

NOTICE OF PRIVACY PRACTICES

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 of Privacy Practices, please contact our office.

This **Notice of Privacy Practices** (Notice) describes how Washington County Public Health & Home Care (WCPH) may use and disclose your protected health information (PHI) 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 PHI.

“Protected health information” is individually identifiable 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. Where appropriate, WCPH will use the minimum necessary amount of de-identified health information.

PERMITTED USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Your PHI may be used and disclosed by WCPH for the purpose of providing or accessing health care services for you. This Notice applies to all of the records of your care generated by WCPH. We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Make available to you this Notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the Notice that is currently in effect. WCPH may change the terms of this notice at any time as required to comply with or implement federal law. The new notice will be effective for all PHI that WCPH maintains at that time. Upon request, WCPH will provide you with any revised Notice.

The following categories describe ways that WCPH is permitted to use and disclose health care information. Examples of types of uses and disclosures are listed in each category. Not every use or disclosure for each category is listed; however, all of the ways WCPH is permitted to use and disclose information falls into one of these categories:

- **For Treatment**
WCPH may use and disclose your PHI to provide you with medical treatment or services. We may disclose PHI about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you. We may also disclose PHI about you to people outside the Agency who may be involved in your medical care, such as family members, close friends, clergy or others we use to provide services that are part of your care. Unless you have advised us otherwise, in writing, we will let them know your current status with our office.
- **For Payment**
WCPH may use and disclose health care information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your insurance company information about the health care services we provide to you so your insurance company will pay us for those services or reimburse you for amounts you have paid. We also may need to provide your insurance company or a government program, such as Medicare or Medicaid, with information about your medical condition and the health care you need to receive to determine if you are covered by that insurance or program.
- **For Healthcare Operations**
WCPH may use and disclose, your PHI in order to support its business activities. These activities include, but are not limited to, quality assessment activities, employee review activities, licensing and conducting or arranging for other business activities. For example, WCPH may use or

disclose your PHI, as necessary, to contact you to remind you of your appointment or to provide information about alternate services or other health-related benefits.

- **Business Associates**

WCPH may share your PHI with third party “business associates” that perform various activities for WCPH. Whenever an arrangement between WCPH and a business associate involves the use or disclosure of your PHI, WCPH will have a written contract that contains terms that will protect the privacy of your PHI.

- **To Avert A Serious Threat to Health or Safety**

WCPH may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety, or the health and safety of the public, or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

- **Special Situations**

WCPH may use and disclose PHI in the situations described under “Special Situations,” below.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of your PHI not covered by this Notice, or the laws that apply to us, will be made only with your written authorization. You may revoke this authorization, at any time, in writing, except to the extent that WCPH has taken an action in reliance on the use or disclosure indicated in the authorization.

SPECIAL SITUATIONS

WCPH may use or disclose your PHI in the following situations without your consent or authorization. These situations include, but are not limited to:

- **Public Health Risks**

WCPH may disclose your PHI for public health activities. These activities generally include:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and/or
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. WCPH will only make this disclosure when required or authorized by law.

- **Health Oversight**

WCPH may disclose your PHI to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

- **Immunization Reporting**

WCPH may disclose proof of immunization to a school where law requires a school to have such information.

- **Fundraising**

It is a violation of WCPH Policy to use patient PHI for fundraising purposes. WCPH will not contact patients to conduct fundraising activities using PHI as a source of identification.

- **Outside Use**

It is a violation of WCPH Policy to use patient PHI for Marketing, Research or to sell PHI in any way. Under no circumstances will WCPH engage in these activities.

- **Lawsuits and Disputes**

If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved

in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

- **Law Enforcement**

WCPH may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at our practice; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

- **Coroners, Medical Examiners and Funeral Directors**

WCPH may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

- **Decedents**

A decedent's PHI is protected for 50 years after the individual's death. After that point, the information is no longer considered PHI.

- **National Security, Intelligence and Federal Protective Service Activities**

WCPH may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law, and to authorized federal officials where required to provide protection to the President of the United States, other authorized persons or foreign heads of state or conduct special investigations.

- **Military and Veterans**

If you are a member of the armed forces, we may release medical information about you as required by military command authorities, or in some cases, if needed to determine benefits to the Department of Veterans Affairs.

- **Inmates**

WCPH may use or disclose your PHI if you are an inmate of a correctional facility and WCPH created or received your PHI in the course of providing care to you.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information WCPH maintains about you:

- **RIGHT TO INSPECT AND COPY YOUR PROTECTED HEALTH INFORMATION**

This means you may inspect and obtain a copy (written or electronic) of PHI about you that is contained in a designated record set for as long as WCPH maintains the PHI. A "designated record set" contains medical and billing records and any other records that WCPH uses in making decisions about you.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact WCPH Privacy Officer if you have questions about access to your medical record.

- **RIGHT TO REQUEST A RESTRICTION OF YOUR PROTECTED HEALTH INFORMATION**

This means you may ask WCPH not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice. Your request must state the specific restriction requested and to whom you want the restriction to apply.

WCPH is not required to agree to a restriction that you may request if otherwise allowed by federal law. If WCPH believes that it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted. If WCPH does agree to the requested restriction, it may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with WCPH. You must make a written request for restriction in writing to the WCPH Privacy Officer.

- **RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS FROM WCPH BY ALTERNATIVE MEANS OR AT AN ALTERNATIVE LOCATION**

You have the right to request that WCPH communicate medical information to you about you in a certain way or at a certain location. Unless you inform WCPH in writing, we may contact you by either telephone or by mail at either your home or your workplace. At either location, we may leave messages for you on either the answering machine or voice mail.

If you would like to request confidential communication you must do so in writing to your nurse or WCPH Privacy Officer. Your request must state how or where you can be contacted. We will not require you to tell us why you are asking for the confidential communication. We will make every effort to accommodate your reasonable request.

- **RIGHT TO REQUEST AN AMENDMENT TO YOUR PROTECTED HEALTH INFORMATION**

This means you may request an amendment of PHI about you in a designated record set for as long as WCPH maintains this information. In certain cases, WCPH may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask WCPH to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for WCPH;
- Is not part of the information which you are permitted to inspect and copy; or
- Is accurate and complete.

- **RIGHT TO RECEIVE AN ACCOUNTING OF CERTAIN DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION**

This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice. It excludes disclosures WCPH may have made to you, to family members or friends involved in your care, or for notification purposes. Your request must state a time period, which may not be longer than six years.

- **RIGHT TO OBTAIN A PAPER COPY OF THIS NOTICE**

You have the right to obtain a paper copy of this Notice at any time by contacting our office.

- **RIGHT TO RECEIVE A BREACH OF NOTICE**

Should WCPH experience an impermissible use or disclosure of PHI and that exposure poses a significant risk of financial, reputational, or other harm to an individual, WCPH will provide individual notice to all persons affected by the breach.

- **COMPLAINTS**

You may file a complaint to WCPH or to the Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint against WCPH by notifying WCPH Privacy Officer. WCPH will not retaliate against you for filing a complaint.

You may contact the WCPH Privacy Officer at **(319) 653-7758** or **1-800-655-7758** for further information about the complaint process. This Notice of Privacy Practice may also be found on the WCPH Website at: www.washph.com

This notice was published and becomes effective on **April 10, 2014**.