

**Notice of Privacy Practices
For
Clinton County Health Department**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Privacy Practice Overview

Our agency is committed to protecting your privacy and understands that your personal health information is confidential. We are providing this notice, as required by law, to explain our privacy practices.

The protected health information we collect about you is information that is individually identifiable and relates to your past, present, or future physical or mental health, related health care services, and payment for those services.

Please read it to learn your rights and our legal responsibilities to protect the health information we collect, and to find out how to limit the information about you that we share.

Changes to this Privacy Notice

We reserve the right to change the terms of this notice and our privacy policies at any time. Any changes to this notice will apply to the health information already in existence. Before we implement any change to our policies, we will promptly change this notice and post a new notice. You can also request a copy of this notice from the contact person listed at the end this notice at anytime and can view a copy of the notice on our Web site at <http://www.clintoncountygov.com/Departments/Health/NoticeOfPrivacyPractices.htm>.

A. Permitted Uses and Disclosures of Health Information without Your Authorization

We can use or disclose your health information for the purposes of treatment, payment, and health care operations. For each

category, we have provided examples. These are illustrations only, and are not intended to be all-inclusive.

Treatment: Information collected by a nurse, physician, or other member of your health care team is recorded in your medical record and is used to provide, coordinate, and manage your health care. For example, we provide progress reports or plans of care to your primary care physician to make decisions to provide the best plan of treatment for you

Payment: All activities undertaken to determine eligibility or coverage for insurance benefits, to process claims, collections, claims management, and utilization reviews. For example, we may need to provide information to your health care plan to determine whether the course of treatment will be reimbursed.

Health care operations: Including the support functions of health care related to *treatment* and *payment*, such as quality assurance activities, case management, receiving and responding to patient comments, complaints, physician reviews, compliance programs, audits, business planning, development, management and administrative activities. For example, we may use your protected health information to evaluate the performance of our staff when caring for you. We may also combine health information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to nurses, ancillary staff, nursing students, and others for review and learning purposes. In addition, we may remove information that identifies you from your patient information so that others can use the de-identified information to study health care and health care delivery without learning who you are.

B. Uses and Disclosures of Health Information for which Your Authorization is Required

Other uses and disclosures of your health information will be made only with your written authorization, except for those permitted or required by law as described in this booklet. You

may revoke this authorization, at any time, in writing, except to the extent that use or disclosure has already been done.

C. Permitted Uses and Disclosures that may be made with an opportunity for You to agree or object

You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then using professional judgment, we will determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed. We may use and disclosure your protected health information in the following instances.

Notification: We may disclose health information to notify or assist in notifying a family member, relative, close friend, or other identified person responsible for your care, your whereabouts, and your general condition. We may use health information to an authority private or public to assist in disaster relief efforts and to communicate information to those involved in your care. We will determine whether a disclosure of information to your family or friends is in your best interest based on the circumstances.

Others Involved in Your Healthcare: We may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care.

Communication Barriers: We may use and disclose your protected health information if due to substantial communication barriers and using our professional judgment, that you intend to authorize the use or disclosure of health information under the specific circumstances.

Emergencies: We may disclose health information in an emergency treatment situation where your emergency department physician is required by law to treat you and is unable to get your consent.

Healthcare Operations: We may use or disclose your health information by the following methods: by contacting your residence to schedule home visits, confirming physician's appointments, calling in or picking up filled prescriptions, and arranging for medical supplies and equipment.

D. Uses and Disclosures of Health Information for which authorization is not required

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling communicable disease, injury or disability.

Law Enforcement: We may disclose health information for law enforcement purposes as required by law in response to a valid subpoena, or to prevent an imminent threat to a person or the public, or to apprehend or identify an individual.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Coroners/Funeral Directors: We may disclose health information to coroners/funeral directors consistent with the law in order to carry out their duties with respect to the decedent.

Abuse/Neglect/Domestic Violence: We may disclose health information if we believe that you have been a victim of abuse, neglect, or domestic violence to the authorized agency to receive such information.

Medical Research: We may disclose health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information. When require, we will obtain a written authorization before using your health information.

Health Oversight Agencies: We may disclose health information to a health oversight agency that conducts audits, inspections,

and investigations which oversees the health care system, benefit programs, regulatory programs, and civil rights law.

Legal Proceedings: We may disclose health information in the course of any judicial or administrative proceeding in response to a subpoena, discovery request, or other required lawful process.

Organ Procurement: We may disclose health information to organ procurement organizations for the purpose of tissue donation and transplant.

Worker's Compensation: We may disclose health information to comply with laws relating to worker's compensation and other similar programs established by law.

Required Disclosures: We may disclose health information to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our agency's compliance with the requirements.

National Security: We may disclose health information to specialized government agencies that may prevent or lessen an imminent threat to military activities, national security, or protective services to the President.

Our Responsibilities to You

- to maintain the privacy of protected health information
- to provide a Notice of Privacy Practices
- to abide by the terms of the notice

We maintain physical, electronic, and procedural safeguards to protect your health information. We continually educate our staff about confidentiality and privacy and its importance. We have developed sanctions for staff who have violated our privacy practices.

You have the following rights about your protected health information:

You have the Right to Get a copy of this Privacy Notice. Even if you have agreed to receive Notice via email, you also have the right to request another paper copy of this Notice.

You Have the Right to Request a Restriction of Uses and Disclosures of Your Protected Health Information. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit Protected Health Information that we are legally required or allowed to release.

You Have the Right to Request Confidential Communications Concerning Your Protected Health Information. All of our communications to you are considered confidential. You have the right to ask that we send information to you to an alternative address (for example, sending information to your work address rather than your home address) or by alternative means (for example, e-mail instead of regular mail). We will accommodate reasonable requests. Any additional expenses will be passed onto you for payment.

You Have the Right to See and Get Copies of Your Protected Health Information. You must make this request in writing. We will respond to you within 10 days after receiving your written request. If your request to see the medical information is approved, we will arrange this in accordance with established policy. In certain situations, we may deny your request. If we do, we will tell you, in writing, why we denied your request. You have the right to have the denial reviewed by a licensed healthcare professional who will not be the person who denied your first request. You can request a summary or a copy of your entire medical record. The charge for copying your record will be reasonable and customary. Please submit all requests for this information to our **Privacy Official**.

You have the Right to Correct or Update Your Protected Health Information. If you believe that there is a mistake in your Protected Health Information or that a piece of important information is missing, you have the right to request that we amend your information. You must provide the request, your reason for the request, and a list others who you believe we sent the information to in writing. We will respond within 60 days of receiving your request. If we approve your request, we will make the change to your Protected Health Information, tell you

that we have done it, and tell others, as required, about the changes made to your Protected Health Information. If we deny your request, our written denial will state our reasons and explain your right to file a written statement of disagreement. Please submit all requests for this information to our **Privacy Official**

You Have the Right to Get a List of Instances of When and to Whom We Have Disclosed Your Protected Health Information. This list **will not** include uses you have already authorized, or those for treatment payment or operations. This list **will not** include uses made for national security purposes, to corrections or law enforcement personnel concerning, or made before April 15, 2003. We will respond within 60 days of receiving your request. The list we provide will include the last six years of activity unless you request a shorter time. The list will include dates when your Protected Health Information was released and why, with whom your Protected Health Information was released (including their address if known), and a description of the information released. The first list you request within a 12-month period will be free. You will be charged a reasonable fee for additional lists within that time frame. Please submit all requests for this information to our **Privacy Official**.

If you have questions about this Notice of Privacy Practices, or if you believe your privacy rights have been violated and would like to file a complaint, please contact our Privacy Official. You may also file a written complaint with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

CLINTON COUNTY HEALTH DEPARTMENT Privacy Official:

Home Care Unit Director of Patient Services: 565-3270

Developmental Services Coordinator: 565-4798

Health Services Unit Supervisor: 565-4848

This Notice is effective April 14, 2003 and applies to protected health information.