

Crawford County Health & Human Services Department

NOTICE OF PRIVACY PRACTICES REGARDING HEALTH INFORMATION

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.

The Crawford County Health & Human Services Department (CCHHSD) must maintain the privacy of your personal health information and give you this notice that describes our legal duties and privacy practices concerning your personal health information. In general, when we release your health information, we must release only the information we need to achieve the purpose of the use or disclosure. However, all of your personal health information that you designate will be available for release if you sign an authorization form, if you request the information for yourself, to a provider regarding your treatment, or due to a legal requirement. We must follow the privacy practices described in this notice.

CCHHSD reserves the right to change the privacy practices described in this notice, in accordance with the law. Changes to our privacy practices would apply to all health information we maintain. In the event of a change, CCHHSD will provide a copy of the revised notice to you upon your request.

Without your written authorization, CCHHSD can use your health information for the following purposes:

1. ***Treatment.*** CCHHSD may share your health information with other internal or external providers providing service to you and your family members. For example, a doctor may use the information in your record to determine which treatment option, such as a drug or therapy, best addresses your health needs. The treatment selected will be documented in your record, so that other professionals can make informed decisions about your care.
2. ***Payment.*** In order for CCHHSD to receive payment for the services provided, your personal health information will be provided to third party payers such as private insurance carriers or governmental insurance programs such as Medicaid or Medicare. This will typically include information that identifies you, your diagnosis, and the treatment provided to you. For instances where CCHHSD is expected to pay for the services, CCHHSD will need to review the health information to determine whether the services was medically necessary.
3. ***Health Care Operations.*** CCHHSD may review your diagnosis, treatment, and outcome information in order to improve the quality or cost of care we deliver. These quality and cost improvement activities may include evaluating the performance of your doctors, nurses and other professionals, or examining the effectiveness of the treatment provided to you.

In addition, CCHHSD may want to use your health information for appointment reminders. For example, CCHHSD may look at your record to determine the date and time of your next appointment with us and contact you with a reminder. CCHHSD may also review your health information to determine if another treatment or a new service CCHHSD offer may be of benefit to you.

4. ***As required or permitted by law.*** Sometimes CCHHSD must report some of your health information to legal authorities, such as law enforcement officials, court officials, or government agencies. For example, CCHHSD may have to report abuse, neglect, domestic violence or certain physical injuries, or to respond to a court order. If your record is subpoenaed, a good faith effort will be made to notify you in writing.
5. ***For public health activities.*** CCHHSD may be required to report your health information to authorities to help prevent or control disease, injury, or disability. This may include using your record to report certain diseases, injuries, birth or death information, or information related to child abuse or neglect.
6. ***For law enforcement.*** CCHHSD may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness, or missing person, complying with a court order or subpoena, and other law enforcement purposes.
7. ***For activities related to death.*** CCHHSD may disclose your health information to coroners, medical examiners, and funeral directors so they can carry out their duties related to your death, such as identifying the body, determining cause of death, or in the case of funeral directors, to carry out funeral preparation activities.
8. ***For judicial and administrative proceedings.*** CCHHSD may disclose your health information in the course of any administrative or judicial proceeding.
9. ***For research.*** Under certain circumstances, and only after a special approval process, CCHHSD may use and disclose your health information to help conduct research.
10. ***To avoid a serious threat to health or safety.*** As required by law and standards of ethical conduct, CCHHSD may release your health information to the proper authorities if CCHHSD believes, in good faith, that such release is necessary to prevent or minimize a serious and approaching health or safety threat to you or the public.
11. ***For military, national security, or incarceration/law enforcement custody.*** If you are involved with the military, national security or intelligence activities, or you are in the custody of law enforcement officials or an inmate in a correctional institution, CCHHSD may release your health information to the proper authorities so they may carry out their duties under the law.
12. ***For workers' compensation.*** CCHHSD may disclose your health information to the appropriate persons in order to comply with the laws related to workers' compensation or other similar programs.
13. ***To those involved with your care or payment of your care.*** If people such as family members, relatives, disaster relief personnel, or close personal friends are helping care for you or helping you pay for the services you are receiving, CCHHSD may release limited health information about you to those people. The information released to these people may include your location, your general condition, or death. You have the right to object to such disclosure, unless you are unable to function or there is an emergency. It is CCHHSD's duty to give you enough information so you can decide whether or not to object to release of your health information to others involved with your care.

NOTE: Except for the situations listed above, we must obtain your specific written authorization on CCHHSD's AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION form for any other release of your health information.

If you sign an authorization form, you may withdraw your authorization at any time, as long as your withdrawal is in writing. If you wish to withdraw your authorization, please submit your written withdrawal to your service provider or in their absence, the Privacy Officer. If you withdraw your release, CCHHSD will no longer be able to use or disclose health information about you for the reasons covered by your written release;; however, CCHHSD will be unable to take back any disclosures already made with your permission.

Your Health Information Rights

You have several rights with regard to your health information. If you wish to exercise any of the following rights, please contact your current service provider or in their absence, the Privacy Officer. Specifically, you have the right to:

1. ***Inspect and copy your health information.*** You have the right to inspect and obtain a copy of your health information. Exceptions to this right include but are not limited to, psychotherapy notes or information gathered for judicial proceedings. In addition, CCHHSD may charge you a reasonable fee if you want a copy of your health information.

2. ***Request to correct your health information.*** If you believe your health information is incorrect, you must make a written request to correct the information, and give a reason as to why your health information should be changed. However, if CCHHSD did not create the health information that you believe is incorrect, or if CCHHSD disagrees with you and believes your health information is correct, CCHHSD may deny your request. Your written request will be added to your client record.

3. ***Request restrictions on certain uses and disclosures.*** You have the right to ask for restrictions on how your health information is used or to whom your information is disclosed, even if the restriction affects your treatment or CCHHSD's payment or health care operation activities. You may want to limit the health information provided to family, disaster relief personnel, or friends involved in your care or payment of medical bills. However, CCHHSD is not required to agree in all circumstances to your requested restriction.

4. ***As applicable, receive confidential communication of health information.*** You have the right to ask that CCHHSD communicates your health information to you in different ways or places. For example, you may wish that information about your health status be sent to a private address. You may make a request at any time to your current service provider who will have you complete a ***REQUEST FOR CONFIDENTIAL COMMUNICATION OF HEALTH INFORMATION*** form. CCHHSD will accommodate reasonable requests that specify an alternative address or other method of contact and provide information as to how payment, if applicable, will be handled.

5. ***Receive a record of disclosures of your health information.*** In some limited instances, you have the right to ask for a list of the disclosures of your health information CCHHSD has made during the previous six years, but the request cannot include dates before April 14, 2003. This list must include the date of each disclosure, who received the disclosed health information, a brief description of the health information disclosed, and why the disclosure was made. CCHHSD must comply with your request for a list within 60 days, unless you agree to a 30-day extension and may not charge you for the

list, unless you request such a list more than once per year. In addition, CCHHSD will not include in the list disclosures made to you, or for purposes of treatment, payment, health care operations, national security, law enforcement/corrections, and certain health oversight activities.

6. ***Obtain a paper copy of this notice.*** Upon your request, you may at any time receive a paper copy of this notice.

7. ***Complain.*** If you believe your privacy rights have been violated, you may file a complaint with CCHHSD and with the federal Department of Health and Human Services. We will not retaliate against you for filing such a complaint. To file a complaint with either entity, please contact your current service provider or Privacy Officer.

If you have any questions or concerns regarding your privacy rights or the information in this notice, please contact the Crawford County Health & Human Services Department's Privacy Officer at 608/326-0248.

Health Information Privacy Notice is Effective April 14, 2003.

Revised: 04/2018

Shared/Mental Health\FORMS & Policies for Outpatient & Emergency\HIPAA-Notice of Privacy Practices Regarding Health Information