



Public Health
Prevent. Promote. Protect.

Shawnee County Health Department

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Notice of Privacy Practice

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This notice describes how medical information may be used and disclosed and how you can obtain access to this information. Please review it carefully. If you have need assistance, have any questions about this notice, or wish to exercise your privacy right, please contact the Shawnee County Health Department's Privacy Officer using the contact information at the top of this notice.

OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

We are committed to protecting the confidentiality of our records containing information about you. This notice applies to all records of your care created or received by the Shawnee County Health Department (SCHD). Other healthcare providers from whom you obtain care and treatment may have different policies or notices regarding the use and disclosure of your health information created or received by that provider. Health plans in which you participate may have different policies or notices concerning information they receive about you. This notice will describe how and what we can disclose regarding your health information privacy. We are required by law to maintain the privacy of your health information, give you this notice of our legal duties and privacy practices, make a good faith effort to obtain your acknowledgement of receipt of this notice, and follow the terms of the notice that are currently in effect.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

1. **To Inspect and Copy Health Information** - You have the right to access your health information. Usually, this includes medical and billing records, but does not include psychotherapy notes. You may also receive a copy (including an electronic copy) of your health information. In order to gain access to and/or receive a copy of your health information, you must complete a written authorization form. To obtain a copy of the form please contact the HIPAA Privacy Officer.
2. **Fee** - A fee may be charged to you if you request a copy of your health record or any part of it. 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 by another licensed health care professional chosen by the SCHD. SCHD will comply with the outcome of the review.
3. **To Request Amendment** - You may request an amendment if you believe we have incorrect or incomplete information in your records. You have the right to request an amendment for as long as the information is kept by or for the SCHD. The request must be in writing and be specific.
4. **To Request an Accounting of Disclosures** - You have the right to request an accounting of disclosures that we have made of your health information. The request must be made in writing and will include only records we have since April 14, 2003.
5. **To Request Restrictions** - You have the right to request some restrictions on how we may use or disclose your health information regarding treatment, payment, or health care operations. You must make this request in writing. Your request may include restrictions on your family member's or friend's ability to access information regarding your care. SCHD has the right to deny your request, except to the extent you are requesting a restriction of information to third party payors when you pay out of pocket for services, unless the law requires the disclosure.
6. **To Request Alternative Methods of Communications** - You have the right to request alternative methods of the way SCHD communicates with you regarding medical matters. This request may include that information be communicated to you in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.
7. **Breach Notification** – You have the right to be notified if we determine that there has been a breach of your protected health information.

8. **To Have A Copy of This Notice** - You have the right to a copy of this notice. Any of our staff can obtain a copy of this notice for you or you may view it on our website at <http://www.shawneehealth.org/>.

USES AND DISCLOSURES OF MEDICAL INFORMATION WITHOUT YOUR SPECIFIC WRITTEN AUTHORIZATION

1. **Treatment** - We may use information about you to provide you with medical treatment or services. We may disclose health information about you to nurses, technicians, or other personnel who are involved in taking care of you at the SCHD. Different departments of the SCHD also may share health information about you in order to coordinate the services you need, such as prescriptions, lab work and x-rays. We may disclose health information about you to other health care providers who provide medical treatment to you, family and friends, or others that provide services as a part of your care. However, you have the right to restrict such information upon request as noted in paragraph 5 above.
2. **Payment** - We may use and disclose health information about you so that the treatment and services you receive at the SCHD may be billed to and payment may be collected from you, an insurance company, or other third party. We may also tell your health plan about a treatment you are going to receive in order to obtain prior approval or to determine whether your plan will cover the treatment. For example, we may need to give your health plan information about treatment you received in order to obtain reimbursement from your health plan or to reimburse you for treatment.
3. **Treatment Options** - We may use or disclose health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you. We may also use and disclose protected health information to tell you about health-related benefits or services that may be of interest to you.
4. **Health Oversight Activities** - We may use and disclose your health information to a health oversight agency for activities authorized by law. For example, these oversight activities include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
5. **Business Associates** - We may use or disclose health information about you to our Business Associates. There are some services provided in our organization through contracts or arrangements with business associates. To protect your health information, we require our business associates to appropriately safeguard your information by asking them to sign a Business Associate Agreement requiring such protection.
6. **Friends and Family** - We may release information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care.
7. **Research** - Under certain circumstances, we may use and disclose health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. However, all research projects are subject to a special approval process.
8. **Appointment Reminders** - We may use and disclose health information to contact you as a reminder that you have an appointment for medical care at the SCHD. Unless you direct us to do otherwise, we may leave messages on your telephone answering machine or voicemail identifying the SCHD and asking you to return our call. If someone else answers your phone and you are not available we will leave a message for you to return the call, but no health information will be disclosed to that individual.
9. **As Required By Law** - We will disclose health information about you when required to do so by federal, state, or local law.
10. **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 or the health and safety of the public or another person. Such disclosure would only be to someone able to help address or prevent the threat.
11. **Organ and Tissue Donation** - If you are an organ donor, we may use or disclose health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
12. **Military and Veterans** - If you are a member of the armed forces, we may release health information about you as required by military command or other government authority for information about a member of the domestic or foreign armed forces.
13. **Employers** - We may release health information about you to your employer if we provide health care services to you at the request of your employer, and the health care services are provided either to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether you have a work-

related illness or injury. Other health information will be given only if you execute a specific authorization for the release.

14. **Workers' Compensation** - We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
15. **Public Health Risks** - We may use or disclose information about you for public health reasons in order to prevent or control disease, injury or disability; or to report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medication or problems with products.
16. **Lawsuits and Disputes** - 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 an order protecting the information requested.
17. **Coroners, Medical Examiners and Funeral Directors** - We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person, or determine the cause of death or to funeral directors as necessary to perform their duties.
18. **Law 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. Examples would be to identify or locate suspects, missing persons, crime victims or to investigate a death believed to be the result of criminal conduct.
19. **Surveys** - We may use and disclose health information to contact you to assess your satisfaction with our services.
20. **National Security and Intelligence Activities** - We may release health information about you to authorized federal officials so they may provide protection to the President, other authorized persons, foreign heads of state, or to conduct special investigations.
21. **Inmates/Persons in Custody** - If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official.
22. **For Health Care Operations** - We may use and disclose health information about you for our internal operations. Our organization makes use of the information to run the SCHD and ensure we provide quality care to all patients. For example, we may use health information to evaluate the performance of our staff in caring for you.
23. **Fundraising** - We may send you information as part of our fundraising activities. You have the right to opt out of receiving this type of communication.
24. **Other uses of Health Information** - Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written authorization or as allowed by law. For example, authorization is required from you prior to SCHD using and disclosing psychotherapy notes (not to be confused with mental health records), using and disclosing information for marketing purposes, and using and disclosing information that constitutes a sale of protected health information. If you provide us authorization to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization.
25. **Changes to This Notice** - SCHD must revise this notice when there is a change in privacy practices and we reserve the right to change this notice. We reserve the right to make revisions or changes to the notice with the effective date that covers the information we already have about you as well as any information we receive in the future. We will post a copy of the current notice at our facility and on our website. The notice will contain the effective date on the first page.
26. **Acknowledgement** - You will be asked to sign a form that states you were given a copy of this Notice of Privacy Practices or the opportunity to receive a copy. The Health Insurance Portability and Accounting Act (HIPAA) states that we must make a good faith effort to provide you with a copy if you so desire. However, your receipt of care and treatment from the SCHD is not conditioned upon your providing acknowledgement of the receipt of the Shawnee County Health Agency Notice of Privacy Practices.

YOUR RIGHTS REGARDING ELECTRONIC HEALTH INFORMATION EXCHANGE

SCHD participates in electronic health information technology or HIT. This technology allows a provider or a health plan to make a single request through a health information organization or HIO to obtain electronic records

for a specific patient from other HIT participants for purposes of treatment, payment, or health care operations. HIOs are required to use appropriate safeguards to prevent unauthorized uses and disclosures.

You have two options with respect to HIT. First, you may permit authorized individuals to access your electronic health information through an HIO. If you choose this option, you do not have to do anything.

Second, you may restrict access to **all** of your information through an HIO (except as required by law). If you wish to restrict access, you must submit the required information either online at <http://www.KanHIT.org> or by completing and mailing a form. This form is available at <http://www.KanHIT.org>. You cannot restrict access to certain information only; your choice is to permit or restrict access to all of your information.

If you have questions regarding HIT or HIOs, please visit <http://www.KanHIT.org> for additional information.

If you receive health care services in a state other than Kansas, different rules may apply regarding restrictions on access to your electronic health information. Please communicate directly with your out-of-state health care provider regarding those rules.

COMPLAINTS

If you believe your rights with respect to your health information have been violated by the SCHD, you may file a complaint with the SCHD by contacting the HIPAA Privacy Officer using the contact information provided at the top of this notice. You may also file a complaint with the U.S. Department of Health and Human Services – Office for Civil Rights, 601 E. 12th St, Rm. 248, Kansas City MO 64106, 816-426-7277, or through their website located here www.hhs.gov/ocr/privacy/hipaa/complaints/index.html. If you need help in writing the complaint, assistance will be provided at the SCHD upon request. You will not be penalized for filing a complaint.