LENAWEE COUNTY HEALTH DEPARTMENT
DEPARTMENTAL POLICY
NOTICE OF PRIVACY PRACTICES
(HIPAA)

EFFECTIVE DATE: 17 October 2013

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. If you have any questions about this notice, contact the Lenawee County Health Department (LCID), Director of Nursing.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected Health Information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

The Lenawee County Health Department is required to abide by the terms of this Notice of Privacy Practices. The LCID may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request the LCID will provide you with any revised Notice of Privacy Practices. You may call the LCID and request that a revised copy be sent to you in the mail or you may ask for one at the time of your next appointment.

Uses and Disclosures of Protected Health Information Based Upon Your Written Consent

You will be asked by the LCID to sign a Consent to Use or Disclose Information for Purposes of Treatment, Payment and Healthcare Operations form. Once you have consented to use and disclosure of your protected health information for treatment, payment and health care operations, the LCID will use or disclose your protected health information as described in this Notice. Your protected health information may be used and disclosed by our physician, our office staff, and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of the LCID.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record
• You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
• We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record
• You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
• We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications
• You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
• We will say "yes" to all reasonable requests.

Ask us to limit what we use or share
• You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
• If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we’ve shared information
• You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
• We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice
You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you
• If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
• We will make sure the person has this authority and can act for you before we take any action.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:
• Share information with your family, close friends, or others involved in your care
• Share information in a disaster relief situation
• Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:
• Marketing purposes
• Sale of your information
• Most sharing of psychotherapy notes
  In the case of fundraising:
  • We may contact you for fundraising efforts, but you can
tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information?
We typically use or share your health information in the following ways.

Treat you
We can use your health information and share it with other professionals who are treating you.
Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization
We can use and share your health information to run our
practice, improve your care, and contact you when necessary.
Example: We use health information about you to manage
your treatment and services.

Bill for your services
We can use and share your health information to bill and get
payment from health plans or other entities.
Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?
We are allowed or required to share your information in other ways – usually in ways that contribute to the public good,
such as public health and research. We have to meet many conditions in the law before we can share your information
for these purposes.

For more information see:

Help with public health and safety issues
We can share health information about you for certain situations such as:
• Preventing disease
• Helping with product recalls
• Reporting adverse reactions to medications
• Reporting suspected abuse, neglect, or domestic violence
• Preventing or reducing a serious threat to anyone’s health
or safety

Do research
We can use or share your information for health research.

Comply with the law
We will share information about you if state or federal laws
require it, including with the Department of Health and
Human Services if it wants to see that we’re complying with
federal privacy law.

Respond to organ and tissue donation requests
We can share health information about you with organ
procurement organizations.

Work with a medical examiner or funeral director
We can share health information with a coroner, medical
examiner, or funeral director when an individual dies.

Address workers’ compensation, law enforcement, and
other government requests
We can use or share health information about you:
• For workers’ compensation claims
• For law enforcement purposes or with a law enforcement
official
• With health oversight agencies for activities authorized by
law
• For special government functions such as military,
national security, and presidential protective services

Respond to lawsuits and legal actions
We can share health information about you in response to a
court or administrative order, or in response to a subpoena.

Our Responsibilities

• We are required by law to maintain the privacy and
security of your protected health information.
• We will let you know promptly if a breach occurs that may
have compromised the privacy or security of your information.
• We must follow the duties and privacy practices described
in this notice and give you a copy of it.
• We will not use or share your information other than as
described here unless you tell us we can in writing. If you
tell us we can, you may change your mind at any time. Let
us know in writing if you change your mind.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice
will be available upon request, in our office, and on our web site.

Complaints

You can file a complaint if you feel your privacy rights have
been violated by submitting your complaint in writing to:
Lenawee County Health Department, Director of Nursing,
1040 S Winter St, Suite 2328, Adrian, MI 49221.

You can file a complaint with the U.S. Department of Health
and Human Services Office for Civil Rights by sending a
to: 200 Independence Avenue, S.W., Washington,
D.C. 20201, calling (877) 666-6775 or visiting
www.hhs.gov/ocr/privacy/hipaa/complaints.

We will not retaliate against you for filing a complaint.

This POLICY for Notice of Privacy Practices was
approved by the Lenawee County Board of Health
on October 16, 2013 and becomes effective on

[Signature]
John Tuckerman, Chair, Board of Health

[Signature]
John Frye, Vice Chair, Board of Health

H:\WPDATA\POLICY\Admin POLICIES ta9\POLICY HIPAA Sept 2013.docx