

NOTICE OF PRIVACY PRACTICES for the HOWARD COUNTY HEALTH DEPARTMENT

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE, REVIEW IT CAREFULLY. This notice explains your rights to control your health information. Your health information will not be shared without your written authorization except as described in this notice, or when required or permitted by law. We reserve the right to revise our privacy practices and make new privacy provisions for medical information we maintain. If we change this Notice, we will post a new Notice in the client sign-in/waiting area. An updated notice will be made available to you each time you visit the Health Department. An updated Notice of Privacy Practices will also be posted on our website at <http://co.howard.in.us/health/index.html>

YOU NEED NOT DO ANYTHING AS A RESULT OF THIS NOTICE

A. Our Responsibilities and Commitment to You

Individually identifiable information about your past, present, or future health or condition, the provision or health care to you, or payment for your health care is considered "Protected Health Information" ("PHI"). We understand that your health care information is personal. We take our responsibility to keep your personal health information private very seriously. We are committed to following all state and federal laws that protect your health information. We are required by law to do the following:

- 1) Protect your health information.
- 2) Give you this notice to explain our responsibilities and the ways we use and share your health information.
- 3) Tell you about your rights to your health information.

B. Your Rights

You have the following rights:

- 1) You have the right to request a paper copy of this notice at any time, even if you agree to receive it electronically (by e-mail). To obtain a copy of this Notice, contact: the individual identified in Section "E" below.
- 2) You have the right to see and get a copy of your personal health information if you put your request in writing. We will respond to your request with 30 days. You may be charged a copy fee per page. We may deny your request to see and get a copy of your health information under limited circumstances under state laws. If you feel access to your medical information has been wrongly denied you may file an appeal with the Privacy Officer or file a civil lawsuit in the courts in the county where the denial occurred. Prior to filing a lawsuit, a person may contact the Office of the Public Access Counselor for an informal response or to file a formal complaint. If an appeal is filed with the Privacy Officer, an individual who did not participate in the decision to deny will review the appeal.
- 3) You have the right to ask that we change health information that you feel is incorrect or incomplete. You may request, in writing, that we correct or add to the record. Written requests must include a reason that supports your request. We will respond within 60 days of receiving your request. Your request may be denied if the information was not created by us, is not part of the information you are allowed to review or copy, or if we decide the personal health information is accurate and complete.
- 4) You have the right to request a list of when, to whom, for what purpose, and what content of your PHI has been released other than instances of disclosure for which you gave your written authorization. (This is called an accounting of disclosures.) Your request can relate to disclosures going as far back as six years. The list will not include any disclosures for national security purposes; for treatment; payment or health care operations purposes; through a law enforcement officials or correctional facilities; or information released before April 14, 2003. Your request must be in writing. We will respond to your written request for such a list within 60 days of receiving it. There will be no charge for the first list requested each year. There may be a charge for subsequent requests.
- 5) You have the right to request that we not release your personal health information, release only part of your information, or release it for reasons you request. We may not be legally required to honor your request. However, we are obligated to honor your request if:
 - a) The disclosure is to a health plan for payment or health care operations, but not for the purpose of treatment
 - b) The protected health information pertains solely to a health care item or service for which you paid the healthcare provider in full out of pocket.
- 6) You have the right to request that we contact you about your personal health matters in a certain way or at a certain location. For example, you can request that we only contact you at work or e-mail. We will review and accommodate reasonable requests. To request a special way or location for us to contact you about your personal health information, you must call or write to the Privacy Office at the address or phone number in the contact information at the end of this notice.

C. Use and Disclosure of Your Health Information

We use and disclose PHI for a variety of reasons. Uses of your medical information not mentioned in this Notice will not be made without your written authorization. If you sign an authorization, it may be revoked by giving written notice of the revocation. While we cannot describe all cases related to the legal use of your health information, the following are some common examples of how we use your personal health information:

- 1) **FOR TREATMENT:** We may use/disclose your health information to doctors, nurses and other health care personnel who are involved in providing your health care only as it relates to Health Department Services. For example: Blood Lead levels will be shared with your Primary Care Health Provider.
- 2) **TO OBTAIN PAYMENT:** We may use/disclose your PHI in order to bill and collect payment for your health care services. For example, we may release portions of your PHI to Medicare/Medicaid, a private insurer or group health plan or our billing company to be paid for services that we delivered to you. To protect your health information contractors are required to follow rules to protect your information.
 - a. Release of your PHI to the state Medicaid agency might also be necessary to determine your eligibility for publicly funded services. We may also share your information with other programs, such as Medicaid or private insurance companies to coordinate benefits and payments.
- 3) **TO MONITOR OUTCOMES:** Members of our staff may use your health information to review the care and outcome of your treatment and to compare the outcomes of other recipients who received the same or similar treatment.
- 4) **FOR HEALTH CARE OPERATIONS:** We may disclose your health information to our workforce involved in the administration of this Program. For example, we may use your PHI or your answers to a patient satisfaction survey in evaluation the quality of services provided by our staff, or disclose your PHI to our auditors or attorneys for audit or legal purposes. We may also share PHI with the Indiana State Department of Health.

- a. **APPOINTMENT REMINDERS:** Unless you provide us with alternative instructions, we may send appointment reminders and other similar materials to your home. We may also call your home and leave a message on your answering machine or voice mail email or text. We may use and disclose your health information to provide appointment reminders, tell you about possible treatment options, alternative treatments, and for other health-related benefits.
- b. **USES AND DISCLOSURES REQUIRING AUTHORIZATION:** For uses and disclosures other than treatment, payment and health care operations purposes, we are required to have your written authorization, unless the use or disclosure falls within one of the exceptions described below. You may revoke an authorization, in writing, any time to stop future uses/disclosures. If you revoke your authorization, we will stop using/disclosing your PHI for the purposes or reasons covered by your written authorization. You understand that we are unable to take back disclosures we have already made with your permission to (See Section VI for instructions for revoking an authorization.) We cannot refuse to treat you if you refuse to sign an authorization to release PHI, unless services provided are solely to create health records for a third party, such as an insurance company; or if treatment provided is research-related and authorization is required for the use of health information for research purposes. We will not use or disclose your PHI for marketing purposes without your authorization.
- c. **USES AND DISCLOSURES NOT REQUIRING AUTHORIZATION:** The law provides that we may use/disclose your PHI without your authorization in the following circumstances:
 1. **WHEN REQUIRED BY LAW:** We may use or disclose your health information in compliance with communicable disease law and as required by law in response to a court order. When a law requires that we report information about suspected abuse, neglect or domestic violence, or relating to suspected criminal activity, for FDA-regulated products or activities your PHI may be used or disclosed. We must also disclose PHI to authorities that monitor compliance with these privacy requirements.
 2. **RELATING TO DECEDENTS:** We may disclose PHI relating to an individual's death to coroners, medical examiners or funeral directors.
 3. **FOR RESEARCH PURPOSES:** In certain circumstances, and under supervision of an Institutional Review Board, we may disclose PHI in order to assist medical research. Generally, we will ask you for your specific permission if the researcher will have access to your name, address and other PHI or will be involved in your care.
 4. **TO AVERT THREAT TO HEALTH OR SAFETY:** In order to avoid a serious threat to health or safety, we may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.
 5. **LAW ENFORCEMENT:** We may disclose PHI to a law enforcement official in circumstances such as: to identify a suspect, witness or missing person; about crime victims; about a death that we may suspect is the result of criminal conduct.
 6. **FOR SPECIFIC GOVERNMENT FUNCTIONS:** we may disclose PHI of military personnel and veterans in certain situations; to correctional facilities in certain situations; and for national security and intelligence reasons.
 7. **WORKERS' COMPENSATION:** We may disclose your PHI to your employer for Workers' Compensation or similar programs that provide benefits for work related illness or injuries.
 8. **INMATES:** An inmate of a correctional institution does not have the rights listed in this Notice of Privacy Practices.

D. How to Complain About Our Privacy Practices:

If you believe that we have violated your rights or our health information practices, you may file a complaint with our Privacy Officer or the U.S. Department of Health and Human Services. **You will not be penalized if you file a complaint.** You can contact us regarding a complaint by using the following address or phone number. You also can file a written complaint with the Indiana Attorney General's Office, as well as the federal Office of Civil Rights (OCR) in the U.S. Department of Health and Human Services. If the alleged violation took place in Indiana, use the OCR Region V address or telephone number below:

E. Instructions for Revoking an Authorization:

You may revoke an authorization to use or disclose your PHI, in writing, Except: 1) to the extent that action has been taken in reliance on the authorization, or 2) if the authorization was obtained as a condition of obtaining insurance coverage and other law provides the insurer with the right to contest a claim under the policy. Your written revocation must include the date of the authorization, the name of the person or organization authorized to receive the PHI, your signature and the date you signed the revocation, addressed to the contact person listed on your original authorization.

F. Effective July 1, 2011

We are required to abide by the terms of the notice currently in effect.

G. Contact Persons for Information or to Submit a Complaint:

Indiana Attorney General
Consumer Protection Division
302 W. Washington St., 5th Floor
Indianapolis, IN 46204
317-232-6330
800-382-5516

US Dept. Health & Human Services
Office for Civil Rights – Region V
233 N. Michigan Ave. – Suite 240
Chicago, IL 60601
312-866-2359

Privacy Officer:
Kathy Oldaker APRN-BC
Public Health Nursing
Nursing Coordinator
Howard County Health Department
120 E. Mulberry Room 206
Kokomo, IN 46901
Office: (765) 456-2411
Cell: (765) 438-2065
Fax: (765) 456-7000
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