

**THIS NOTICE DESCRIBES HOW THE PERRY COUNTY HEALTH DEPARTMENT  
MAY USE AND/OR DISCLOSE MEDICAL INFORMATION ABOUT YOU, AND HOW  
YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

The Perry County Health Department's mission is to protect and promote the health of the population of Perry County. We realize the health information about you is private. We are committed to protecting health information about you. When you receive services from us, some type of record is created for the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the record of care generated by this health care facility.

We are required by law to:

- Make sure that health information that identifies you is kept private;
- Give you this notice of our legal duties and private practices with respect to health information about you; and
- Follow the terms of the notice that is currently in effect.

**How We May Use and Disclose Health Information About You:**

The following categories describe different ways that we use and disclose your protected health information

**For Treatment:** We may use your health information to provide you with health care treatment and services. An example of these types of disclosures would be sharing the results of your child's lead screening test with the health care provider you visit for medical care.

**Payment:** We may use and disclose health information about you so that the treatment and services you receive from us may be billed to and payment collected from you, an insurance company, or a third party. For example, we may need to give health plan carrier information about your office visit so they will pay us or reimburse you for a visit.

**Public Health Risks:** We may disclose health information about you for public health activities and purposes stated in the privacy regulation. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To conduct public health surveillance, public health investigations, and public health interventions;
- To report births and deaths
- To report child abuse or neglect;
- 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;
- To report reactions to medication or problems with products;
- To notify people of recalls of products they may be using.

**Victims of Abuse, Neglect or Domestic Violence:** We may disclose protected health information about an individual whom we responsibly believe to be victim of abuse, neglect, or domestic violence to a government authority, including a social service or protective agency, authorized by law to receive reports of such abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities:** We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigation, inspections, and licensure. These activities are necessary for the government to monitor the health care system, governmental programs, and compliance with civil rights laws.

**Judicial and Administrative Procedures:** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health 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 and order protecting the information requested.

**Lawful Enforcement:** We may release health 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 facility; and
- In emergency circumstances to report a crime, the location of the crime or victims; or the identity, description, location of the person who committed the crime.

**Coroners, Health Examiners and Funeral Directors:** This may be necessary, for example, to identify a deceased person or determine cause of death. We may also release health information about patients to funeral directors as necessary to carry out their duties.

**Organ, Eye and Tissue Donation Purpose:** If you are an organ donor, we may disclose health information about you to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank.

**Research Purposes:** We may use and disclose health information for research provided various conditions stated in the HIPAA Regulations are met.

**To Avert a Serious Threat to Health or Safety:** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety of the public or another Person. Any disclosure, however, would only be to someone able to help prevent the threat.

**Specialized Government Function:** We may disclose protected health information for specialized government function including:

- Military and veteran's activities
- National security and intelligence activities
- Protective services for the President, or authorized persons or foreign heads of state or conduct special investigations.
- Medical suitability determinations
- Correctional institutions and other law enforcement custodial situations
- Covered entities that are government programs providing public benefits.

**Workers' Compensation:** We may release protected information as authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs, established by law, to provide benefits for work-related injuries or illnesses without regard to fault.

**As Required by Law:** We will disclose health information about you when required to do so by federal, state, or local laws.

**Disclosures to family members and other involved in the individuals care** – If you are available and do not object, we may disclose your protected health information to your family, friends, and other who are involved in your care. If you are unavailable or incapacitated and we determine that a limited disclosure is in your best interest, we may share limited protected health with such individuals. If you do not wish the Perry County Health Department to share protected health information with others, you may exercise your right to request a restriction on the Perry County Health Department's disclosures of your protected health information.

**Business Associates** – Certain aspects and components of our services are performed through contracts with outside persons or organizations. For example, laboratory services or billing claims to Medicare or Medicaid.

At times it may be necessary for us to provide certain protected health information to one or more of these outside persons or organizations.

## **Your Rights Regarding Health Information About You**

You have certain rights with respect to your personal health information. This section of our notice describes your rights and how to exercise them.

**Right to inspect and Copy:** You have the right to inspect and copy health information that may be used to make decisions about your care. Usually, this includes health and billing records. To inspect and copy health information that may be used to make a decision about you, you must submit your request in writing to our privacy contact person identified at the end of this notice. If you request a copy of the information, we may charge a fee for the cost of copying, mailing or other supplies and services associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. A licensed health care professional chosen by our practice will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Right to Amend:** If you feel the health information, we have about you is incorrect or incomplete, you may ask us to amend the information, for as long as we keep the information. To request an amendment, your request must be in writing, submitted to our privacy contact person identified at the end of this notice. In addition to the request, you must provide a reason that supports your request for an amendment.

We may deny your request for an amendment if it not in writing or does not include a reason to support the request. In addition, we may deny your request to amend information that:

- Was not created by us, unless the individual provides a reasonable basis to believe that the originator of the information is not longer available to act on the requested amendment;
- Is not part of the record set involved;
- Is accurate and complete

**Right to Accounting of Disclosures:** You have the right to request a list accounting for any disclosures of your health information that we have made. An accounting will not include all disclosures that we make. For example, and accounting will not include disclosures:

- To carry out treatment, payment and health care operations as previously described in this notice.
- Pursuant to your written authorization.
- To family member, other relative, or personal friend involved in your care or pay of your care when you have given us permission to do so.
- To law enforcement officials.

To request this list of disclosures, you must submit your request in writing to our privacy contact person. Your request must state a time period which may not be longer than six years and not include dates before April 14, 2003. The first list request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any are unable to supply this list within that time period and by what date we can supply the list; but this date will not exceed a total of 60 days from the date you made the request.

**Right to Request Restriction:** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operation. We are not required to agree to such a restriction if it is not feasible for us to comply with your request or believe it will negatively impact the care, we may provide you. To request a restriction, you must make your request in writing to our privacy contact person identified at the

end of this notice. In your request, you must tell us what information you want to limit and to whom you want the limits to apply.

**Right to Request Confidential Communications:** You have the right to request that we communicate with you about health matters in a certain way at a certain location. For example, you can ask that we only contact you at work or by mail to a post office box. To request confidential communications, you must make your request in writing to our privacy contact person. We will accommodate all reasonable requests.

The Perry County Health Department may contact individuals to provide appointment reminders or information about health-related benefits and services that may be of interest. Appointment reminders will be made either by telephone and/ answering machine, post card or sealed envelope. The Perry County Health Department also allows individuals other than the Perry County Health Department employees to present educational presentations to our clients.

The Perry County Health Department reserves the right to change its privacy practices described in this notice. The revised privacy practices will be effective for all protected health information by the Perry County Health Department. Perry County Health Department will post all revisions on a bulletin board in the front office. Individuals may request a printed copy of current policies.

If you believe your privacy rights have been violated, you may file a written complaint with us, or the U.S. Department of Health and Senior Services, within 180 days of violation of your rights. There will be no retaliation for filing a complaint. To file a complaint with this entity, contact:

Perry County Health Department

ATTN: Privacy Officer

406 N Spring St. Suite 1

Perryville, Mo 63775

(573) 547-6564

This notice is effective as of April 14, 2003.