

Huron County Health Department (HCHD)
Notice of Privacy Practices
Effective 7/1/13

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

HCHD's responsibilities under the Federal Privacy Standard: HCHD has the following responsibilities with regard to your protected health information (PHI):

- Maintain the privacy of your protected health information, within the law, rules and regulations governing such privacy and disclosure of such information.
- Inform you of how your PHI may be used or disclosed.
- Inform you of your rights with respect to the use and disclosure of your PHI, and how you may exercise your rights, including how to make a complaint.
- Provide you this notice as to HCHD's legal duties and privacy practices with respect to individually identifiable health information that HCHD collects and maintains about you and make a good faith effort to obtain your written acknowledgement of the receipt of this notice. HCHD is required to follow the procedures of this Notice. HCHD reserves the right to change the terms of this Notice and to make new notice provisions effective for all PHI that HCHD maintains via posting in HCHD's office or on HCHD's website (www.hchd.us) or making copies of the revised notice available upon request.
- Train HCHD's personnel concerning privacy and confidentiality.

Use/Disclosures for Treatment, Payment, and Health Care Operations: HCHD is permitted to use your health information for treatment, payment, and other healthcare operations. The following are examples of how your information could be used for each of these purposes. HCHD may use and disclose PHI about you without your authorization in the circumstances listed below. The following are examples of how your information could be used:

- Provision of health care treatment to you. EXAMPLE: A physician, nurse or other Health Department staff member will record information in your record about your diagnosis and treatment. This record may be shared with other programs within the Health Department for the purposes of treatment and coordinating and managing your care with others. PHI may also be used and disclosed when you need a prescription, lab work, an x-ray or other health care services. In addition, HCHD may use and disclose PHI about you when referring you to another health care provider.
- Payment for services. EXAMPLE: HCHD may send a bill to you, your health insurance company, or other designated payor for payment of the treatment and services you received. Before you receive scheduled services, HCHD may share information about these services with your health plan in order to determine health care coverage under your plan or policy and for approval of payment before HCHD provides the services. HCHD may also share portions of your medical information with the following: billing departments, collection department or agencies, insurance companies, health plans and their agents which provide you coverage, or other designated payors. You may request to not have PHI released to your health insurer if you have paid your bill in full, out of pocket, for services rendered by the HCHD.
- Health care operations (business activities): EXAMPLE: Your PHI and services received may be reviewed to improve the quality, efficiency and cost of care that HCHD provides to you and other clients. It may also be used for the training, review and evaluation of staff providing your care. Information may also be used and disclosed to outside agencies that review HCHD's activities or assess HCHD's quality of care (accountants, accreditors, quality improvement staff, legal counsel, etc.). Your PHI may also be used and disclosed in conducting business management and general administrative duties or in compliance with applicable laws. You may request to not have PHI released to your health insurer if you have paid your bill in full, out of pocket, for services rendered by the HCHD.
- Services are provided through/by a business associate. EXAMPLE: HCHD provides some services, certain diagnostic tests, and lab services through outside contracts. When HCHD uses these services, HCHD may disclose your health information to the contractor so that they can perform the function(s) that HCHD has contracted with them to do and bill you or your insurance company for services provided. In some cases,

HCHD's business associates may collect your health information on HCHD's behalf. HCHD requires its business associates to appropriately safeguard your information. The Business Associate and their subcontractors are required to follow the same rules and regulations and are subject to the same penalties as HCHD.

Other Permitted/Required Uses and Disclosures: In certain other circumstances, HCHD is also permitted to disclose your health information without authorization. In some of these cases, you can object to the disclosure. If this release of information is required by law, you may not object to the release of your information. The following are examples of how your information could be used:

- **Required by law:** When a disclosure is required by federal, state or local law or other judicial or administrative proceedings.
- **Public health activities:** As required by law, HCHD may disclose your health information to public health or legal authorities (i.e., the Michigan Department of Community Health) charged with preventing or controlling disease, injury, or disability. Your PHI may be disclosed if you have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition.
- **Abuse, neglect or domestic violence:** The Health Department is required by law to report suspected abuse and neglect.
- **Health oversight activities and public health authorities:** If a member of HCHD's workforce or a business associate believes in good faith that HCHD has engaged in unlawful conduct or otherwise violated professional or clinical standards and are potentially endangering others, they may disclose your health information to health oversight agencies and/or public health authorities. Your PHI may be disclosed to a state or federal health oversight agency which is authorized by law to oversee HCHD's operations.
- **Judicial and administrative proceedings:** HCHD may disclose PHI about you in response to an order of a court or administrative tribunal.
- **Law enforcement purposes:** HCHD may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.
- **Decedents:** HCHD may disclose PHI about you to a coroner or medical examiner for the purposes of identifying you should you die. The Privacy and Security Rules do not protect the individually identifiable/protected health information of persons who have been deceased for more than 50 years. The TCHD may, in accordance with §164.510(b), disclose decedent's information to a family member, other relative, or a close personal friend of the individual, or any other person identified by the individual, the protected health information directly relevant to such person's involvement with the individual's healthcare or payment related to the individual's health care.
- **Medical research:** Under certain circumstances, HCHD may disclose PHI about you for medical research. HCHD may disclose information to researchers when their research has been approved by an institutional review board that has established rules to ensure the privacy of your health information.
- **Funeral directors:** HCHD may disclose health information to funeral directors consistent with applicable law to enable them to carry out their duties.
- **Serious threat to health or safety:** HCHD may disclose PHI about you to prevent or lessen a serious or imminent threat to the health or safety of a person or the public.
- **Specialized government functions:** HCHD may disclose PHI about you if it relates to military and veteran's activities, national security and intelligence activities, protective services for the President, and medical suitability or determinations of the Department of State.
- **Correctional institutions and in other law enforcement custodial situations:** If you are an inmate of a correctional institution, HCHD may disclose to the institution or agents thereof, health information necessary for your health and the health and safety of other individuals.
- **Notification/Communication with family:** Unless you object, Health Department staff, using their best judgment, may disclose to a family member, a close personal friend, or any other person that you identify, health information relevant to that person's involvement in your care or payment related to your care.
- **Continuity of Care:** HCHD may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.
- **Information about treatment/ services, products or health care providers:** HCHD may use and/or disclose PHI to manage or coordinate your health care. This may include telling you about treatments, services, products and/or other health care providers. HCHD may also use and/or disclose PHI to give you gifts of small value.

- **Food and Drug Administration (“FDA”):** HCHD may disclose to the FDA health information relative to adverse effects/events with respect to food, drugs, supplements, product or product defects, or postmarketing surveillance information to enable product recalls, repairs, or replacement.
- **Workers’ Compensation:** HCHD may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers’ compensation or other similar programs established by law.
- **The Federal Department of Health and Human Service (“DHHS”):** Under the privacy standards, HCHD must disclose your health information to DHHS as necessary to determine HCHD’s compliance with those standards.
- **Disaster Relief:** HCHD may share with a public or private agency (i.e. American Red Cross) PHI about you for disaster relief purposes. Even if you object, HCHD may still share the PHI about you, if necessary for the emergency circumstances.
- **Fund Raising:** HCHD may contact you for Health Department fund raising events. The HCHD will obtain written authorization from you or your personal representative prior to using or disclosing your PHI except if the PHI released or disclosed for fundraising communication is limited to demographic information and dates of service. You may request to opt out of this contact at any time.
- **Psychotherapy Notes:** A written authorization must be obtained from you or your personal representative for most uses or disclosures of psychotherapy notes, except to carry out treatment, payment or health care operations, as well as, training of mental health practitioners, defense in a legal action or proceedings or as required by law.
- **Marketing:** A written authorization must be obtained from you or your personal representative for any use or disclosure of PHI for marketing, except if the communication is in the form of a face-to-face communication by HCHD to you or a promotional gift of nominal value provided by HCHD. If the marketing involves financial remuneration to HCHD from a third party, the authorization will state that such remuneration is involved.
- **Sale of PHI:** Any use/disclosure of your PHI for remuneration to the HCHD will require you or your personal representative to provide written authorization. This authorization may be revoked at any time.
- **Genetic Information:** The HCHD will not use or disclose genetic information for underwriting purposes with respect to a health plan for underwriting purposes
- **Appointment reminders:** HCHD may contact you to remind you of an upcoming appointment at HCHD.

If you would like to object to HCHD’s use and disclosure of PHI about you, please contact HCHD’s Privacy Officer at 989-269-9721, ext 115 or HCHD’s Nursing Directors at ext. 122 or 130. You may also visit our website: www.hchd.us and download a form to either revoke or opt out of the release of your PHI, sign it and return it to the HCHD via mail or email. **Any other use or disclosure of PHI about you requires your written authorization.**

Under any circumstances other than those listed above, HCHD will ask for your written authorization before HCHD uses or discloses PHI about you. If you sign a written authorization allowing us to disclose PHI about you in a specific situation, you can later cancel your authorization in writing. If you cancel your authorization in writing, HCHD will not disclose PHI about you after HCHD receives your cancellation, except for disclosures which were being processed before HCHD received your cancellation.

Your rights to Privacy: Although your health records are the physical property of the healthcare provider who created them, you have certain rights with regard to the information in that record. Any requests pertaining to your rights listed below **must** be submitted in writing. If there is a breach of your unsecured PHI, you will be notified. The Health Department can provide you with forms to make these requests. You have the right to ask the Health Department to:

- Limit uses and disclosures of your health information for treatment, payment, and health care operations. HCHD does not, however, have to agree to the restriction. The right to request a restriction of use does not extend to permitted disclosures to you and uses and disclosures not requiring an authorization, such as those disclosures required by law.
- Communicate with you by another method (for example, use a different phone number or address), and if the request is reasonable, HCHD will grant your request. You must provide us with information regarding how payment, if any, will be handled and your specification of an alternative address and other method of contact.
- Give you another copy of this Notice of Information Practices. Notices will be distributed when you first receive services. HCHD has also posted this notice on HCHD’s website at www.hchd.us and you can contact us for additional copies.

- Give you access to and a copy of your health information contained in clinical, billing and other records used to make decisions about you. Your request must be in writing. HCHD reserves the right to charge a reasonable, cost-based fee for making copies. Instead of providing you with a full copy of the PHI, HCHD may give you a summary or explanation of the PHI about you, if you agree in advance to the form and cost of the summary or explanation. For certain types of information, HCHD can deny access. Under these circumstances, HCHD will respond to you in writing, stating why HCHD will not grant your request and describing any rights you may have to request a review of HCHD's denial. You do not have a right of access to the following:
 - Psychotherapy notes.
 - Information compiled in reasonable anticipation of or for use in civil, criminal, or administrative actions, or proceedings.
 - Information that is subject to the Clinical Laboratory Improvement Amendments of 1988 ("CLIA"), 42 U.S.C. § 263a, to the extent that giving you access would be prohibited by law.
 - Information that was obtained from someone other than a health care provider under a promise of confidentiality and the requested access would be reasonably likely to reveal the source of the information.

In other situations, if HCHD denies you access, you may request a review of HCHD's decision denying access. For these reviewable grounds, another licensed professional will review the decision denying access within 60 days. These "reviewable" grounds for denial include the following:

- If it has been determined, in the exercise of professional judgment, that the access is reasonably likely to endanger the physical safety of yourself or another person.
 - The protected health information makes reference to another person (other than a health care provider) and it has been determined, in the exercise of professional judgment, that the access is reasonably likely to cause substantial harm to such other person.
 - The request is made by your personal representative and it has been determined, in exercise of professional judgment, that giving access to this person is reasonably likely to cause substantial harm to you or another person.
- Amend or correct your health information. You have the right to request that HCHD make amendments to clinical, billing and other records used to make decisions about you. Your request must be in writing and must explain your reason(s) for the amendment. HCHD does not have to grant the request. If HCHD denies your request for an amendment/correction, HCHD will notify you why, how you can attach a statement of disagreement to your records, and how you can complain. If HCHD grants your request to amend the information, HCHD will make reasonable efforts to inform others of the amendment, including person(s) you name who have received PHI about you and who need the amendment.
 - Give you a copy of this Notice. You have a right to request a paper copy of this Notice at any time.
 - Give you an accounting of disclosures of your information made up to six (6) years before your request. HCHD does not need to provide an accounting for certain disclosures, including those made:
 - To you or requested by you, or that you authorized
 - For treatment
 - For billing and collection of payment for your treatment
 - For HCHD's health care operations
 - Occurring as a byproduct of permitted uses and/or disclosures
 - To persons involved in your care or for other notification purposes as provided in § 164.510 of the federal privacy regulations.
 - Allowed by law when the use and/or disclosure relates to certain specialized government functions or relates to correctional institutions and in other law enforcement custodial situations
 - As part of a limited set of information which does not contain certain information which would identify you
 - That occurred before April 14, 2003.

HCHD must provide the accounting within 60 days of your request. The first accounting in any 12-month period is free. After that, HCHD will charge a reasonable, cost based fee.

The accounting must include the following information:

- Date of each disclosure.
- Name and address (if available) of the organization or person who received the protected health information.

- Brief description of the information disclosed, the purpose of and/or the basis for the disclosure.

How to Get More Information or to Report a Problem: If you have any questions or requests, please contact the Privacy Officer at 989-269-9721, ext.115 or the Nursing Directors at ext. 122 or 130 or the Security Officer at ext. 177.

If you feel that your privacy rights have been violated, you have the right to complain to both the Huron County Health Department and the Secretary of Health and Human Services. All complaints to the Huron County Health Department must be submitted in writing to the Privacy Officer or Nursing Directors. The complaint must describe the violation of your privacy right and the date on which you believe the violation to have occurred. The complaint must be signed and include your name, address, and telephone number so that HCHD may contact you. All complaints will be answered in writing within 10 business days of receipt. You may drop off your complaint at the Health Department or mail it to:

Huron County Health Department
1142 S. Van Dyke
Bad Axe, MI 48413
Attn: Privacy Officer

Individuals may file a complaint without fear of retaliation or decrease in the quality of services received from the Huron County Health Department.