

REDWOOD COUNTY PUBLIC HEALTH
266 E Bridge St.
Redwood Falls, MN 56283
507-637-4041 Fax: 507-637-4046
public_health@co.redwood.mn.us
http://www.co.redwood.mn.us/County_Departments/Public_Health/public_health.htm

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,
please contact our Privacy Officer who is Marie Meyers.*

USE AND DISCLOSURE OF HEALTH INFORMATION

Redwood County Public Health(Agency) may use your health information, information that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996, for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. Your health information may be used or disclosed only after the Agency has obtained your written consent. The Agency has established policies to guard against unnecessary disclosure of your health information.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AFTER YOU HAVE PROVIDED YOUR WRITTEN CONSENT:

To Provide Treatment. The Agency may use your health information to coordinate care within the Agency and with others involved in your care, such as your attending physician and other health care professionals who have agreed to assist the Agency in coordinating care. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications. The Agency also may disclose your health care information to individuals outside of the Agency involved in your care including family members, pharmacists, suppliers of medical equipment or other health care professionals.

To Obtain Payment. The Agency may include your health information in invoices to collect payment from third parties for the care you receive from the Agency. For example, the Agency may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or the Agency. The Agency also may need to obtain prior approval from your insurer and may need to explain to the insurer your need for home care and the services that will be provided to you.

To Conduct Health Care Operations. The Agency may use and disclose health information for its own operations in order to facilitate the function of the Agency and as necessary to provide quality care to all of the Agency 's patients. Health care operations include such activities as:

- Quality assessment and improvement activities.
- Activities designed to improve health or reduce health care costs.
- Protocol development, case management and care coordination.
- Contacting health care providers and patients with information about treatment alternatives and other related functions that do not include treatment.
- Professional review and performance evaluation.
- Training programs including those in which students, trainees or practitioners in health care learn under supervision.
- Training of non-health care professionals.
- Accreditation, certification, licensing or credentialing activities.
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.
- Business planning and development including cost management and planning related analyses and formulary development.

- Business management and general administrative activities of the Agency.
- Fundraising for the benefit of the Agency and certain marketing activities.

For example the Agency may use your health information to evaluate its staff performance, combine your health information with other Agency patients in evaluating how to more effectively serve all Agency patients, disclose your health information to Agency staff and contracted personnel for training purposes, use your health information to contact you as a reminder regarding a visit to you, contact you as part of general fundraising and community information mailings (unless you tell us you do not want to be contacted), call you by name in the public health clinic waiting room when you are ready to be seen, or use your name and address to send you a newsletter about services we offer.

We will share your protected health information with third party "business associates" that perform various activities (e.g., billing, transcription services) for the agency. Whenever an arrangement between our agency and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

For Fundraising Activities. The Agency may use information about you including your name, address, phone number and the dates you received care in order to contact you to raise money for the Agency. The Agency may also release this information to a related Agency foundation. If you do not want the Agency to contact you, notify the *Privacy Officer at 507-637-4041* and indicate that you do not wish to be contacted.

For Appointment Reminders. The Agency may use and disclose your health information to contact you as a reminder that you have an appointment for a home visit.

For Treatment Alternatives. The Agency may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED WITHOUT FIRST RECEIVING YOUR WRITTEN CONSENT

When Legally Required. The Agency will disclose your health information when it is required to do so by any Federal, State or local law.

When There Are Risks to Public Health. The Agency may disclose your protected health information for public activities and purposes to a public health authority that is permitted by law to collect or receive the information in order to but not limited to:

- Prevent or control disease, injury or disability, report disease, injury, vital events such as birth or death and the conduct of public health surveillance, investigations and interventions.
- Report adverse events, product defects, to track products or enable product recalls, repairs and replacements and to conduct post-marketing surveillance and compliance with requirements of the Food and Drug Administration.
- Notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.
- Notify an employer about an individual who is a member of the workforce as legally required.
- To a foreign government agency that is collaborating with the public health authority.

To Report Abuse, Neglect Or Domestic Violence. The Agency is allowed to notify government authorities if the Agency believes a patient is the victim of abuse, neglect or domestic violence. The Agency will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

To Conduct Health Oversight Activities. The Agency may disclose your health information to a health oversight agency for activities, authorized by law, including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. The Agency, however, may not disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.

In Connection With Judicial And Administrative Proceedings. The Agency may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly

authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when the Agency makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

For Law Enforcement Purposes. As permitted or required by State law, the Agency may disclose your health information to a law enforcement official for certain law enforcement purposes as follows:

- As required by law for reporting of certain types of wounds or other physical injuries pursuant to the court order, warrant, subpoena or summons or similar process.
- For the purpose of identifying or locating a suspect, fugitive, material witness or missing person.
- Under certain limited circumstances, when you are the victim of a crime.
- To a law enforcement official if the Agency has a suspicion that your death was the result of criminal conduct including criminal conduct at the Agency.
- In an emergency in order to report a crime.

Inmates: We may use or disclose your protected health information if you are an inmate of a correctional facility and Redwood County Public Health Services created or received your protected health information in the course of providing care to you.

To Coroners And Medical Examiners. The Agency may disclose your health information to coroners and medical examiners for purposes of determining your cause of death or for other duties, as authorized by law.

To Funeral Directors. The Agency may disclose your health information to funeral directors consistent with applicable law and if necessary, to carry out their duties with respect to your funeral arrangements. If necessary to carry out their duties, the Agency may disclose your health information prior to and in reasonable anticipation of your death.

For Organ, Eye Or Tissue Donation. The Agency may use or disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue for the purpose of facilitating the donation and transplantation.

For Research Purposes. The Agency may, under very select circumstances, use your health information for research. Before the Agency discloses any of your health information for such research purposes, the project will be subject to an extensive approval process. The Agency will almost always request your written authorization before granting access to your individually identifiable health information.

In the Event of A Serious Threat To Health Or Safety. The Agency may, consistent with applicable law and ethical standards of conduct, disclose your health information if the Agency, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

For Specified Government Functions. In certain circumstances, the Federal regulations authorize the Agency to use or disclose your health information to facilitate specified government functions relating to military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates and law enforcement custody. Release to these government functions would be for the purposes of but not limited to eligibility for entitlements, medical suitability determinations, or protective services.

For Worker's Compensation. The Agency may release your health information for worker's compensation or similar programs.

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Other than is stated above, the Agency will not disclose your health information other than with your written authorization. If you or your representative authorizes the Agency to use or disclose your health information, you may revoke that authorization in writing at any time.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding your health information that the Agency maintains:

Right to request restrictions. You may request restrictions on certain uses and disclosures of your health information in writing. Your request must state the specific restriction requested and to whom you want the restriction to apply. You have the right to request a limit on the Agency's disclosure of your health information to family members or friends, someone who is involved in your care or the payment of your care. However, the Agency is not required to agree to your request, if the Agency believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If the Agency does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. If you wish to make a request for restrictions, please contact *Privacy Officer*.

Right to receive confidential communications. You have the right to request that the Agency communicate with you in a certain way. For example, you may ask that the Agency only conduct communications pertaining to your health information with you privately with no other family members present. If you wish to receive confidential communications, please contact *Privacy Officer at 507-637-4041*. The Agency will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications. We will accommodate reasonable requests.

Right to inspect and copy your health information. You have the right to inspect and copy your health information, including billing records. We require you to make all requests to inspect and copy records containing your health information be done in writing on a Request for Disclosure of Information form and submitted to the *Privacy Officer at 266 E Bridge Street, Redwood Falls, MN 56283*. When a request for access to health information is received, it will be acted upon within thirty (30) days if the requested information is maintained and accessible on site. The time frames stated above may be extended one time for no more than thirty (30) days. If the extension is necessary, Redwood County Public Health will provide the individual with a written statement that specifies the reason(s) for the delay and the date by which the individual may expect to receive access to the health information for inspection or to obtain a copy. If you request a copy of your health information, the Agency may charge a reasonable fee for copying and assembling costs associated with your request. Redwood County Public Health maintains the health information that may be subject to requests for access for a period of seven years from the date it was created or was last in effect, whichever is later.

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 protected health information that is subject to law that prohibits access to protected health information. 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 our Privacy Officer if you have questions about access to your medical record.

Right to amend health care information. You or your representative has the right to request that the Agency amend your records, if you believe that your health information is incorrect or incomplete. That request may be made as long as the information is maintained by the Agency. A request for an amendment of records must be made in writing to *Privacy Officer at 266 E Bridge Street, Redwood Falls, MN 56283*. The Agency may deny the request if it is not in writing or does not include a reason for the amendment. The request also may be denied if your health information records were not created by the Agency, if the records you are requesting are not part of the Agency's records, if the health information you wish to amend is not part of the health information you or your representative are permitted to inspect and copy, or if, in the opinion of the Agency, the records containing your health information are accurate and complete. If we deny your request for amendment, you have the right to file a written statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

Right to an accounting. You or your representative have the right to request an accounting of disclosures of your health information made by the Agency for any reason other than for treatment, payment or health operations. The request for an accounting must be made in writing to *Privacy Officer at 266 E Bridge Street, Redwood Falls, MN 56283*. The request should specify the time period for the accounting starting on or after April 14, 2003. Accounting requests may not be made for periods of time in excess of seven (7) years. When a request for an accounting of disclosures of health information is received, it will be acted upon within 60 days. A one-time extension of 30 days is allowed if necessary and provided that the individual

requesting the amendment is informed of the reason(s) for the delay and the date by which they can expect action to be taken upon their request. The Agency would provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee. The right to receive this information is subject to certain exceptions, restrictions and limitations.

Right to a paper copy of this notice. You or your representative has a right to a separate paper copy of this Notice at any time even if you or your representative has received this Notice previously. To obtain a separate paper copy, please contact **Privacy Officer at 507-637-4041**. The patient or a patient's representative may also obtain a copy of the current version of the Agency's Notice of Privacy Practices at its website:

http://www.co.redwood.mn.us/County_Departments/Public_Health/public_health.htm

DUTIES OF THE AGENCY

The Agency is required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of its duties and privacy practices. The Agency is required to abide by the terms of this Notice as may be amended from time to time. The Agency reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all health information that it maintains. If the Agency changes its Notice, the Agency will provide a copy of the revised Notice to you or your appointed representative.

COMPLAINTS

You or your personal representative has the right to express complaints to the Agency and to the Secretary of Health and Human Services if you or your representative believes that your privacy rights have been violated. Any complaints to the Agency should be made in writing to the **Privacy Officer at 266 E Bridge Street, Redwood Falls, MN 56283** on the Client Grievance/Complaint Form. This form is retained for a period of seven year. The Agency encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint. If you feel you need to carry your complaint further you may contact the Secretary of Health and Human Services at Medical privacy Complaint Division, Office for Civil Rights, US Department of health & Human Services, 200 Independence Avenue, SW Room 509f, HHH Building, Washington, DC 20201 or call the HHS Voice Hotline number at 1-800-368-1019.

EFFECTIVE DATE

This Notice is effective April 14, 2003.

CONTACT PERSON

The Agency has designated the **Privacy Officer** as its contact person for all issues regarding patient privacy and your rights under the Federal privacy standards.

IF YOU HAVE ANY QUESTIONS

REGARDING THIS NOTICE, PLEASE CONTACT

Marie Meyers, Privacy Officer

Redwood County Public Health

266 E Bridge St

Redwood Falls MN 56283

507-637-4041 or fax at 507-637-4046

e-mail at public_health@co.redwood.mn.us

I acknowledge receipt of the Notice of Privacy Practices.

Signature

Date