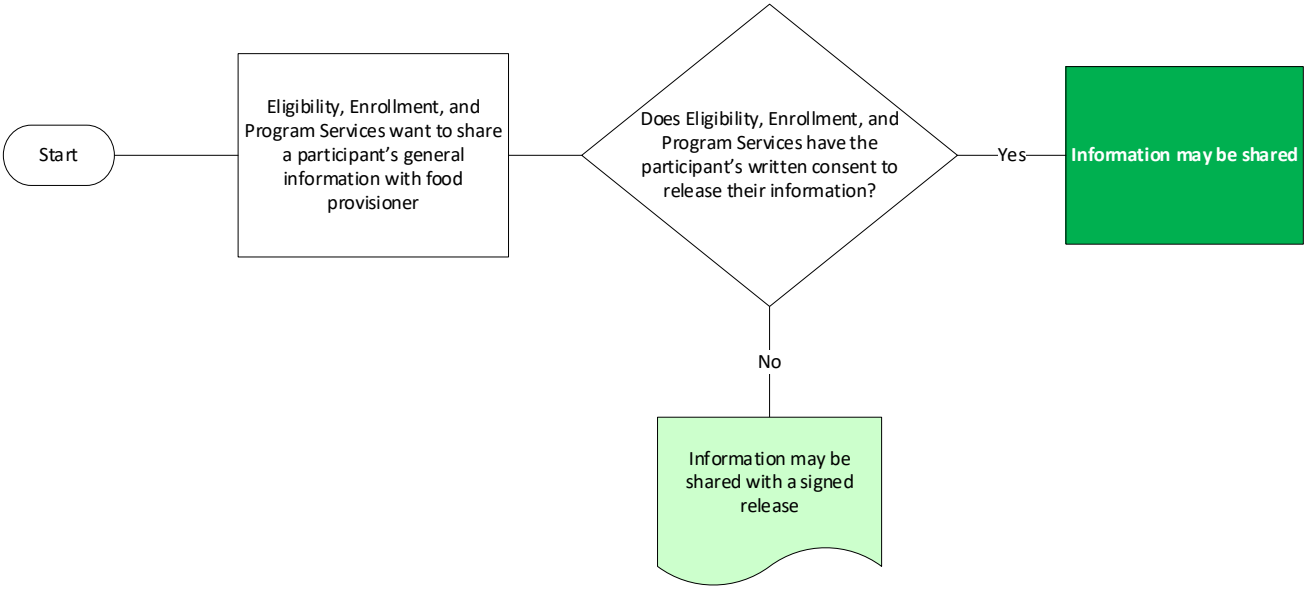
What general information can an Eligibility, Enrollment, and Program Services entity share with a food provisioner?

Important Scenario Guidance Assumptions:

- Organizations participating in this information exchange are not subject to California Consumer Privacy Act
- No signed release

Graphic – Eligibility, Enrollment, and Program Services to Food Provisioner





Scenario Guidance – Eligibility, Enrollment, and Program Services to Food Provisioner

The United States Department of Agriculture (USDA) regulations consider all information gathered by WIC and CalFresh staff as confidential. Any general information shared with a food provisioner by either WIC or CalFresh programs requires a signed release when it identifies the individual, directly or indirectly, as a participant in the program.
[7 C.F.R. §§ 246.26(d)(4), 272.1(c)(3); Cal. Welf. & Inst. Code § 10850.2.]

Citations and Related Guidance

- 7 C.F.R. § 246.26(d)(4).
- 7 C.F.R. § 272.1(c)(3).
- Cal. Welf. & Inst. Code § 10850.2.
- Appendix 2 - Signed Release Form Requirements.

Scenario 4 – Food Provisioner to Health Provider or Eligibility, Enrollment, and Program Services

Description

The food provisioner wants to share their client's information with the health provider and/or Eligibility, Enrollment, and Program Services (specifically Supplemental Nutrition Assistances Program - Women, Infants, and Children (WIC) or CalFresh programs) about the client's status. Client status information could include, but is not limited to, the type of food received, timing of food pick-up/delivery, utilization of services, observations about the client, or information from the client during the delivery of food services. For example, an older adult client informs a food provisioner during delivery that their glucose level was lower today.

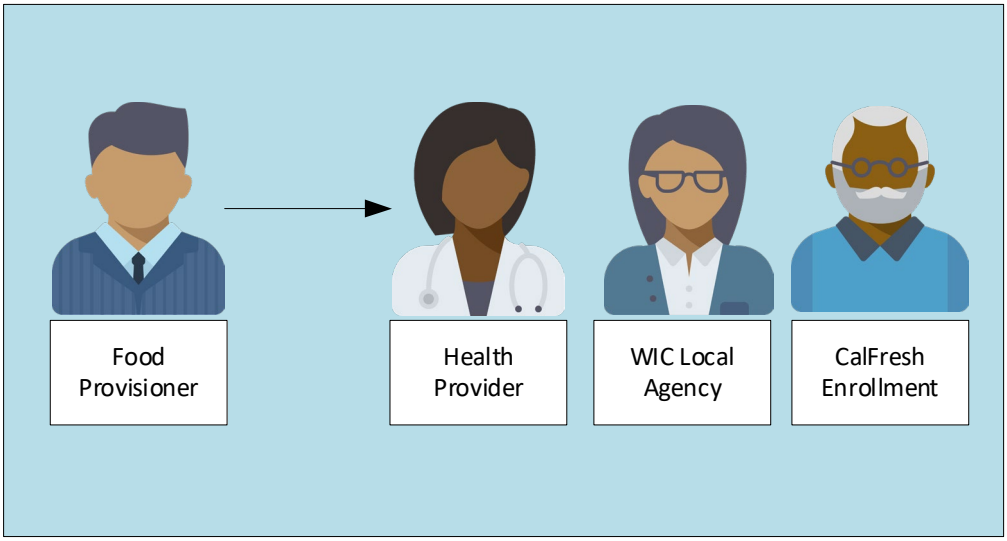
Caution! The recipient of the information (i.e., health provider or eligibility, enrollment, and program services) may not confirm whether a person is a patient or program participant.

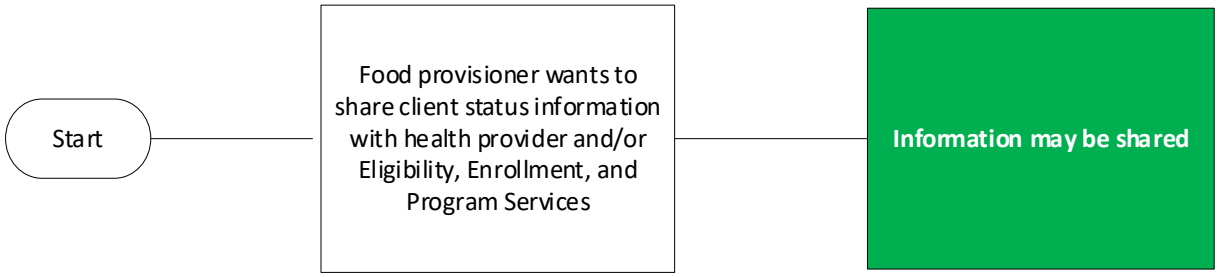
What information can a food provisioner share with the health provider and/or Eligibility, Enrollment, and Program Services about the client?

Important Scenario Guidance Assumptions:

- Organizations participating in this information exchange are not subject to California Consumer Privacy Act

Graphic – Food Provisioner to Health Provider or Eligibility, Enrollment, and Program Services





Scenario Guidance – Food Provisioner to Health Provider or Eligibility, Enrollment, and Program Services

Generally, healthcare, CalFresh, or WIC privacy laws do not limit the food provisioner from sharing client status information about their clients with the client's health provider or Eligibility, Enrollment, and Program Services.

Caution! Food provisioners may still have to limit their use and disclosure of client information if they have specific privacy or confidentiality policies, agreements/contracts with the client, or something similar (like a client's bill of rights) for their organization.

Scenario 5 – Nutrition Educator to Health Provider

Description

The nutrition educator wants to share information (not covered by Supplemental Nutrition Assistances Program - Women, Infants, and Children (WIC), CalFresh, or Older Americans Act) with the health provider about the client's status. Client status information could include, but is not limited to, the type of education received, utilization of services, observations about the client, or information from the client collected during education/training.

Caution! The recipient of the information (i.e., health provider or eligibility, enrollment, and program services) may not confirm whether a person is a patient or program participant.

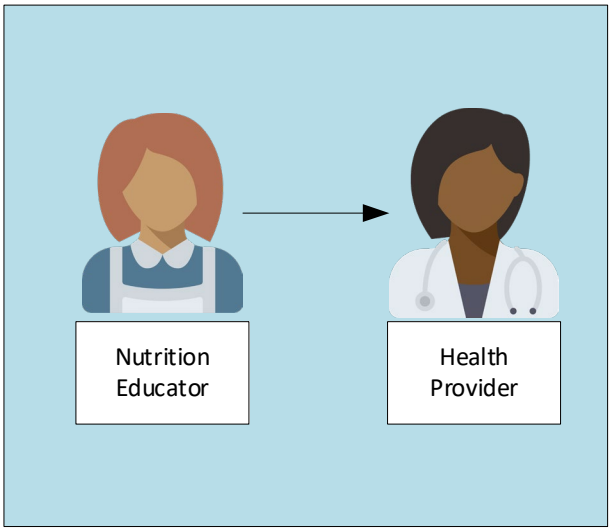
Caution! If your clinic, health facility, or unit is within a community-based organization (CBO) that is covered by the Confidentiality of Medical Information Act (CMIA) or the Health Insurance Portability and Accountability Act (HIPAA), refer to Scenario 6: Health Provider to Health Provider. If you are uncertain whether you are subject to the CMIA or HIPAA, consult with your legal counsel.

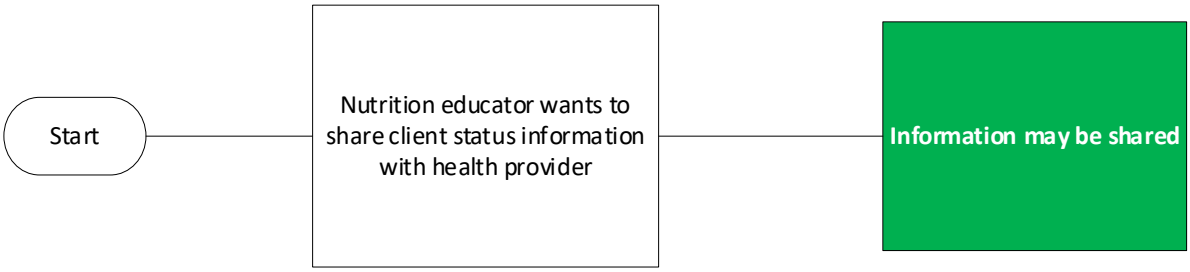
What information can a nutrition educator share with the health provider about the client?

Important Scenario Guidance Assumptions:

- Organizations participating in this information exchange are not subject to California Consumer Privacy Act
- Information is not covered by WIC, CalFresh, or Older Americans Act

Graphic – Nutrition Educator to Health Provider





Scenario Guidance – Nutrition Educator to Health Provider

Generally, healthcare privacy laws do not limit the unlicensed nutrition educator from sharing client status information about their clients with the client's health provider.

Caution! Nutrition educators may still have to limit their use and disclosure of client information if they have specific privacy or confidentiality policies, agreements/contracts with the client, or something similar (like a client's bill of rights) for their organization.

Caution! If you are a nutrition educator for the WIC, CalFresh or Older Americans Act nutrition program covered by the federal nutrition program confidentiality regulations and guidance, refer to the applicable program-specific scenario. If you are uncertain whether you are subject to the federal nutrition program confidentiality regulations and guidance, consult with your legal counsel.

Health Provider to Health Provider

Health providers include an array of clinicians, facilities, licensed health providers, unlicensed health providers, and licensed organizations and entities. The Health Insurance Portability and Accountability Act (HIPAA) uses the term Health Care Providers, while the California Confidentiality of Medical Information Act (CMIA) uses Provider of Health Care. The types of health providers under HIPAA and CMIA are included in Appendix 4 – Provider Definitions. For purposes of this scenario, the use of the term "health provider" can include any of the entities found in the appendix.

Generally, a health provider may disclose health information (such as food allergies, A1C level, food and nutrition insecurity screening results) to another health provider for treatment purposes (Scenario 6) – for example, this could include:

- Health provider would like to share health information with another health provider to coordinate treatment of a specific medical condition
- Health provider would like to refer a patient to another health provider for a food and nutrition insecurity related medical condition and share specific information from the screening test
- Older adult patient's primary care physician would like to share limited information about the patient's medication with the patient's registered dietitian to ensure the patient's food/meal plan does not conflict with the patient's medications
- Patient's primary care physician would like to share the patient's diabetes diagnosis and lab results with the patient's registered dietitian who is focusing on the patient's food and nutrition insecurity

Behavioral health providers should refer to *SHIG Volume 1 – Sharing Behavioral Health Information in California* for guidance regarding the sharing of mental health or substance use disorder patient identifying information, as there are generally more stringent privacy protections.

Scenario 6 – Health Provider to Health Provider

Description

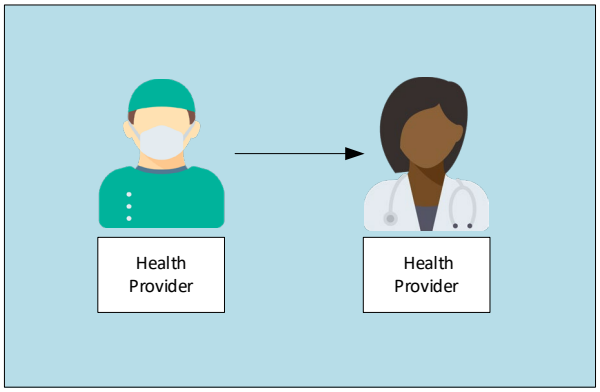
To provide effective treatment and coordinated care, a health provider needs health information from another health provider to ensure their patients at risk of food and nutrition insecurity can be treated accordingly.

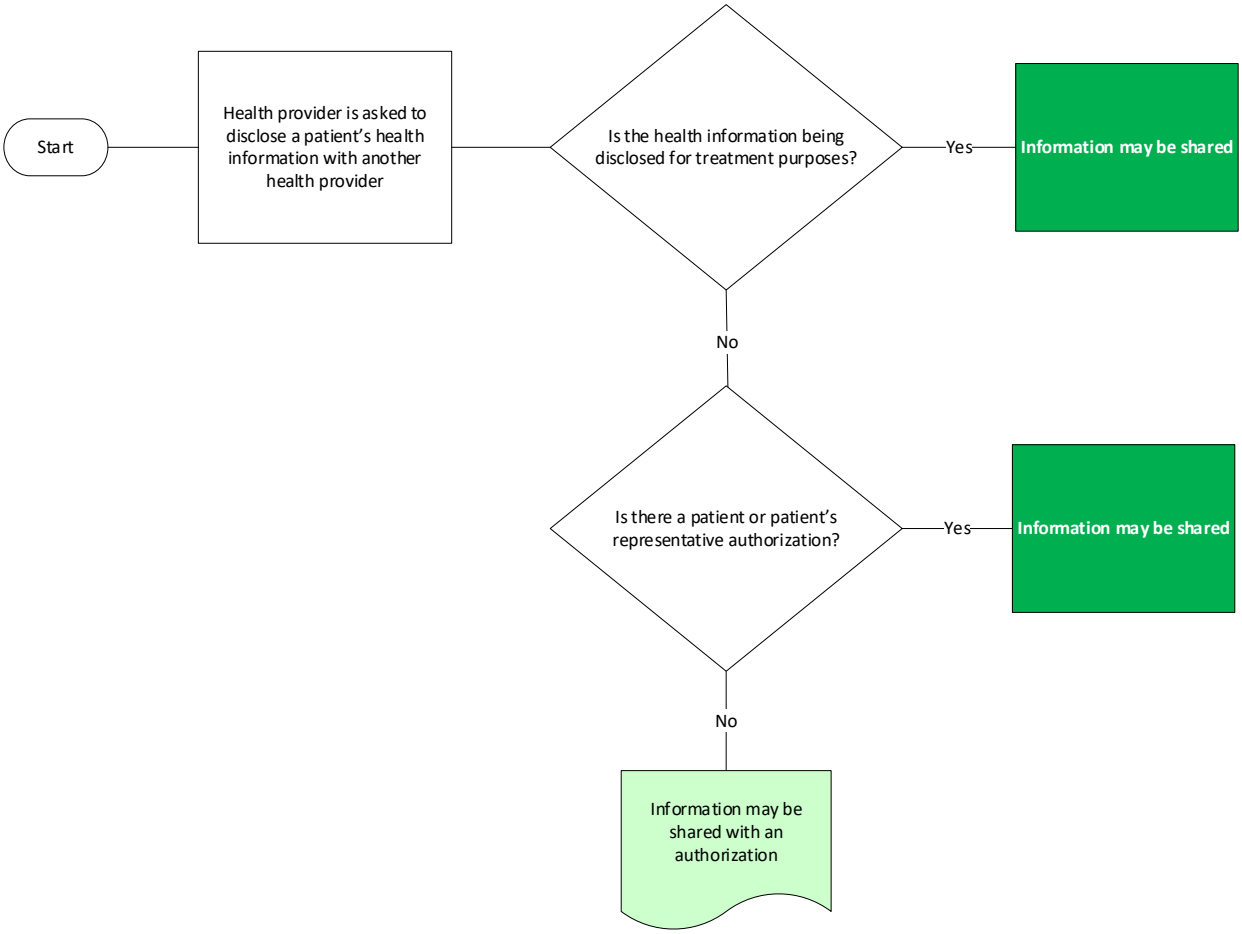
What health information can a health provider share with another health provider?

Important Scenario Guidance Assumptions:

- The releasing health provider is subject only to Health Insurance Portability and Accountability Act (HIPAA) and/or the California Confidentiality of Medical Information Act (CMIA)
- There is no patient or patient's representative authorization
- There is no medical emergency
- There is no court order

Graphic – Health Provider to Health Provider





Scenario Guidance – Health Provider to Health Provider

Health information can generally be shared for diagnosis and treatment purposes without a patient or patient's representative authorization. Health information includes information relating to the past, present, or future health status of an individual (such as diagnoses, treatment information, food allergies or nutritional requirements, medical test results, food and nutrition insecurity, and prescription information) created, collected, transmitted, or maintained by health providers that are HIPAA covered entities or otherwise regulated by the CMIA.

A health provider that is a HIPAA covered entity or otherwise regulated by the CMIA may disclose health information to another health provider for treatment purposes.
[45 C.F.R. § 164.506; Cal. Civ. Code § 56.10(c)(1).]

If the health provider is not sharing for treatment purposes, the health provider may share information with a valid authorization.
[45 C.F.R. § 164.506.]

Behavioral health providers should refer to *SHIG Volume 1 – Sharing Behavioral Health Information in California* for guidance regarding the sharing of mental health or substance use disorder patient-identifying information.

Citations and Related Guidance

- 45 C.F.R. § 164.506.
- Cal. Civ. Code § 56.10(c)(1).
- Appendix 2 - Signed Release Form Requirements.
- *SHIG Volume 1 – Sharing Behavioral Health Information in California.*

Program Scenarios

CalFresh

The California Department of Social Services (CDSS) administers the U. S. Department of Agriculture (USDA) Supplemental Nutrition Assistance Program (SNAP) – known as CalFresh in California. CalFresh operates at the county level, and county eligibility workers (EWs) determine if participants meet CalFresh eligibility guidelines that are set by federal and state law.

Health providers screening patients for food and nutrition insecurity might suggest CalFresh food benefits to their patients. This could include assisting a patient with initiating the application process. These actions by the health provider (or their office) are considered informal referrals that do not require sharing health information.

The individual is responsible for initiating and completing their CalFresh application. They can seek assistance completing the application from their county social service agencies or local community-based organizations offering CalFresh application assistance. The application for CalFresh benefits does not require health information. A CalFresh application may be submitted with as little as name, address, and signature to start the process, although additional information is needed to ensure the timeliest service and application decision. Once the EW receives the application from the applicant, all information on the application is considered "program information" and confidential by federal regulations and state law.
[7 C.F.R. § 272.1; Cal. Welf. & Inst. Code § 10850.]

This section provides guidance on the following information sharing situations:

- Health provider sharing health information with a CalFresh EW (Scenario 7), for example, this could include providing information to support the Able Bodied Adults without Dependents (ABAWD) eligibility.
- CalFresh EW sharing program information with a health provider or food provisioner regarding CalFresh service utilization (Scenario 8). CalFresh service utilization information could include whether the client has been enrolled in the CalFresh program.

Scenario 7 – Health Provider to CalFresh Eligibility Worker

Description

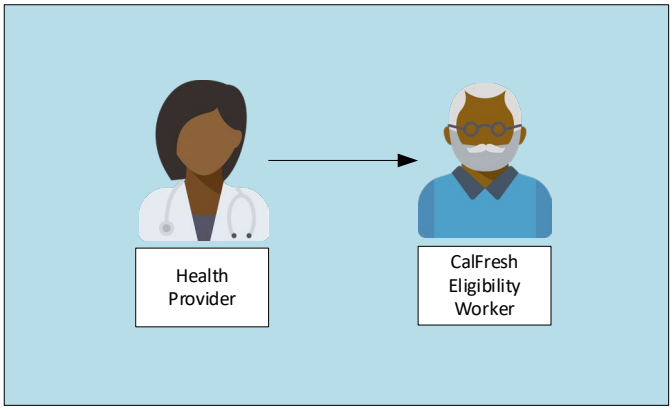
To assist the CalFresh eligibility worker (EW) with verifying a medical condition (such as for Able Bodied Adults without Dependents (ABAWD) eligibility), health providers are asked to share health information about their patient.

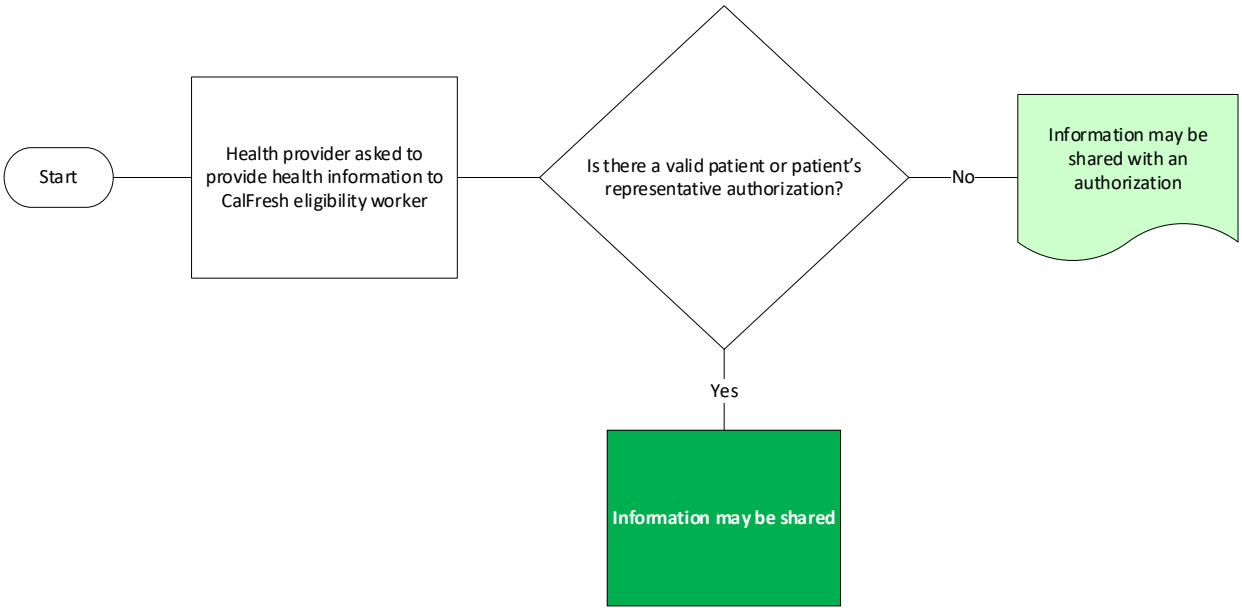
What health information can a health provider share with the CalFresh EW?

Important Scenario Guidance Assumptions:

- There is no patient or patient's representative authorization

Graphic – Health Provider to CalFresh Eligibility Worker





Scenario Guidance – Health Provider to CalFresh Eligibility Worker

Health providers that are Health Insurance Portability and Accountability Act (HIPAA) covered entities or business associates or otherwise regulated by the Confidentiality of Medical Information Act (CMIA), may disclose health information to the CalFresh EW with a valid patient or patient's representative authorization.
[45 C.F.R. § 164.508; Cal. Civ. Code § 56.11.]

Behavioral health providers should refer to *SHIG Volume 1 – Sharing Behavioral Health Information in California* for guidance regarding the sharing of mental health or substance use disorder patient-identifying information.

Citations and Related Guidance

- 45 C.F.R. § 164.508.
- Cal. Civ. Code § 56.11.
- Appendix 2 – Signed Release Form Requirements.
- *SHIG Volume 1 – Sharing Behavioral Health Information in California.*

Scenario 8 – CalFresh Eligibility Worker to Health Provider or Food Provisioner

Description

To provide effective treatment, a health provider needs service utilization information from a CalFresh eligibility worker (EW) to track a patient's wellness, health outcomes, and reduce preventable use of healthcare due to food and nutrition insecurity.

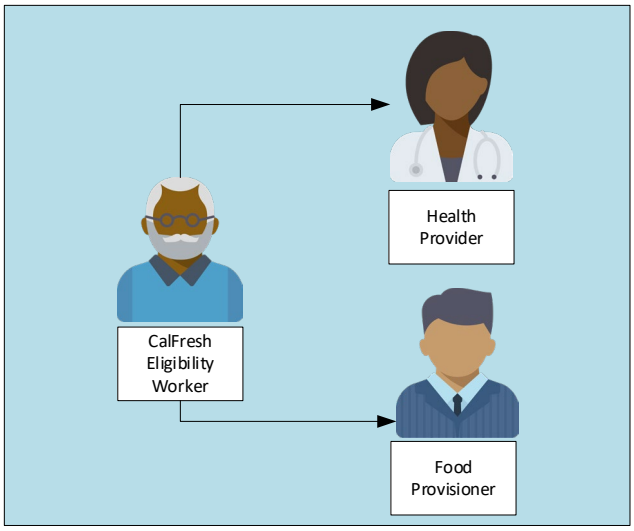
Additionally, a food provisioner may need service utilization information from a CalFresh EW to ensure their client is still part of the CalFresh program.

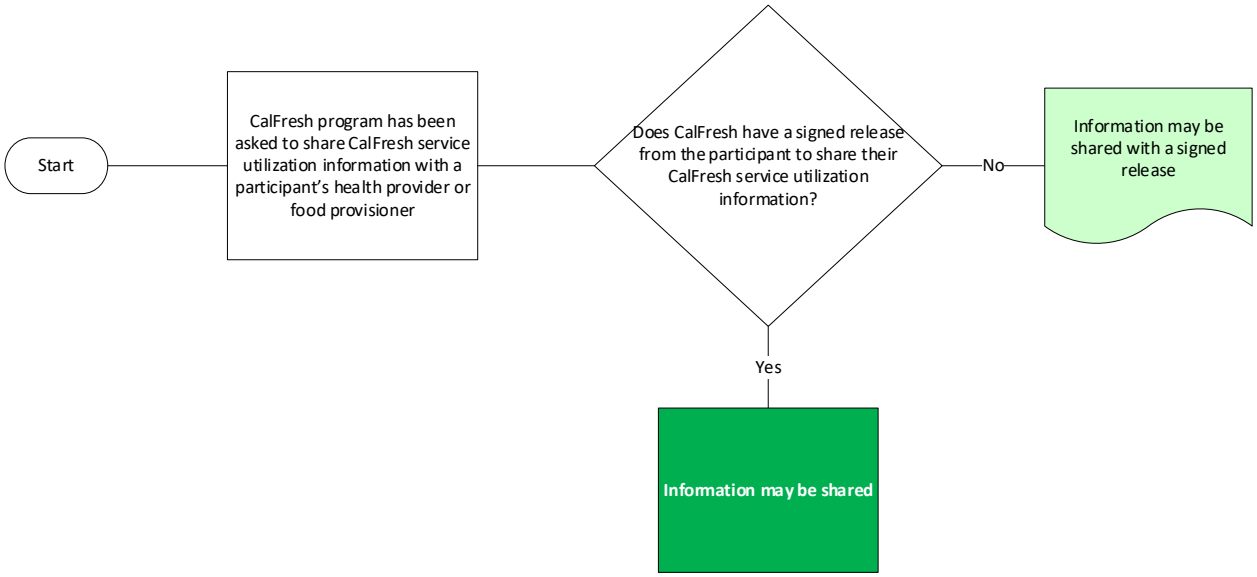
What information can CalFresh EW share with a health provider or food provisioner?

Important Scenario Guidance Assumptions:

- CalFresh enrollment is not a covered entity under the Health Insurance Portability and Accountability Act (HIPAA)
- Organizations participating in this information exchange are not subject to California Consumer Privacy Act
- There is no signed release

Graphic – CalFresh Eligibility Worker to Health Provider or Food Provisioner





Scenario Guidance – CalFresh Eligibility Worker to Health Provider or Food Provisioner

Under federal Supplemental Nutrition Assistance Program (SNAP) confidentiality regulations, the use and disclosure of information obtained from the participant is generally restricted to persons directly connected to the administration or enforcement of the CalFresh program (for example, the EW or federal oversight personnel such as SNAP fraud investigation) and other Federal and federally-assisted programs. There may be other exceptions (not explored within this document) that apply to your organization, consult with your legal counsel.

In general, a signed release is required to use or disclose SNAP information, unless the disclosure is directly related to administering the program.
[7 C.F.R. § 272.1(c)(3); Cal. Welf. & Inst. Code § 10850.2.]

Citations and Related Guidance

- 7 C.F.R. § 272.1(c)(3).
- Cal. Welf. & Inst. Code § 10850.2.
- Appendix 2 - Signed Release Form Requirements.

Medically Tailored Meals/Special Medical Diets and Health Providers

To support a patient's treatment, the health provider refers the patient to a registered dietitian nutritionist (RDN) to develop meal plans specific to the patient's health conditions. In California, the Medically Tailored Meals Pilot (MTMP) and special medical diets (SMD) are services for providing medically tailored meals (MTM). For these scenarios, we use the term MTM service provider to include both the MTMP and SMD services providers.

Medically Tailored Meals Pilot Program

The MTMP program launched on April 1, 2018 as a three-year pilot and it was then extended for one additional year to end December 2021. The California Department of Health Care Services (DHCS) oversees the program and contracts with Project Open Hand for the provision of services. The program serves three medically tailored meals per day for 12 weeks to at least 1,000 eligible beneficiaries with congestive heart failure during the four-year period.

The eight pilot counties and providers are:

- San Francisco / Alameda / San Mateo: Project Open Hand
- Los Angeles: Project Angel Food
- Marin / Sonoma: Ceres Community Project
- Sonoma: Food for Thought
- San Diego: Mama's Kitchen
- San Mateo / Santa Clara: Health Trust

At the conclusion of the pilot, DHCS will conduct an evaluation to determine the impact of the MTMP program on hospital, emergency department, and skilled nursing facility admissions. In addition, DHCS will submit a report to the California Legislature identifying any positive health outcomes and admissions reductions for these beneficiaries.
[Cal. Welf. & Inst. Code § 14042.1.]

Special Medical Diets

SMD services provide meals approved by a RDN that reflect appropriate dietary therapy based on evidence-based practice guidelines. The RDN recommends the SMD based on a nutritional assessment and a referral by a health provider to address a medical diagnosis, symptoms, allergies, medication management, and side effects to ensure the best possible nutrition-related health outcomes.

People living with serious illnesses benefit from eating foods specifically designed for their diagnosis, as well as the additional complications that come with that illness (i.e., treatment side effects and comorbidities). SMDs operate in the treatment spectrum of food and nutrition

services and, as such, SMD functions in the healthcare space as a part of a patient's treatment plan.

This section provides guidance on the following information sharing situations:

- Health provider sharing health information with a MTM services provider (Scenario 9) to support meal planning.
- A MTM services provider sharing program information with a health provider (Scenario 10) to support treatment care plans.

Scenario 9 – Health Provider to Medically Tailored Meals Services Provider

Description

To provide effective treatment and coordinated care, a Medically Tailored Meals Pilot (MTMP) program or Special Medical Diets (SMD) provider needs patient health information from a health provider to create and deliver meal plans and medical nutrition therapy sessions.

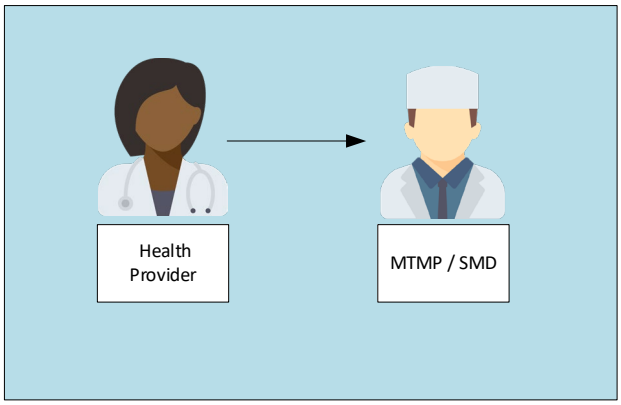
Behavioral health and mental health providers should refer to *SHIG Volume 1 – Sharing Behavioral Health Information in California* for guidance regarding the sharing of mental health or substance use disorder patient-identifying information, as there may be more stringent privacy protections.

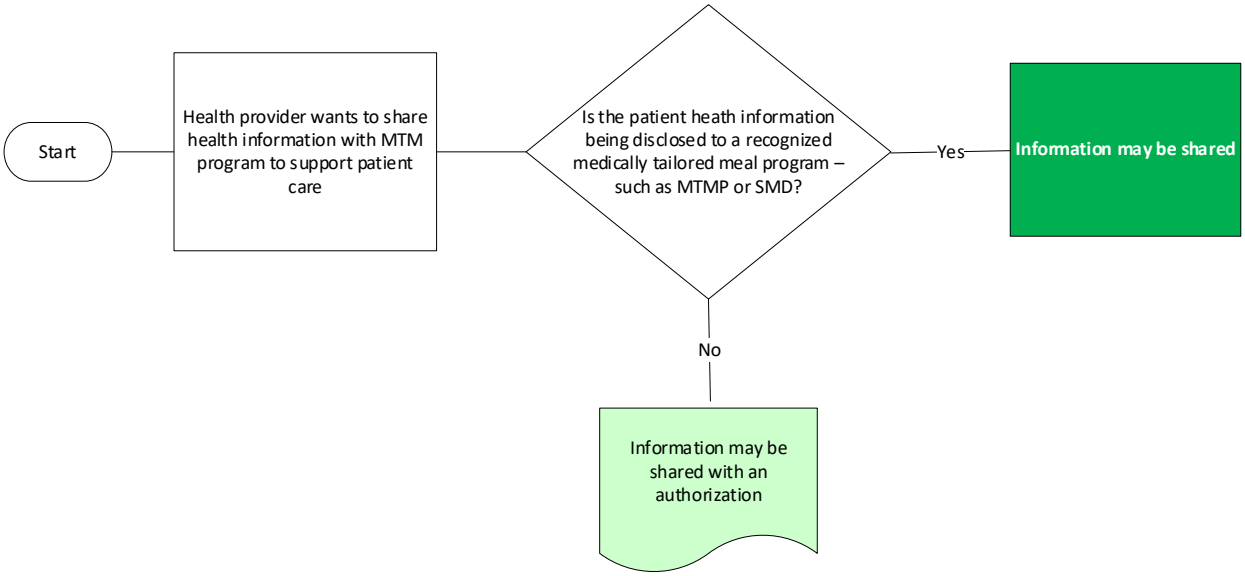
What health information can a health provider share with a MTMP or SMD?

Important Scenario Guidance Assumptions:

- Organizations participating in this information exchange are not subject to California Consumer Privacy Act
- There is no patient or patient's representative authorization

Graphic – Health Provider to Medically Tailored Meals Services Provider





Scenario Guidance – Health Provider to Medically Tailored Meals Services Provider

Health information can generally be shared for diagnosis and treatment purposes without a patient or patient's representative authorization. Health information includes information relating to the past, present, or future health status of an individual (such as diagnoses, treatment information, food allergies or nutritional requirements, medical test results, and prescription information) created, collected, transmitted, or maintained by health providers that are HIPAA covered entities.

A health provider, that is a HIPAA covered entity or otherwise covered by the Confidentiality of Medical Information Act (CMIA), may disclose health information to a MTMP or SMD for treatment purposes (such as creation of meal plan, medical nutrition therapy, and periodic wellness checks). A business associate agreement is not required.
[45 C.F.R. §§ 160.103, 164.506; Cal. Civ. Code § 56.10(c)(1); Cal. Welf. & Inst. Code § 14042.1.]

Behavioral health providers should refer to *SHIG Volume 1 – Sharing Behavioral Health Information in California* for guidance regarding the sharing of mental health or substance use disorder patient-identifying information.

Citations and Related Guidance

- 45 C.F.R. § 164.103.
- 45 C.F.R. § 164.506.
- Cal. Civ. Code § 56.10(c)(1).
- Cal. Welf. & Inst. Code § 14042.1.
- Appendix 2 - Signed Release Form Requirements.
- *SHIG Volume 1 – Sharing Behavioral Health Information in California.*

Scenario 10 – Medically Tailored Meals Service Provider to Health Provider

Description

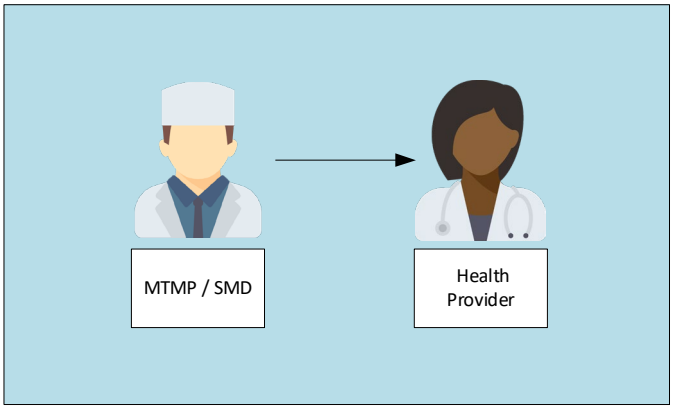
To provide effective treatment and coordinated care, a health provider needs a patient's health information from a Medically Tailored Meals Pilot (MTMP) program or Special Medical Diets (SMD) provider to track patient's wellness and health outcomes and reduce preventable healthcare utilization.

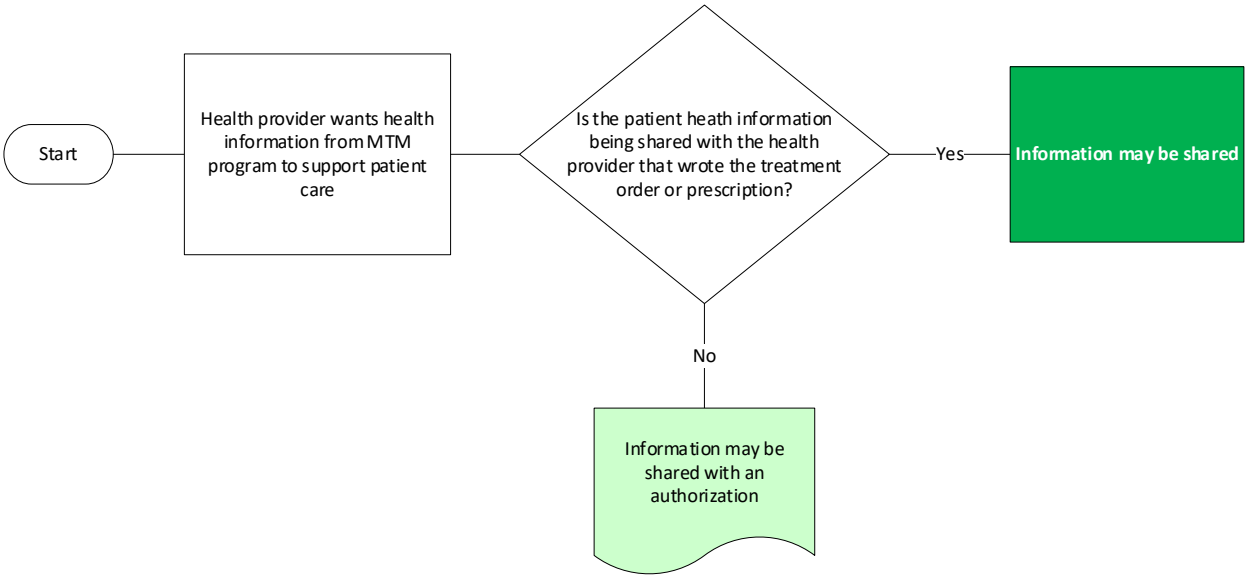
What health information can a MTMP or SMD share with a health provider?

Important Scenario Guidance Assumptions:

- Organizations participating in this information exchange are not subject to California Consumer Privacy Act
- There is no patient or patient's representative authorization

Graphic – Medically Tailored Meal Services Provider to Health Provider





Scenario Guidance – Medically Tailored Meal Services Provider to Health Provider

Health information can generally be shared for diagnosis and treatment purposes without a patient or patient's representative authorization. Health information includes information relating to the past, present, or future health status of an individual (such as diagnoses, treatment information, food allergies or nutritional requirements, meal plans, medical test results, and prescription information) created, collected, transmitted, or maintained by health providers that are HIPAA covered entities, or otherwise regulated by the California Confidentiality of Medical Information Act.

A MTMP or SMD program may disclose health information to the health provider for treatment purposes (e.g., to track patient's wellness, learn specifics of designed meal plan, health outcomes).
[45 C.F.R. § 164.506; Cal. Civ. Code § 56.10(c)(1).]

Citations and Related Guidance

- 45 C.F.R § 164.506.
- Cal. Civ. Code § 56.10(c)(1).
- Appendix 2 - Signed Release Form Requirements.

Older Americans Act Nutrition Program

The Older Americans Act (OAA) Nutrition Program provides grants to states to help support food and nutrition services for older adults (who are 60 years or older). The OAA Nutrition Program provides grants to fund congregate and home delivered nutrition services. The California Department of Aging (CDA) is responsible for the oversight and distribution of these grants/funds. Specifically, the CDA Multipurpose Senior Services Program (MSSP) is responsible for oversight of in-home and community-based services under this program in California. Counties, community-based organizations, and other organizations receive funds for the delivery of meals. These OAA programs have federal and state privacy regulations that govern sharing health and program information.
[42 U.S.C. §§ 3030e - 3030g-23; 45 C.F.R. Part 1321; Cal. Welf. & Inst. Code §§ 9500 et seq., 18325 - 18335.]

This section provides guidance on the following information sharing situations:

- Health provider sharing health information with an OAA nutrition services provider (such as in-home or community-based services) (Scenario 11) to support meal planning or nutrition education services.
- An OAA nutrition services provider sharing program information with a health provider (Scenario 12) to support treatment and care plans.

Scenario 11 – Health Provider to Older Americans Act Nutrition Services Provider

Description

The Older Americans Act (OAA) nutrition services provider (such as in-home or community-based services) may ask a health provider to share health information to support meal planning and nutrition counseling or education.

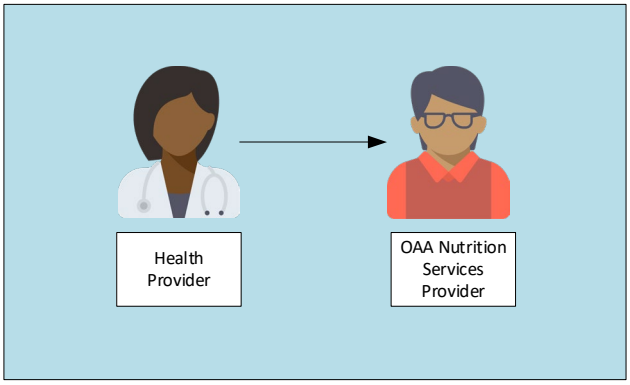
Additionally, a health provider may refer their patient to the local OAA nutrition services organization.

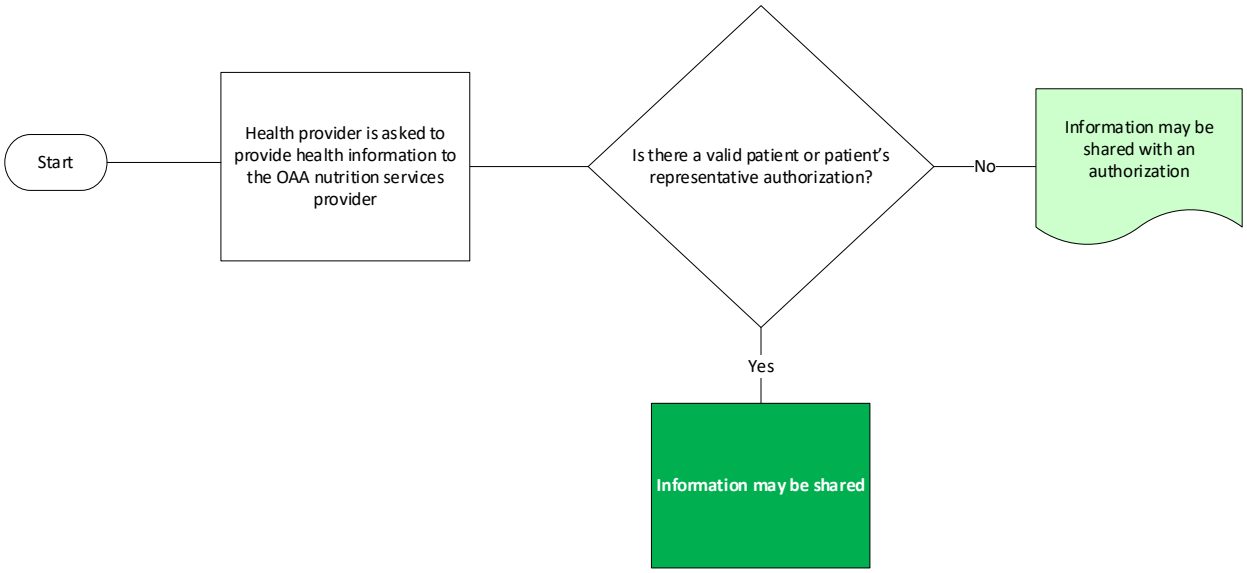
What health information can a health provider share with the OAA nutrition services provider?

Important Scenario Guidance Assumptions:

- Organizations participating in this information exchange are not subject to California Consumer Privacy Act
- There is no patient or patient's representative authorization

Graphic – Health Provider to Older Americans Act Nutrition Services Provider





Scenario Guidance – Health Provider to Older Americans Act Nutrition Services Provider

While HIPAA appears to permit this kind of sharing to support treatment, California law does not permit a health provider to share health information with a nutrition services provider without the patient's or patient's representative authorization. Health providers may disclose health information to the OAA nutrition services provider with a valid authorization.
[45 C.F.R. § 164.508; Cal. Civ. Code §§ 56.10(a), 56.11; HHS Guidance – "Does HIPAA permit health care providers to share protected health information (PHI) about an individual with mental health with a third party that is not a health care provider for continuity of care purposes?" (Published January 3, 2018).]

Behavioral health providers should refer to *SHIG Volume 1 – Sharing Behavioral Health Information in California* for guidance regarding the sharing of mental health or substance use disorder patient-identifying information.

Citations and Related Guidance

- 45 C.F.R. § 164.508.
- Cal. Civ. Code § 56.10(a).
- Cal. Civ. Code § 56.11.
- Appendix 2 – Signed Release Form Requirements.
- HHS Guidance, "Does HIPAA permit health care providers to share protected health information (PHI) about an individual with mental illness with a third party that is not a health care provider for continuity of care purposes?" (Published January 3, 2018).
- *SHIG Volume 1 – Sharing Behavioral Health Information in California*.

Scenario 12 – Older Americans Act Nutrition Services Provider to Health Provider

Description

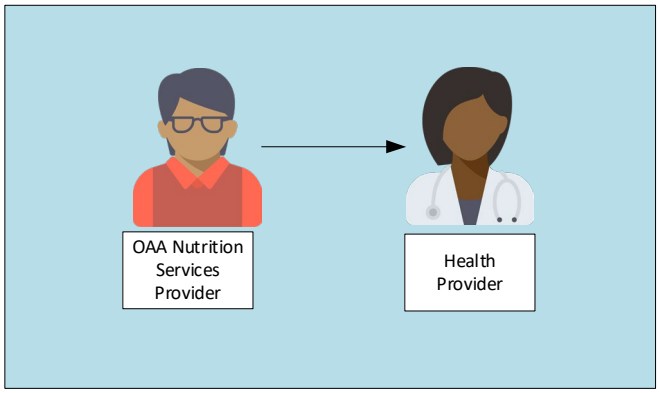
To provide effective treatment, a health provider needs service utilization information about their patient from an Older Americans Act (OAA) nutrition services provider. The information helps track a patient's wellness and health outcomes or reduce preventable use of healthcare due to food and nutrition insecurity.

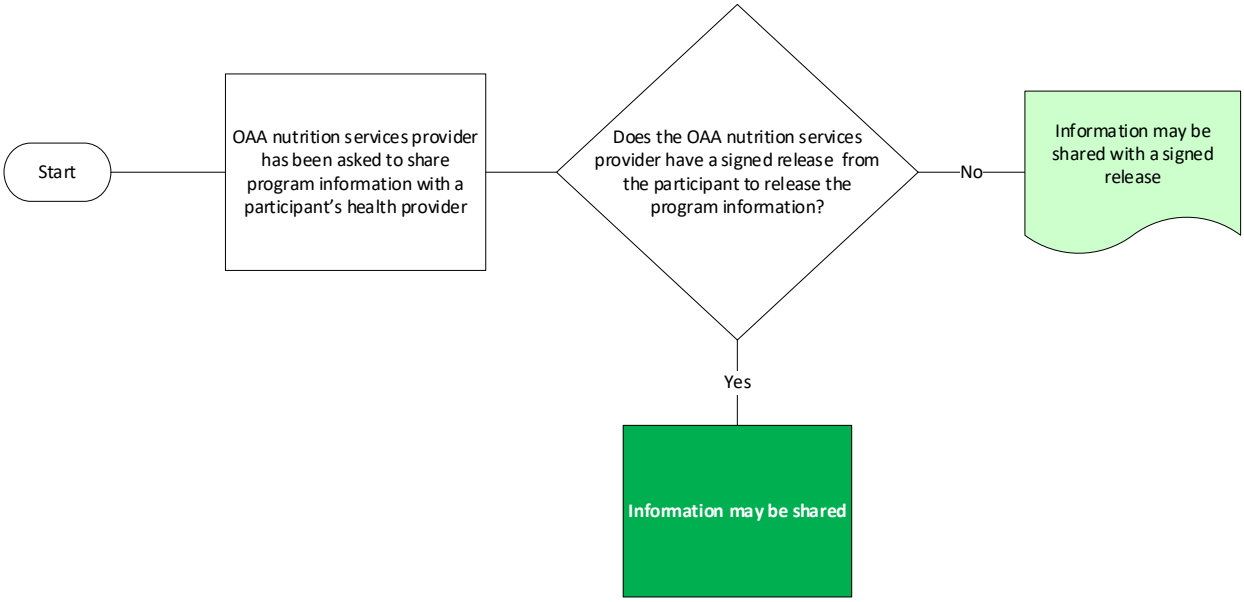
What information can OAA nutrition services provider share with a health provider?

Important Scenario Guidance Assumptions:

- Organizations participating in this information exchange are not subject to California Consumer Privacy Act
- There is no signed release

Graphic – Older Americans Act Nutrition Services Provider to Health Provider





Scenario Guidance – Older Americans Act Nutrition Services Provider to Health Provider

Under federal OAA regulations, the use and disclosure of information obtained from a participant is restricted to program monitoring by authorized federal, state, or local monitoring agencies or can be disclosed with a court order. California Department of Aging (CDA) regulations require a signed release to use or disclose any participant information for any other purposes. This includes general information such as name and contact information.
[45 C.F.R. § 1321.75(a); Cal. Welf. & Inst. Code § 9102; 22 C.C.R §§ 7500, 7541, 7636.7.]

Citations and Related Guidance

- 45 C.F.R. § 1321.75(a).
- Cal. Welf. & Inst. Code § 9102.
- 22 C.C.R. § 7500.
- 22 C.C.R. § 7541.
- 22 C.C.R. § 7636.7.
- Appendix 2 – Signed Release Form Requirements.

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

The California Department of Public Health (CDPH) administers the California Special Supplemental Nutrition Program for Women, Infants, and Children (WIC or WIC Program).

CDPH/WIC contracts with WIC local agencies, which includes county and city health departments, community and Native American health centers, and non-profit agencies, to certify participant eligibility, provide nutrition education and counseling as well as breastfeeding support, and provide referrals to healthcare and other community resources. In addition, the WIC Program contracts and works with authorized WIC vendors (such as grocery stores), farmers, and farmer's markets to supply supplemental foods to WIC shoppers in exchange for reimbursement.

Federal law limits the disclosure of WIC applicant/participant information to:

- Persons directly connected with the administration or enforcement of the WIC Program for WIC purposes, such as local agencies and other WIC State or local agencies; persons under contract with the State agency to perform research regarding the WIC Program; and persons investigating or prosecuting WIC Program violations under Federal, State or local law.
- Public organizations (such as federal, State, and local agencies and other government/tribal authorities but not State or local enforcement) that serve persons eligible for the WIC Program for non-WIC purposes. The public organization must enter into a written agreement with the WIC State agency (CDPH/WIC) or a local agency and may only use WIC applicant/participant information in the administration of their programs that serve persons eligible for the WIC Program.

Only the WIC Program or the applicant/participant is allowed to authorize the sharing of WIC applicant/participant information, including information gathered during the WIC enrollment process, known as "certification."
[7 C.F.R. §§ 246.2, 246.3(b), 246.26(d) and (h), 248.24(c); Cal. Health & Safety Code §§ 123279, 123280(c), 123310; 22 C.C.R. § 40613; FNS Instruction 800-1; WIC Regulatory Bulletin 2012-01.]

Sharing WIC applicant/participant information with any other person or organization requires a valid release form from the WIC applicant/participant.
[7 C.F.R. § 246.26(d); Cal. Health & Safety Code § 123280(c); FNS Instruction 800-1.]

This section provides guidance on the following information sharing situations:

- Health provider sharing information with a WIC local agency (Scenario 13), for example this could include:
    - Completing a WIC referral form to assist with the certification or recertification process
    - Fulfilling a request from a WIC local agency for health information or an infant formula prescription
- WIC local agency sharing information with a health provider or food provisioner regarding WIC service utilization (Scenario 14). WIC service utilization information could include whether the client has been enrolled in the WIC program.

Scenario 13 – Health Provider to WIC Local Agency

Description

To assist the WIC local agency in certifying patients who may be eligible to participate in the WIC Program, health providers provide specific information (including health information) about their patient using one of the following California Department of Public Health (CDPH) WIC referral forms:

- WIC Referral for Pregnant Women (Form # CDPH 247C)
- WIC Referral for Postpartum/Breastfeeding Women (Form # CDPH 247B)
- Pediatric Referral (Form # CDPH 247A)

The health provider submits the completed WIC referral form to a WIC local agency for WIC certification and other administrative functions.

As part of the administration of the WIC Program, a WIC local agency may require additional information to complete the certification process or may need updates for subsequent certifications. The WIC local agency may gather additional information from the health provider by:

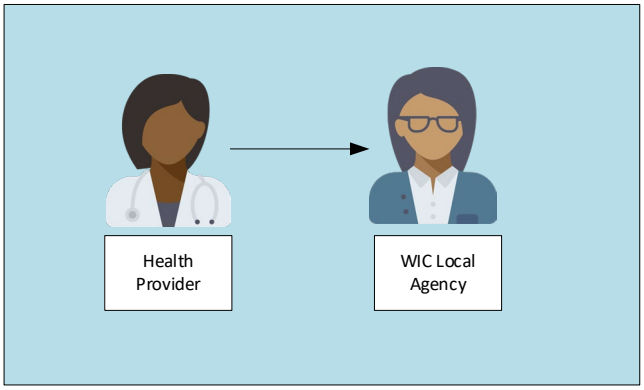
- Contacting the health provider for additional or missing health information regarding the referral to complete the certification process (including when a Medicaid (Medi-Cal) agency or provider refers someone to WIC).
- Contacting the hospital or health provider for birth notifications to certify a newborn for WIC.
- Contacting the health provider for information specific to: determining which foods or formula are provided as part of the participant's food benefits, tailoring food packages, providing breastfeeding assistance/education, or providing medically necessary therapeutic formula for infant participants.

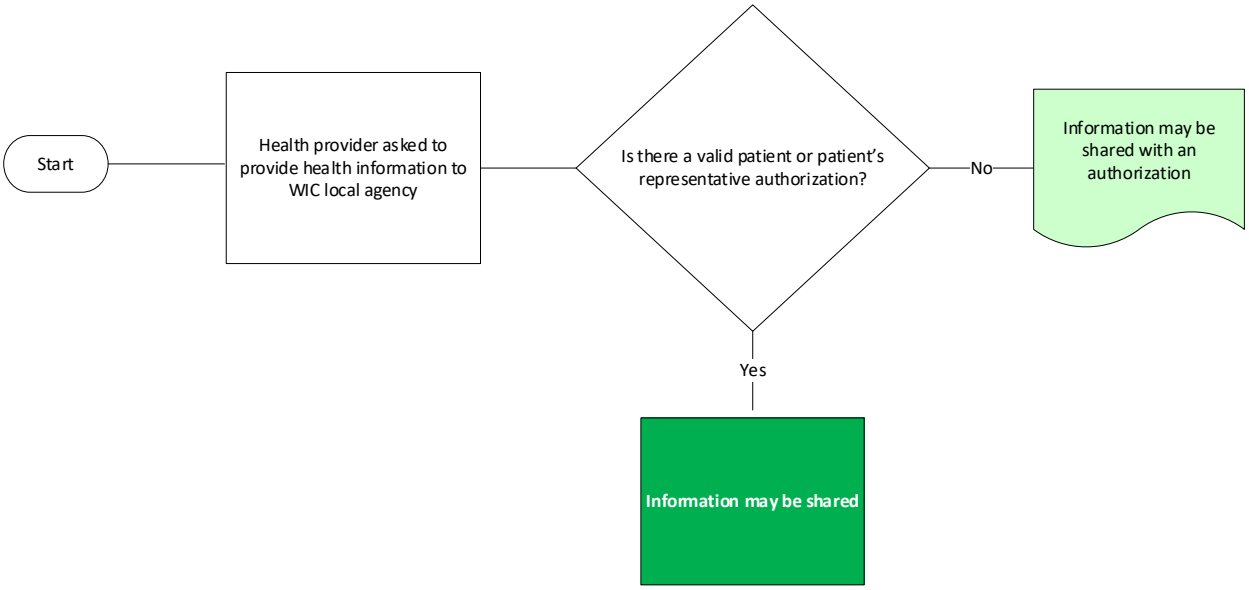
What health information can a health provider share with WIC local agencies?

Important Scenario Guidance Assumptions:

- There is no patient or patient's representative authorization

Graphic – Health Provider to WIC Local Agency





Scenario Guidance – Health Provider to WIC Local Agency

Health providers that are Health Insurance Portability and Accountability Act (HIPAA) covered entities or business associates or otherwise regulated by CMIA, may disclose health information to the WIC local agency with a patient or patient's representative authorization.
[45 C.F.R. § 164.508; Cal. Civ. Code § 56.11.]

Citations and Related Guidance

- 45 C.F.R. § 164.508.
- Cal. Civ. Code § 56.11.
- Appendix 2 - Signed Release Form Requirements.

Scenario 14 – WIC Local Agency to Health Provider or Food Provisioner

Description

A health provider may request service utilization information from a WIC local agency to track patient's wellness, health outcomes, and reduce preventable healthcare utilization associated with food and nutrition insecurity.

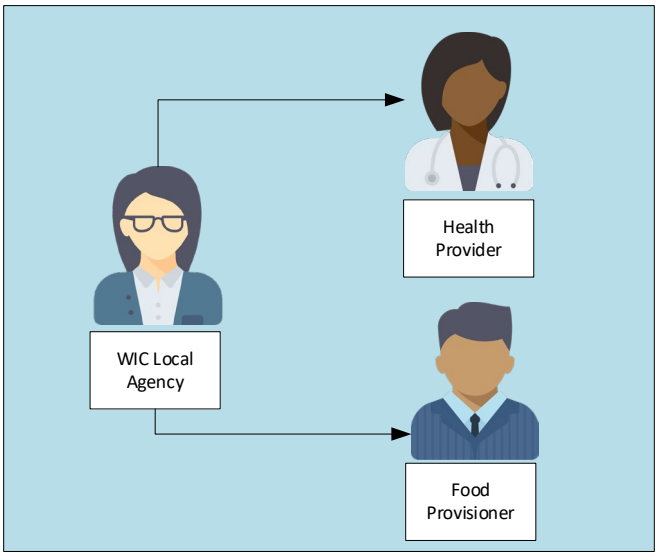
Additionally, a food provisioner needs service utilization information from a WIC local agency to ensure their client is still part of the WIC program.

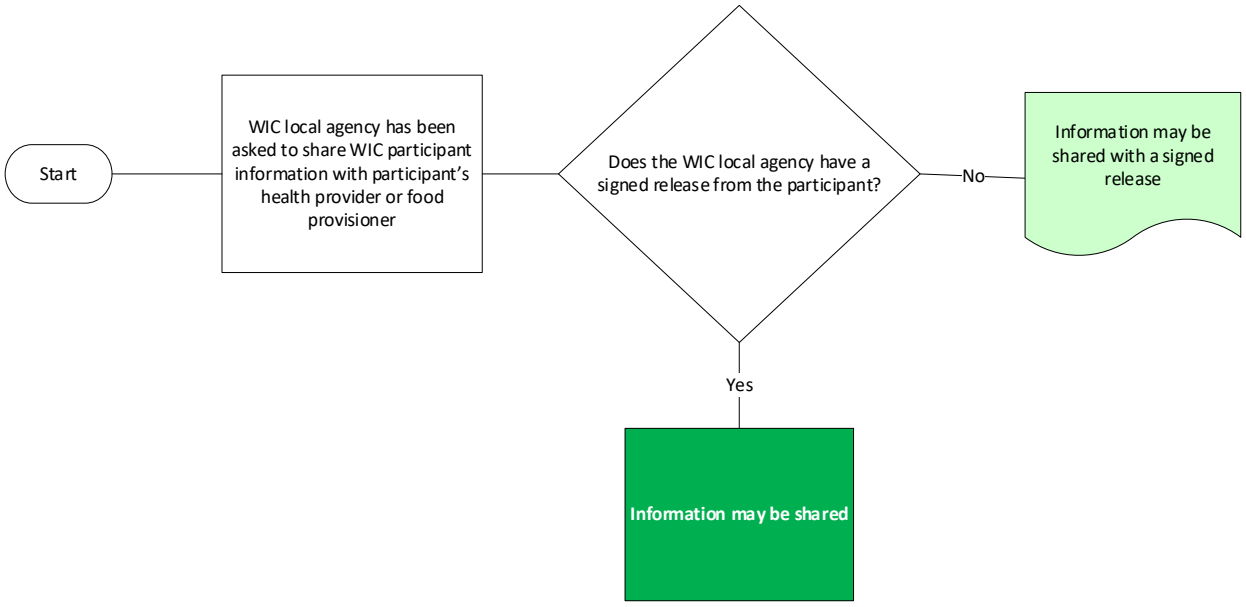
What information can a WIC local agency share with a health provider or food provisioner?

Important Scenario Guidance Assumptions:

- WIC local agency is not a Health Insurance Portability and Accountability Act (HIPAA) covered entity
- Organizations participating in this information exchange are not subject to California Consumer Privacy Act
- There is no release form

Graphic – WIC Local Agency to Health Provider or Food Provisioner





Scenario Guidance – WIC Local Agency to Health Provider or Food Provisioner

WIC applicant/participant information is protected by federal and state law – this includes the applicant's/participant's name and the fact that they are a WIC applicant/participant.

WIC local agencies may provide WIC applicant/participant information to a health provider or food provisioner with a release form signed by the applicant/participant. Release forms authorizing disclosure to health providers may be included as part of the WIC application or certification process. All other requests for WIC applicants/participants to sign voluntary release forms must occur after the application and certification process is completed.
[7 C.F.R. § 246.26(d)(4).]

Requests for WIC applicants/participants to sign a release form to disclose their WIC information to food provisioners or others must occur after the completion of the initial certification process so that signing the release form is not viewed as a condition of receiving WIC services.
[7 C.F.R. § 246.26(d)(4); Cal. Health & Safety Code § 123280(c); FNS Instruction 800-1.]

Citations and Related Guidance

- 7 C.F.R. § 246.26(d)(4).
- Cal. Health & Safety Code § 123280(c).
- FNS Instruction 800-1.
- Appendix 2 - Signed Release Form Requirements.

Concluding Thoughts

In conclusion, the State of California recognizes the value of sharing health and social services information when legally permissible and in the interests of the patient/client. Such sharing improves coordination of care and health outcomes that benefits the patient. In the current complex regulatory environment, the State recognizes it can be challenging for health providers; eligibility, enrollment, and program services; and food provisioners to know with certainty when sharing health and social services information is permissible.

The State developed this State Health Information Guidance (SHIG) to help clarify conditions when health and social services information may be shared without a signed release form and when disclosures are permitted with a signed release form.

As the California healthcare landscape continues to evolve and coordination of care for patients continues to rise, the State's intent is to support health providers by clarifying federal and state law. As a result, the State wishes to contribute to the dialogue taking place among stakeholders through this authoritative guidance so that patient-centric care solutions can continue to be developed.

Direct any questions or requests for additional information associated with this publication to:

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Appendix 1 – SHIG Participants

SHIG Stakeholder Sessions - Participants

The following organizations participated in the SHIG Stakeholder Sessions held virtually in July and August 2020. The purpose of the sessions was to explain the project, discuss barriers to information exchange, and to solicit input on possible topics for the SHIG:

- ALL IN Alameda County
- Alameda County Community Food Bank
- Archstone Foundation
- California Association of Health Information Exchanges (CAHIE)
- California Department of Aging (CDA)
- California Department of Health Care Services (DHCS)
- California Department of Public Health (CDPH)
- California Department of Social Services (CDSS)
- California Food is Medicine Coalition/Ceres Community Project
- California Health & Human Services (CalHHS) Agency
- California Healthcare Safety Net Institute
- California Hospital Association
- California Center for Data Insights and Innovation (CDII)
- California Primary Care Association
- California WIC Association (CWA)
- Community Clinic Association of Los Angeles County
- Contra Costa Health Services
- Dignity Health
- Dignity Health - CommonSpirit Health
- Dignity Health Connected Living
- Feeding America
- Food Banks of Contra Costa and Solano
- Health Leads
- Kaiser Permanente
- Los Angeles County Department of Public Health
- Los Angeles Trust for Children's Health
- Maternal and Child Health – Los Angeles
- Nourish California

- PHFE WIC Program
- Project Angel Food
- Redwood Community Health Center
- Riverside County Health Department
- San Diego Hunger Coalition
- San Francisco Bay Area Planning and Urban Research Association (SPUR)
- San Francisco Department of Public Health
- County of Santa Clara
- County of Santa Clara – Office of the County Counsel
- Second Harvest of Silicon Valley
- Sutter Health
- University of California, San Francisco (UCSF)
- Venice Family Clinic

SHIG Advisory Committee Members

Advisory Committee members reviewed SHIG materials as they were developed and provided input/insight on SHIG content. Advisory Committee members include the following individuals and organizations.

Name	Title	Organization Name
Karen Ben-Moshe	Program Manager	ALL IN Alameda County
Kelly Bond	Project Manager, Population Health	Redwood Community Health Center
Melissa Cannon, MS, RD	Senior Advocate	Nourish California
Steven Chen, MD	Chief Medical Officer	ALL IN Alameda County
Cathryn Couch	Chief Executive Officer, 2020 Chair	Ceres Community Project/California Food is Medicine Coalition
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Karen Farley, RD, IBCLC	Executive Director	CA WIC Association (WIC)
Alexis Fernández	Chief, CalFresh and Nutrition Branch	California Department of Social Services
Cindy Keltner	Director of Care Transformation	California Primary Care Association
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Jennifer Powell, MPH	Executive Director	Dignity Health Connected Living
Lois Richardson	Vice President, Legal Counsel	California Hospital Association
Lucy Saenz	Deputy Director of Data Informatics	California Primary Care Association

Name	Title	Organization Name
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Lee Tien	Senior Staff Attorney and the Adams Chair for Internet Rights	Electronic Frontier Foundation
	Women, Infants and Children Division	California Department of Public Health

SHIG Development Contributors

Under the direction of the California Center for Data Insights and Innovation (CDII) and the SHIG Advisory Committee, the following individuals contributed significantly to the development of the SHIG publication.

SHIG – Original Publication in 2021

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Additional Organizations Consulted

CDII and the SHIG Advisory Committee greatly appreciate the services of individuals and organizations who also contributed to the development of the SHIG by consulting with the development team and/or reviewing sections of the document.

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	Legal Counsel	California Department of Public Health
	Local Services Branch-Local Support Section	California Department of Public Health
	Women, Infants and Children Division	California Department of Public Health

Appendix 2 –Signed Release Form Requirements

Depending upon the type of health and social services information being released, the signed release form requirements differ by law. The Health Insurance Portability and Accountability Act (HIPAA), Lanterman-Petris-Short (LPS) Act, Health and Safety Code (HSC) § 11845.5, Confidentiality of Medical Information Act (CMIA), and 42 C.F.R. Part 2 (SUD) each define required (but not identical) elements of a signed release form. The requirements for a signed release form from each statute or regulation are described below.

Keep in mind, a valid patient or patient's representative authorizations must include HIPAA as well as the requirements associated with CMIA, LPS, or SUD regulations. In addition, social services information expanding outside traditional health information can be protected by other privacy requirements, including for CalFresh, known federally as the Supplemental Nutrition Assistance Program (SNAP), and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). These programs have separate legal requirements for a signed release form as described below.

Signed release forms for the disclosure of both health and social services information require:

- An individual has the opportunity to refuse to sign the form;
- Notification to individuals that signing the form is not a condition of eligibility, services, or treatment; and
- Notification to individuals that their refusal to sign the form will not affect their eligibility, services, or treatment.

While not legally required, the State suggests including these statements on the forms themselves to document that these notifications took place.

Form Requirements

HIPAA Authorization Form Requirements

The core elements of a valid HIPAA authorization must include:

- Meaningful description of the information to be disclosed
- Name of the person or entity authorized to make the disclosure
- Name of the person/class of persons/entity of the recipient of the information
- Description of the purpose of the disclosure
- Expiration date or an expiration event that relates to the individual
- Signature of the patient or their patient's representative(along with a description of each representative's authority to sign on behalf of the patient)

In addition, the authorization must include the following statements:

- The Notice of Privacy Practices provides instructions for me should I choose to revoke my authorization and includes limitations on my revocation.
- Treatment, payment, enrollment or eligibility for benefits will not be affected if the authorization is not signed
- If the organization or person I have authorized to receive the information is not a health plan or health care provider; the released information may no longer be protected by federal privacy regulations

[45 C.F.R. § 164.508(c).]

CMIA-Regulated Authorization Form Requirements

When a patient or patient's representative authorization for a disclosure of health information is required for CMIA-regulated entity, the form must include the HIPAA core elements (above) as well as the following (where different):

- No smaller than 14-point type
- Signed (handwritten or electronic) and dated by the patient or patient's representative, or spouse, or beneficiary/personal representative of a deceased person
- Specific uses and limitations on the types of medical information to be disclosed
- Name or functions of providers of healthcare, healthcare service plan, contractor, or pharmaceutical company that may disclose information
- Name or functions of persons or entities authorized to receive medical information
- Specific uses and limitations on the use of the medical information by persons or entities authorized to receive the information
- Specific date or event (within one year or less) after which the authorization is no longer valid
- Advises person signing of their right to receive a copy of the authorization

[Cal. Civ. Code § 56.11.]

LPS-Regulated Authorization Form Requirements

When a patient or patient's representative authorization for a disclosure of mental health information is required for a LPS-regulated entity, the form must include the HIPAA core elements (above) as well as the following (where different):

- Purpose of the disclosure
- Information to be released
- Name of the agency or individual to whom information will be released
- Name of the responsible individual at the mental health facility who has authorization to release the information requested
- Signature of the patient or patient's representative

[Cal. Welf. & Inst. Code § 5328.7.]

Substance Use Disorder and Health & Safety Code Regulated Authorization Form Requirements

When a patient or patient's representative authorization for a disclosure of SUD patient-identifying information is required for a 42 C.F.R. Part 2 regulated entity licensed by the California Department of Health Services, the form must include the HIPAA core elements (above) as well as the following elements (where different):

- Name of the patient
- Specific name or entity making the disclosure
- Name of the person or entity of the recipient of the information
- A description of each purpose of the requested use or disclosure
- How much and what kind of information will be released, including an explicit description of the substance use disorder information that may be disclosed
- Indicate that the patient understands he or she may revoke the authorization at any time, in writing, unless authorization has already been relied upon
- The required revocation statement (in accordance with HIPAA)
- Date, event, or condition upon which the authorization expires, if not revoked earlier
- Date the authorization form was signed
- Signature of the patient or the patient's representative

[42 C.F.R.§§ 2.31, 2.33; Cal. Health & Safety § 11845.5.]

Women, Infants, and Children Release Form Requirements

When a release form is required for a disclosure of WIC information from a WIC local agency, the release form must include:

- Name of the WIC applicant/participant and/or who is authorizing the disclosure
- Purpose of the disclosure
- Information to be released
- Name of the agency or individual to whom information will be released
- Signed by the WIC applicant/participant
- Date or condition upon which the release expires (no longer than one (1) year)
- Statement that the applicant/participant may revoke the agreement

[7 C.F.R. § 246.26(d)(4); Cal. Health & Safety § 123280(c); FNS Instruction 800-1.]

Caution! If the release form is authorizing disclosure to any person or entity other than a health provider, the applicant/participant cannot be asked to sign a release form until after the completion of the initial certification process.

CalFresh Release Form Requirements

When a release form is required for a disclosure of CalFresh information from a CalFresh eligibility worker, the release form must include:

- Name of the person/entity authorized to make the disclosure
- Information to be released
- Name of the agency or individual to whom information will be released
- Signed by the applicant/participant or representative
- Expires after one (1) year

[7 C.F.R. § 272.1; Cal. Welf. & Inst. Code § 10850.2.]

Appendix 3 – Personally Identifiable Information (PII) versus Protected Health Information (PHI)

This appendix provides an overview of the main types of information and examples of data elements associated with each.

Types of Information:

- Personally Identifiable Information (PII) refers to information that can be used to distinguish or trace an individual's identity, either alone or when combined with other personal or identifying information that is linked or linkable to a specific individual. The privacy and confidentiality of this information can be guided by the following regulations and laws (not an all-inclusive list):
    - USDA regulations regarding food nutrition programs (7 C.F.R.)
- Protected Health Information (PHI) is individually identifiable health information related to a patient's medical history, mental or physical condition, treatment, or payment. The privacy and confidentiality of this information is guided by the following regulations and laws (not an all-inclusive list):
    - Confidentiality of Substance Use Disorder Patient Records (42 C.F.R. Part 2)
    - Health Insurance Portability and Accountability Act (HIPAA) (45 C.F.R. Parts 160, 162, and 164)
    - California Confidentiality of Medical Information Act (CMIA) (Cal. Civ. Code §§ 56-56.37)
    - Registration of Narcotic, Alcohol, and Other Drug Abuse Programs (Cal. Health & Safety Code § 11845.5)
    - Lanterman-Petris-Short (LPS) Act (Cal. Welf. & Inst. Code §§ 5328-5330)

Examples of Information:

The following table provides a sample of data elements most likely associated with the information sharing for stakeholders of the food and nutrition insecurity process.

Data Element	PII	PHI
Name	✓	
Address	✓	
Phone number	✓	
Email address	✓	
Past, present, future health conditions	✓	✓
Medi-Cal enrollment status	✓	✓
Medicare enrollment status	✓	✓
Food and nutrition insecurity screening information	✓	✓
WIC Referral form information – such as breastfeeding status, height/weight, etc.	✓	✓
Medical Record Number Medicare Number Medi-Cal Number	✓	✓

Appendix 4 – Provider Definitions

State Health Information Guidance (SHIG) uses on the term "Health Provider" which encompasses various regulatory and legally defined terms for health provider, healthcare provider, clinician and other related terms. This appendix provides information about the federal and state laws and the terms included in the SHIG term "Health Provider."

Health Insurance Portability and Accountability Act - 45 C.F.R. § 160.103

The Health Insurance Portability and Accountability Act (HIPAA) Final Rule defines a "health care provider" as a provider of services as defined in section 1861(u) of 42 U.S.C. 1395x(u), and a provider of medical or health services as defined in section 1861(s) of 42 U.S.C. 1395x(s). In order for a "health care provider" to be a covered entity under HIPAA, they must also transmit health information in electronic form in connection with a HIPAA covered transaction. Below is a summary of the types of providers and services outlined in these definitions:

"Provider of services" means (from 42 U.S.C. 1395x(u) § 1861(u)):

- hospital
- critical access hospital
- skilled nursing facility
- comprehensive outpatient rehabilitation facility
- home health agency
- hospice program

"Medical or other health services" means any of the following items or services (from 42 U.S.C. 1395x(u) § 1861(s)):

- physicians' services
- services, including:
    - services and supplies furnished as an incident to a physician's professional service, or kinds which are commonly furnished in physicians' offices and are commonly either rendered without charge or included in the physicians' bills
    - hospital services incident to physicians' services rendered to outpatients and partial hospitalization services incident to such services
    - diagnostic services which are:
        - furnished to an individual as an outpatient by a hospital or by others under arrangements with them made by a hospital, and
        - ordinarily furnished by such hospital (or by others under such arrangements) to its outpatients for the purpose of diagnostic study

- outpatient physical therapy services and outpatient occupational therapy services
- rural health clinic services and federally qualified health center services
- home dialysis supplies and equipment, self-care home dialysis support services, and institutional dialysis services and supplies
- antigens prepared by a physician for a particular patient, including antigens so prepared which are forwarded to another qualified person for administration to such patient, by or under the supervision of another such physician
- services furnished pursuant to a…
    - contract under § 1876 [42 U.S.C. 1395mm] to a member of an eligible organization by a physician assistant or by a nurse practitioner and such services and supplies furnished as an incident to his service to such a member
    - risk-sharing contract under § 1876(g) [42 U.S.C. 1395mm(g)] to a member of an eligible organization by a clinical psychologist or by a clinical social worker [and] furnished as an incident to such clinical psychologist's services or clinical social worker's services
- blood clotting factors, for hemophilia patients
- prescription drugs used in immunosuppressive therapy furnished, to an individual who receives an organ transplant for which payment is made under this title [42 U.S.C. 1395 et seq.], but only in the case of [certain] drugs furnished
- services which would be physicians' services if furnished by a physician and…
    - which are performed by a physician assistant
    - which are performed by a nurse
- certified nurse-midwife services
- qualified psychologist services
- clinical social worker services
- erythropoietin for dialysis patients
- prostate cancer screening tests
- an oral drug (which is approved by the federal Food and Drug Administration) prescribed for use as an anti-cancer chemotherapeutic agent for a given indication, and containing an active ingredient (or ingredients)
- colorectal cancer screening tests
- diabetes outpatient self-management training services;
- an oral drug (which is approved by the Federal Food and Drug Administration) prescribed for use as an acute anti-emetic used as part of an anticancer chemotherapeutic regimen if the drug is administered by a physician (or as prescribed by a physician)

    - for use immediately before, at, or within 48 hours after the time of the administration of the anticancer chemotherapeutic agent
    - as a full replacement for the anti-emetic therapy which would otherwise be administered intravenously
- diagnostic X-ray tests furnished in a place of residence used as the patient's home
- X-ray, radium, and radioactive isotope therapy, including materials and services of technicians
- surgical dressings, and splints, casts, and other devices used for reduction of fractures and dislocations
- durable medical equipment
- ambulance service where the use of other methods of transportation is contraindicated by the individual's condition
- prosthetic devices (other than dental) which replace all or part of an internal body organ (including colostomy bags and supplies directly related to colostomy care),and including one pair of conventional eyeglasses or contact lenses furnished subsequent to each cataract surgery
- leg, arm, back, and neck braces, and artificial legs, arms, and eyes, including replacements if required
- vaccines
    - pneumococcal vaccine and its administration
    - hepatitis B vaccine and its administration
- services of a certified registered nurse anesthetist
- extra-depth shoes with inserts or custom molded shoes with inserts for an individual with diabetes
- screening mammography
- screening pap smear and screening pelvic exam
- bone mass measurement

Confidentiality of Medical Information Act - Cal. Civ. Code § 56.05(p)

The California Confidentiality of Medical Information Act (CMIA) defines a "provider of health care" as:

Defined in…	Includes…
Any person licensed or certified per Cal. Business and Professions Code, Division 2 (Healing Arts), commencing with section 500	• Chiropractor • Clinical Laboratory • Dentistry • Medical Providers • Licensed Midwifes • Research Psychoanalysts • Speech-Language Pathologists • Hearing Aid Dispensers • Dispensing Audiologists • Registered Dispensing Opticians • Registered Dieticians • Physical Therapy • Perfusionists • Occupational Therapy • Nursing • Nursing Midwifes • Public Health Nurse • Nurse Anesthetists • Nurse Practitioners • Clinical Nurse Specialists • Vocational Nursing • Psychologists • Optometry • Physician Assistants • Naturopathic Doctors • Respiratory Therapists • Pharmacy • Psychiatric Technicians • Marriage and Family Therapists • Licensed Educational Psychologists • Licensed Clinical Social Workers

Defined in…	Includes…
	• Licensed Professional Clinical Counselors
Any person licensed per Osteopathic Initiative Act or the Chiropractic Initiative Act	• Practitioners of chiropractic
Any person certified per Cal. Health & Safety Code, Division 2.5 (Emergency Medical Services) commencing with section 1797:	• Emergency Medical Services Authority (EMSA) • Local Emergency Medical Services (EMS) Agencies • Hospitals • Regional Trauma Centers • Poison Control Centers • Emergency Medical Technicians (EMTs) • Paramedics
Any clinic, health dispensary, or health facility licensed per Cal. Health & Safety Code, Division 2 (commencing with section 1200)	• Clinic • Primary Care Clinics • Specialty Clinics • Psychology Clinics • Chronic Dialysis Clinic • Surgical Clinic • Rehabilitation Clinic • Alternative Birth Center • Health Dispensary

Appendix 5 – Summary of Privacy Laws

Due to the complex nature of privacy laws, State Health Information Guidance (SHIG) users should review and consult the materials in this section with their legal counsel.

Federal

Health Insurance Portability and Accountability Act (HIPAA)

HIPAA describes privacy, security, patient rights, and healthcare transactions requirements for healthcare entities. HIPAA sets restrictions on access, use, and disclosure.

Item	***Information***
Citation(s)	45 C.F.R. Parts 160 and 164
Who is Covered?	Covered Entities: 1) health plans; 2) healthcare clearinghouses; and 3) health providers that conduct certain healthcare transactions electronically. Business Associates of a HIPAA covered entity.
What information is covered?	Protected Health Information (PHI)*: all "individually identifiable health information" held or transmitted by a HIPAA covered entity or its business associate, in any form or media, whether electronic, paper, or oral. *Exempts educational records covered by Family Educational Rights and Privacy Act (FERPA).
Patient breach notification requirement?	YES
Patient access requirement?	YES
Patient amend/correct requirement?	YES
Limitations on disclosure?	YES
Respond to a subpoena?	YES
Private right of action?	NO
Liability for violation	Fines levied by federal oversight (U.S. Health and Human Services, Office of Civil Rights)

Substance Use Disorder (SUD)

42 C.F.R. Part 2 sets restrictions on access, use, and disclosure.

Item	***Information***
Citation(s)	42 C.F.R. Part 2
Who is Covered?	Federally assisted SUD treatment programs that meet the definition of a Program.
What information is covered?	Information that would identify a patient as having a SUD and allow very limited disclosures of information without patient authorization.
Patient breach notification requirement?	NO
Patient access requirement?	YES
Patient amend/correct requirement?	NO
Limitations on disclosure?	YES
Respond to a subpoena?	NO
Private right of action?	YES
Liability for violation	• Entity Liability • Criminal Liability

Family Educational Rights and Privacy Act (FERPA)

FERPA describes privacy and student/family rights requirements for educational entities. It sets restrictions on access, use, and disclosure.

Item	***Information***
Citation(s)	20 U.S.C. § 1232g; 34 C.F.R. Part 99
Who is Covered?	All schools that receive funds under an applicable program of the U.S. Department of Education.
What information is covered?	Education records

Item	*Information*
Patient breach notification requirement?	NO
Patient access requirement?	YES
Patient amend/correct requirement?	YES
Limitations on disclosure?	YES
Respond to a subpoena?	YES
Private right of action?	NO
Liability for violation	Loss of federal funding by U.S. Department of Education

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

WIC sets restrictions on access, use, and disclosure.

Item	*Information*
Citation(s)	7 C.F.R. §§ 246.3, 246.26
Who is Covered?	WIC Program, its contractors—including WIC local agencies—as well as subcontractors
What information is covered?	Any information about a WIC applicant or participant, whether it is obtained from the applicant or participant, another source, or generated as a result of WIC application, certification, or participation, that individually identifies an applicant or participant and/or family member(s). Applicant or participant information is confidential, regardless of the original source and exclusive of previously applicable confidentiality provided in accordance with other federal, state, or local law.
Applicant/participant breach notification requirement?	NO * *Consult the WIC contract for specific contractual requirements for breach notification.

Item	*Information*
Applicant/participant access requirement?	YES
Applicant/participant amend/correct requirement?	NO
Limitations on disclosure?	YES
Respond to a subpoena?	Limited; WIC is required to quash a subpoena for a WIC applicant/participant's confidential information unless disclosing is in the best interest of the WIC Program. (7 C.F.R. § 246.26(i).)

The Supplemental Nutrition Assistance Program (SNAP)

SNAP sets restrictions on access, use, and disclosure.

Item	*Information*
Citation(s)	7 C.F.R. § 272.1
Who is Covered?	State and local welfare agencies providing SNAP (known in California as CalFresh)
What information is covered?	All information obtained from SNAP applicant or recipient households.
Patient breach notification requirement?	NO
Patient access requirement?	YES
Patient amend/correct requirement?	NO
Limitations on disclosure?	YES

State of California

Information Practices Act (IPA)

The IPA sets limitations on collection and retention of data for California State departments. It describes individual rights requirements. The IPA sets restrictions on access, use, and disclosure.

Item	***Information***
Citation(s)	Cal. Civ. Code § 1798 et seq.
Who is Covered?	State agencies, departments, offices, officers, etc.
What information is covered?	Personal Information: any information maintained by an agency that identifies or describes an individual.
Patient breach notification requirement?	YES
Patient access requirement?	YES
Patient amend/correct requirement?	YES
Limitations on disclosure?	YES
Respond to a subpoena?	YES
Private right of action?	YES
Liability for violation	• Entity liability • Personal liability (potential job loss)

Confidentiality of Medical Information Act (CMIA)

The CMIA sets restrictions on access, use, and disclosure.

Item	***Information***
Citation(s)	Cal. Civ. Code § 56 et seq.
Who is Covered?	Health providers, health plans, and their contractors.

Item	*Information*
What information is covered?	Medical information[3]
Patient breach notification requirement?	*Refer to* Health Facilities and Data Breach
Patient access requirement?	YES
Patient amend/correct requirement?	NO
Limitations on disclosure?	YES
Respond to a subpoena?	YES
Private right of action?	YES
Liability for violation	Entity liability

California Consumer Privacy Act (CCPA)

The CCPA describes individual rights and sets restrictions on access, use, and disclosure.

Item	*Information*
Citation(s)	Cal. Civ. Code § 1798.100 et seq.
Who is Covered?	For-profit businesses* that collect consumers' personal information and meet certain threshold requirements for annual revenue or number of consumers of whom they receive, buy, sell, or share personal information. *Exempts health providers covered by HIPAA or the CMIA.
What information is covered?	Personal Information*: information that identifies, relates to, describes, is reasonably capable of being associated with, or could reasonably be linked, directly or indirectly, with a particular consumer or household.

[3] Note, while CMIA covers privacy of most health information, it does not cover all. Health information covered by Cal. Welf. & Inst. Code §§ 4514, 5328, and 10850 et seq., 42 C.F.R. Part 2, and Cal. Health & Safety Code § 11845.5 are not covered by CMIA.

Item	*Information*
	*Exempts data covered by HIPAA or the CMIA.
Patient breach notification requirement?	NO
Patient access requirement?	YES
Patient amend/correct requirement?	NO
Limitations on disclosure?	YES
Respond to a subpoena?	YES
Private right of action?	YES
Liability for violation	• Entity liability • Injunctive or declaratory relief

Patient Access to Health Records Act (PAHRA)

The PAHRA describes a patient's right of access or denial of access to health information.

Item	*Information*
Citation(s)	Cal. Health & Safety Code §§ 123100 – 123149.5
Who is Covered?	Health providers
What information is covered?	Medical records
Patient breach notification requirement?	NO
Patient access requirement?	YES
Patient amend/correct requirement?	NO; however, a patient has the right to add a written addendum to the record
Limitations on disclosure?	NO
Private right of action?	YES
Liability for violation	Entity liability

Lanterman-Petris-Short Act (LPS) – Mental Health

The LPS describes privacy requirements and sets restrictions on access, use, and disclosure.

Item	***Information***
Citation(s)	Cal. Welf. & Inst. Code § 5328 et seq.
Who is Covered?	Generally, county or city mental health departments, state hospitals, or other public or private entities (such as community mental health clinics).
What information is covered?	Information and records obtained in the course of providing services to involuntarily, and some voluntary, recipients of services are confidential and specially protected under LPS.
Patient breach notification requirement?	NO
Patient access requirement?	NO
Patient amend/correct requirement?	NO
Limitations on disclosure?	YES
Respond to a subpoena?	NO
Private right of action?	YES
Liability for violation	• Entity liability • Personal liability

Lanterman Developmental Disabilities Services Act (LDDA) – Developmental Disabilities

The LDDA sets restrictions on access, use, and disclosure.

Item	***Information***
Citation(s)	Cal. Welf. & Inst. Code § 4514
Who is Covered?	California Department of Developmental Services (DDS) and regional centers under contract with the DDS.
What information is covered?	All information and records obtained in the course of providing intake, assessment, and services for persons with developmental disabilities.
Patient breach notification requirement?	NO
Patient access requirement?	NO
Patient amend/correct requirement?	NO
Limitations on disclosure?	YES
Respond to a subpoena?	NO
Private right of action?	YES
Liability for violation	• Entity liability • Personal liability

California Substance Use Disorder Records - SUD

California SUD sets restrictions on access, use, and disclosure.

Item	***Information***
Citation(s)	Cal. Health & Safety Code § 11845.5
Who is Covered?	Entities that are licensed by the California Department of Health Care Services (DHCS) in connection with SUD diagnosis and treatment.

Item	*Information*
What information is covered?	Information that would identify a patient as having a SUD and allow very limited disclosures of information without patient authorization.
Patient breach notification requirement?	NO
Patient access requirement?	NO
Patient amend/correct requirement?	NO
Limitations on disclosure?	YES
Respond to a subpoena?	NO
Private right of action?	NO

Health Facilities and Data Breach

Breach reporting requirement to licensing entity.

Item	*Information*
Citation(s)	Cal. Health & Safety Code § 1280.15
Who is Covered?	A clinic, health facility, home health agency, or hospice licensed pursuant to Cal. Health & Safety Code §§ 1204, 1250, 1725, or 1745.
What information is covered?	Medical information
Patient breach notification requirement?	YES
Patient access requirement?	NO
Patient amend/correct requirement?	NO
Limitations on disclosure?	NO
Private right of action?	NO

Item	*Information*
Liability for violation	Fines levied by state oversight (California Department of Public Health)

Data Breach of Customer Records

Breach reporting requirements for persons and businesses.

Item	*Information*
Citation(s)	Cal. Civ. Code § 1798.82
Who is Covered?	Persons and businesses conducting business in California
What information is covered?	Personal information as defined in subdivision (h) of Cal. Civ. Code § 1798.82.
Patient breach notification requirement?	YES
Patient access requirement?	NO
Patient amend/correct requirement?	NO
Limitations on disclosure?	NO
Private right of action?	NO
Liability for violation	Entity liability

Public Social Services

This code section sets restrictions on access, use, and disclosure.

Item	***Information***
Citation(s)	Cal. Welf. & Inst. Code § 10850
Who is Covered?	California Department of Social Services and county welfare departments
What information is covered?	All applications and records concerning any individual made or kept by any public officer or agency in connection with any form of public social services for which grants-in-aid are received from the United States government.
Patient breach notification requirement?	NO
Patient access requirement?	NO
Patient amend/correct requirement?	NO
Limitations on disclosure?	YES
Respond to a subpoena?	NO

Appendix 6 - Additional Resources

The State Health Information Guidance (SHIG) has been posted on the Center for Data Insights and Innovation (CDII) website as a public resource.[4] The online SHIG will be available for as long as the public and stakeholders find it useful.

Issues and Subjects Not Addressed in SHIG

The SHIG Volume 2 only provides clarifications relating to disclosure and exchange of health information to address food and nutrition insecurity in California. Issues outside of this use are not addressed. Fortunately, the SHIG is designed to be a virtual binder that can be expanded to include other topics. Should funding and resources become available, useful future topics for clarification could include, but are not limited to, any or all of the following:

- Sharing with food retail organizations and food pharmacies
- Sharing with law enforcement or criminal justice
- Technology or legacy IT system updates
- Privacy and electronic health records
- Electronic signatures
- Sharing with school systems

References for Food and Nutrition Insecurity as a Public Health Crisis

California:

The Let's Get Healthy California site provides various resources on food and nutrition insecurity – including the latest statistics, what is being done in California, and links to other resources.

"Food insecurity in California's public university system: What are the risk factors?"

By Suzanna M. Martinez, Karen Webb, Edward A. Frongillo, and Lorrene D. Ritchie
Published in the Journal of Hunger and Environmental Nutrition (2017)

Summary: The study found that food insecurity among college students was a public health concern. Publication is available on the UC Berkeley web site.

[4] http://www.cdii.ca.gov

United States:

"Household Food Security in the United States in 2018"

By Alisha Coleman-Jensen, Matthew P. Rabbitt, Christian A. Gregory, Anita Signh
Published by USDA Economic Research Service; Economic Research Report #270
September 2019

Summary: The study provides statistics from surveys that cover household food security, food expenditures and used of FNS programs in 2018. The study is available on the USDA web site.

"Food insecurity in the U.S. by the numbers"

By Christianna Silva
Published on NPR September 27, 2020

Summary: The article found that nearly one in four households, during the pandemic, have experienced food insecurity. The article is available on the National Public Radio web site.

"Food insecurity is an ongoing national concern"

By Craig Gundersen
Published January 2013

Summary: The paper provides measurements to demonstrate that food insecurity is a leading public health challenge. The paper is available on the National Institutes of Health web site.

"Food Insecurity and Health Outcomes"

By Craig Gundersen and James P. Ziliak
Published in Health Affairs, November 2015

Summary: The research concluded that food insecurity is the nation's leading health and nutrition issues, with almost 50 million food insecure people in the U.S. The publication is available on the Health Affairs web site.

"States Take Action to Address Food Insecurity"

By ASTHO Staff
Published by the Association of State and Territorial Health Officials, April 10, 2019

Summary: The blog post indicates that one in eight Americans experienced food insecurity in 2017. Food insecurity has been linked to physical and mental status, education and life expectancy. The blog post is available on the Association of State and Territorial Health Officials web site.

Appendix 7 – Definitions

Term	Definition
Authorization	A detailed document that gives an entity permission to use and disclose health or otherwise confidential information for purposes specified in the authorization. *[source: 7 C.F.R. §§ 246.26(d)(4), 272.1(c)(1)(iii); 42 C.F.R. §§ 2.31, 2.33; 45 C.F.R. § 164.508; Cal. Civ. Code § 56.11; Cal. Health & Safety Code § 11845.5(b); Cal. Welf. & Inst. Code § 5328.7.]*
Business Associate	A person or entity that performs certain functions or activities that involve the use or disclosure of health information on behalf of, or provides services to, a HIPAA covered entity. Business associates may include, but not limited to: • organizations that provide services (e.g., claims processing, clearing houses, data analysis, utilization review, quality assurance, billing, legal) on behalf of a HIPAA covered entity where access to health information is required • a person or organization "that offers a personal health record to one or more individuals on behalf of a covered entity…" • "subcontractor that creates, receives, maintains, or transmits protected health information on behalf of the business associate…" A member of the HIPAA covered entity's workforce is not a business associate. *[source: 45 C.F.R. § 160.103 (paraphrased).]*
Business Associate Agreement	A contract between a HIPAA covered entity and a HIPAA business associate. The contract protects health information in accordance with HIPAA guidelines. *[source: 45 C.F.R. § 164.504(e) (paraphrased).]*
CalFresh	CalFresh, known federally as the Supplemental Nutrition Assistance Program (SNAP), provides monthly food benefits to individuals and families with low-income and provides economic benefits to communities. CalFresh is the largest food program in California and provides an essential hunger safety net. CalFresh is federally mandated and in California, is state-supervised and county-operated. *[source: California Department of Social Services website https://www.cdss.ca.gov/inforesources/calfresh.]*

Term	Definition
Client's Representative	A person who: • Has the authority under law to make non-healthcare decisions, typically financial or wellness-related, for another person, or • Has the authority to administer the estate of a deceased person (including executor). Examples include, but are not limited to: • Parent/Guardian of a minor • Power of attorney • Conservator *[source: California CDII.]*
Combined Authorization	A single authorization may contain uses and disclosures for multiple purposes. The only limitations are that an authorization for the use or disclosure of psychotherapy notes may not be combined with an authorization for the use or disclosure of other types of protected health information and that an authorization that is a condition of treatment, payment, enrollment, or eligibility may not be combined with any other authorization. In 45 C.F.R. § 164.508(b)(3), HIPAA permits covered entities to combine an authorization for the use or disclosure of protected health information created for purposes of research including treatment of individuals with certain other documents. *[source: Office of the Assistant Secretary for Planning and Evaluation website* https://aspe.hhs.gov/report/standards-privacy-individually-identifiable-health-information-final-privacy-rule-preamble/compound-authorizations.*]*
Community Information Exchange	Allows information to be linked together to get a more complete client picture, thereby considering whole person health – the combined picture of physical health, behavioral health, and social connections, among other aspects – to better understand a person's comprehensive status. Additionally it allows health and social service sectors now more fully recognize the importance of the social determinants of health. *[source: HealthIT website* https://www.healthit.gov/sites/default/files/data_sharing_care_coordination_and_population_health.pdf.*]*

Term	Definition
Compound Authorization	Combining an authorization for the use or disclosure of protected health information with any other document – this is prohibited by HIPAA. *[source: Office of the Assistant Secretary for Planning and Evaluation website* https://aspe.hhs.gov/report/standards-privacy-individually-identifiable-health-information-final-privacy-rule-preamble/compound-authorizations*.]*
Confidentiality	A security and privacy principle that works to ensure that information is not disclosed to unauthorized persons. *[source: 45 C.F.R. §164.304; California Department of Technology website* https://cdt.ca.gov/security/technical-definitions/*.]*
Congregate and Home Delivery Nutrition Services	Older Americans Act Nutrition Program includes: Congregate nutrition services provide meals and related nutrition services in congregate settings, which help to keep older Americans healthy and prevent the need for more costly medical interventions. In addition to serving healthy meals, the program presents opportunities for social engagement, information on healthy aging, and meaningful volunteer roles, all of which contribute to an older individual's overall health and well-being. Home delivery nutrition services provides meals and related nutrition services for older individuals and their spouses of any age. Home-delivered meals are often the first in-home service that an older adult receives, and the program is a primary access point for other home- and community-based services. *[source: Administration for Community Living website* *https://acl.gov/programs/health-wellness/nutrition-services .]*
Coordination of Care	The deliberate organization of healthcare and related services between two or more providers to facilitate the appropriate delivery of healthcare services. *[source: Agency for Healthcare Research and Quality website* https://www.ahrq.gov/professionals/prevention-chronic-care/improve/coordination/index.html *(paraphrased).]*

Term	Definition
Covered Entity	The following individuals or organizations that directly handle health information: • a health plan • a healthcare clearinghouse • a health provider who transmits any health information in electronic form in connection with a standard transaction covered by HIPAA *[source: 45 C.F.R. § 160.103.]*
Disclose	The release, transfer, dissemination, or to otherwise communicate all or any part of any record orally, in writing, or by electronic or any other means to any person or entity. *[source: 45 C.F.R. § 160.103 (paraphrased).]*
Eligibility, Enrollment, and Program Services	An array of community, county, state, and federal organizations that help a person find appropriate food and nutrition services, apply for nutrition programs, determine eligibility, and enroll people into programs. *[source: SHIG team.]*
Farmer's Market	An association of local farmers who assemble at a defined location for the purpose of selling their produce directly to consumers. *[source: 7 C.F.R. § 248.2.]*
Food and nutrition insecurity	The condition assessed in the food security survey and represented in USDA food security reports—is a household-level economic and social condition of limited or uncertain access to adequate food to live an active, healthy lifestyle. Nutrition security refers to the condition in which a person's nutritional needs are met, including those related to chronic or acute health conditions, medications and symptoms. *[source: USDA Economic Research Service website https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security.aspx#.U76oj_ldW-g.]*
Food Provisioners	Local organizations preparing, distributing, and delivering food products. *[source: SHIG team.]*
Food Vendors	Food vendor or vendor means a retail store location with a specific ownership, the combination of which is authorized or is applying for authorization to participate in the WIC Program, and does not include home food delivery operators. *[source: 22 C.C.R. § 40635.]*
General Information	Refers to information about a person that is limited to the name and contact information of the person. Examples of contact information include but are not limited to: • Phone number

Term	Definition
	• Address • Email address This information does not include demographic or health related information originating from a health provider. *[source: SHIG team.]*
Health Information	Any name in combination with any other information related to the provision of healthcare that can lead a person to reasonably identify the patient. This definition incorporates and synthesizes State of CA and federal definitions, including: • Protected Health Information • Electronic Health Information • Medical Information Special note: Health information as used in this SHIG does not include information and records covered by other federal or state laws regarding substance use disorder treatment records, mental/behavioral health records, developmental services records, HIV, or genetic information. *[source: Statewide Health Information Policy Manual (SHIPM).]*
Health Information Exchange (HIE)	The capability to electronically move health information among disparate healthcare information systems, and maintain the meaning of the information being exchanged. The goal of HIE is to facilitate access to, and retrieval of, clinical data to provide safe, timely, efficient, effective, equitable and patient-centered care. *[source: Health Information and Management Systems Society (HIMSS) website http://www.himss.org/library/health-information-exchange.]*
Health Information Organization (HIO)	An organization that oversees and governs the exchange of health information among stakeholders within a defined geographic area, for improving health and care in that community. *[source: HIMSS website http://www.himss.org/library/health-information-exchange.]*
Health Plan	An individual or group plan that provides, or pays the costs of, healthcare and includes the following, singly or in: • a group plan, a health insurance issuer, a healthcare service plan • an HMO • Part A, B or D of the Medicare program, or a supplemental policy thereof • a long-term care policy excluding a nursing home fixed indemnity policy • an employee welfare benefit plan

Term	Definition
	• a healthcare program for uniformed services • a veterans healthcare program • an Indian Health Services program • the Federal Employees Health Benefits Program • an approved state child health plan • a Medicare Advantage program • a high risk pool established under state law to provide health insurance coverage or comparable coverage • any other individual or group plan or combination of individual or group plans that provides or pays for the cost of medical care *[source: 42 U.S.C. § 300gg-91(a)(2); 45 C.F.R. § 160.103; Cal. Civ. Code § 56.05.]*
Health Provider	An array of clinicians, licensed health organizations, and entities (including healthcare settings) legally defined by HIPAA and CMIA. Refer to Appendix 4 - Provider Definitions. *[source: 45 C.F.R. §§ 160.102, 160.103; Cal. Civil Code § 56.10.]*
Healthcare Operations	Activities relating to covered functions of a business associate, healthcare clearinghouse, health plan, health provider or hybrid entity. Including, but not limited to: • conducting quality assessment and improvement activities; patient safety activities; population-based activities relating to improving health or reducing healthcare costs, protocol development, case management and care coordination, contacting of health providers and patients with information about treatment alternatives; and related functions that do not include treatment • licensing and accreditation • reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, health plan performance, training of non-healthcare professionals, accreditation, certification, licensing, or credentialing activities • underwriting, enrollment, premium rating, and other activities related to the creation, renewal, or replacement of a contract of health insurance or health benefits, and ceding, securing, or placing a contract for reinsurance of risk relating to claims for healthcare • conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs

Term	Definition
	• business planning and development • business management and general administrative activities of the entity *[source: 45 C.F.R. § 164.501; Cal. Civ. Code § 56.10(c).]*
Local Agency	A WIC local agency is a city/county public health department, community health clinic, or community-based non-profit under contract with the WIC Program to certify participant eligibility, issue program benefits, provide nutrition education/counseling and breastfeeding support, and provide referrals to healthcare and other community resources. *[source: 22 C.C.R. § 40641; 7 C.F.R. § 246.2 (paraphrased).]*
Medically Tailored Meals	Medically tailored meals are delivered to individuals living with severe illness through a referral from a medical professional or healthcare plan. Meal plans are tailored to the medical needs of the recipient by a Registered Dietitian Nutritionist (RDN), and are designed to improve health outcomes, lower cost of care and increase patient satisfaction. *[source: Food is Medicine Coalition website* http://www.fimcoalition.org/our-model*.]*
Medically Tailored Meals Pilot (MTMP)	The Medically Tailored Meals Pilot (MTMP) Program launched on April 1, 2018 as a three-year pilot with a total budget of $6 million. The California Department of Health Care Services (DHCS) oversees the program and contracts with Project Open Hand for the provision of services. The program serves three medically tailored meals per day for 12 weeks to at least 1,000 eligible beneficiaries with congestive heart failure during the three-year period. The pilot was extended for one year and will end in December 2021. The eight pilot counties and providers are: • San Francisco / Alameda / San Mateo counties: Project Open Hand • Los Angeles: Project Angel Food • Marin / Sonoma: Ceres Community Project • Sonoma: Food for Thought • San Diego: Mama's Kitchen • San Mateo / Santa Clara: Health Trust *[source: Cal. Welf. & Inst. Code § 14042.1.]*
Mental Health Information	Patient records, or discrete portions thereof, specifically relating to evaluation or treatment of a mental disorder. Mental health records include, but is not limited to, all alcohol and drug abuse records. *[source: Cal. Civ. Code § 56.30; Cal. Health & Safety Code § 123105(b); Cal. Welf. & Inst. Code § 5328.]*

Term	Definition
Minimum Necessary	The amount of information, to the extent necessary, to accomplish the intended purpose of a use, disclosure, or request. *[source: 45 C.F.R. §§ 164.502(b), 164.514(d).]*
Nutrition Educator	Non-clinical staff supporting the education of patient/people to make healthy food choices – from education to coaching. Nutrition educators are not health providers, and are instead individuals that provide education and guidance about general food, nutrition, and other ongoing nutritional needs. *[source: SHIG team.]*
Patient's Representative	A person who: • has the authority under law to make healthcare decisions for another person, or • has the authority to administer the estate of a deceased person (including executor) A provider using clinical judgment may choose not to deal with an individual as the patient's representative, if there is a reasonable belief that: • the individual has or will abuse/neglect the patient with violence, or • may endanger the patient if the information is provided to the individual; and • it would not be in the best interest of the patient to deal with the individual as the patient's representative. *[source: 45 C.F.R. § 164.502(g), HHS website http://www.hhs.gov/ocr/privacy/hipaa/understanding/coveredentities/personalreps.html.]*
Privacy	The right of individuals and organizations to control the collection, storage, and dissemination of information about themselves. *[source: California Department of Technology website https://cdt.ca.gov/security/technical-definitions/.]*
Public Health Authority	An agency or authority of the United States government, a State, a territory, a political subdivision of a State or territory, or Indian tribe that is responsible for public health matters as part of its official mandate, as well as a person or entity acting under a grant of authority from, or under a contract with, a public health agency. *[source: 45 C.F.R. § 164.501.]*

Term	Definition
Registered Dietitian Nutritionist	A Registered Dietitian Nutritionist (RDN) is a trained nutrition professional who has met the strict educational and experiential standards set forth by the Commission on Dietetic Registration of the Academy of Nutrition and Dietetics. RDNs may work in a variety of settings, including (but not limited to) schools, long term care facilities, hospitals, community/public health facilities, corporate nutrition programs, the food and nutrition industry, sports nutrition, business, government, community-based organizations, and research. *[source: nutritionED website https://www.nutritioned.org/.]*
Signed Release	A term created for this SHIG to represent all forms for obtaining the signed, written authorization or consent to release health or social services information. For health information disclosure – refer to definition for Authorization. For social service information disclosure – refer to definition for Written Consent.
Security	The administrative, physical and technical safeguards in, or protecting, an information system. *[source: 45 C.F.R. § 164.304; Cal. Health & Safety Code § 1280.18.]*
Service Utilization	The quantification or description of the use of services by persons for the purpose of preventing and curing health problems, promoting maintenance of health and well-being, or obtaining information about one's health status and prognosis. *[source: Encyclopedia of Behavioral Health - https://link.springer.com/referenceworkentry/10.1007%2F978-1-4419-1005-9_885.]*
Social Services Information	Applicant, enrollee, participant program information collected by social service organizations during the enrollment and eligibility process. *[source: SHIG team.]*
Special Medical Diets (SMD)	Special Medical Diets (SMD), also known as Medically Tailored Meals, are delivered to individuals living with severe illness through a referral from a medical professional or healthcare plan. Meal plans are tailored to the medical needs of the recipient by a Registered Dietitian Nutritionist (RDN), and are designed to improve health outcomes, lower cost of care and increase patient satisfaction. *[source: Food is Medicine Coalition.]*

Term	Definition
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	The Special Supplemental Nutrition Program for Women, Infants, and Children authorized by the Child Nutrition Act of 1966, 42 U.S.C. 1786. The purpose of WIC is to provide supplemental foods and nutrition education, including breast-feeding promotion and support, through payment of cash grants to State agencies which administer WIC through local agencies at no cost to eligible persons. The program shall be supplementary to SNAP; any program under which foods are distributed to needy families in lieu of SNAP benefits; and receipt of food or meals from soup kitchens, or shelters, or other forms of emergency food assistance. *[source: 7 C.F.R. §§ 246.1, 246.2.]*
Treatment	The provision, coordination, or management of healthcare and related services by one or more health providers, including the coordination or management of healthcare by a health provider with a third party; consultation between health providers relating to a patient; or the referral of a patient for healthcare from one health provider to another. *[source: 45 C.F.R. § 164.501.]*
WIC Certification	The implementation of criteria and procedures to assess and document each applicant's eligibility for WIC. An applicant must receive a WIC certification before receiving WIC benefits. *[source: 7 C.F.R. § 246.2.]*
WIC Local Agency	Refer to definition for Local Agency
Written Consent (Release Form)	For release of confidential information for non-program (WIC, CalFresh, Older Americans Act) purposes, a written consent must be obtained from the participant. The written consent is also referred to as a "release form." *[source: 7 C.F.R. §§ 246.26(d)(4), 272.1(c)(3).]*

Appendix 8 – Acronyms

Acronym	Meaning
42 C.F.R. Part 2	Part 2 of Title 42 of the Code of Federal Regulations also known as Confidentiality of Substance Use Disorder Patient Records
ABAWD	Able Bodied Adults without Dependents
CA	Abbreviation for California
CalHHS	California Health & Human Services
CAHIE	California Association of Health Information Exchanges
CBO	Community-Based Organization
CCPA	California Consumer Privacy Act
CDA	California Department of Aging
CDII	California Center for Data Insights and Innovation
CDPH	California Department of Public Health
CDSS	California Department of Social Services
C.C.R.	California Code of Regulations
C.F.R.	Code of Federal Regulations
CHCF	California Health Care Foundation
CIE	Community Information Exchange
CMIA	Confidentiality of Medical Information Act
CSFP	Commodity Supplemental Food Program
CWA	California WIC Association
DHCS	California Department of Health Care Services
EMS	Emergency Medical Services
EMSA	Emergency Medical Services Authority
EMT	Emergency Medical Technician
EW	Eligibility Worker (CalFresh)
FERPA	Family Educational Rights and Privacy Act
FNS	Food and Nutrition Services, USDA
HIE	Health Information Exchange
HIO	Health Information Organization
HIPAA	Health Insurance Portability and Accountability Act
HSC	Health and Safety Code
IPA	California Information Practices Act
LDDA	Lanterman Developmental Disability Services Act
LPS	Lanterman–Petris–Short Act
MOU	Memorandum of Understanding
MSSP	Multipurpose Senior Services Program, CDA

Acronym	Meaning
MTMP	Medically Tailored Meal Pilot
OAA	Older Americans Act
PAHRA	Patient Access to Health Records Act
PHI	Protected Health Information
PII	Personally Identifiable Information
RDN	Registered Dietitian Nutritionist
SHIG	State Health Information Guidance
SHIPM	Statewide Health Information Policy Manual
SMD	Special Medical Diets
SNAP	Supplemental Nutrition Assistance Program
SPUR	San Francisco Bay Area Planning Urban Research Association
SUD	Substance Use Disorder
UCSF	University of California, San Francisco
USDA	United States Department of Agriculture
WIC	Special Supplemental Nutrition Program for Women, Infants, and Children
WPC	Whole Person Care