

JEFFERSON COUNTY PUBLIC HEALTH
Notice of Privacy Practices

Health Insurance Portability and Accountability Act (HIPAA)
Privacy Rule
(EFFECTIVE DATE APRIL 28, 2003)

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.

I. Understanding Your Health Record/Information

Each time you visit Jefferson County Public Health (JCPH) for clinical services, a record of your visit is made. Typically, this record contains your symptoms, examination, test results, diagnosis, treatment, and a plan for future care. This information, often referred to as your health record serves as a:

- Plan for your care and treatment and communication between health care professionals
- Tool with which we can continually work to improve the care we provide
- Means by which Medicare or private insurance payers can verify the services billed
- Source of information for public health authorities charged with carrying out their legal duties
- Source of data for medical research, facility planning and program development
- Legal Record that documents the care you receive

It is important that you understand what is in your health record and how the information is used in order to:

- Ensure its accuracy
- Better understand why others may review your health information
- Make an informed decision when authorizing disclosures of your health information

II. Your Health Information Rights

Although your health record is the physical property of Jefferson County Public Health, the information belongs to you.

You have the right to:

- **Inspect and receive a copy of your health record**
- **Request a restriction** on certain uses and disclosures of your health information. For example, you may ask that we not disclose your health information and or treatment to a family member. JCPH is not required to agree to your request; but if we do, we will comply with your request unless the information is needed to provide you with emergency services.
- **Restrict disclosures of PHI to a health plan** with respect to health care for which an individual has paid out-of-pocket and in full. In addition, most health plans will need to inform individuals of the prohibition against using or disclosing genetic information for underwriting purposes.
- **Request a correction/amendment to your health record.** If you believe the health information we have about you is incorrect or incomplete, we may amend your record to include your statement of disagreement.
- **Request confidential communications about your health information.** You may ask that we communicate with you at a location other than your home or by a different means of communications such as telephone or mail.
- **Receive a listing of certain disclosures JCPH has made** of your health information upon request. This information is maintained for 6 years, or the life of the record; whichever is longer and begins with the date this Notice becomes effective.
- **Revoke your written authorization to use or disclose health information.** This does not apply to health information already disclosed or used or in circumstances where we have taken action on your authorization or the authorization was obtained as a condition of

obtaining insurance coverage and the insurer has a legal right to contest a claim under the policy or the policy itself.

- **Opt out of receiving any fundraising communications** from the covered entity
- **Obtain a paper copy of the JCPH Notice of Privacy Practices** upon request.

III. JCPH' Responsibilities

JCPH is required by law to:

- Maintain the privacy of your health information.
- Inform you about our privacy practices regarding health information we collect and maintain about you.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.
- Notify affected individuals of a breach of unsecured PHI.
- Prohibit the sale of PHI or the disclosure of PHI for marketing purposes without the express written authorization of the individual.
- Prohibit the disclosure for underwriting purposes of PHI that is genetic information.
- Honor the terms of this notice or any subsequent revisions of this notice.

JCPH reserves the right to change its privacy practices and to make the new provisions effective for all protected health information it maintains. JCPH will post any revised Notice of Privacy practices at public places in its health care facilities and on its web site at www.jeffersoncountypublichealth.org, and you may also request a copy of the notice.

JCPH understands that health information about you is personal and is committed to protecting your health information. **JCPH will not use or disclose your health information without your permission, except as described in this notice and as permitted by the Privacy Act.**

IV. How JCPH may use and disclose health information about you

The following categories describe how we may use and disclose health information about you.

For Diagnosis and Treatment: Your personal information will be recorded in your health record and used to determine the course of treatment for you. Your health care provider will document in your health record her/his instructions to members of your health care team. The actions taken and the observations made by the members of your health care team will be recorded in your health record so your health care provider will know how you are responding to treatment. If JCPH refers you to another health care provider JCPH may disclose your health information to that health care provider for evaluation and treatment purposes.

If you are transferred to another facility for further care and treatment, JCPH may disclose information to that facility to enable them to know the extent of treatment you have received and other information about your condition. Your health care provider may give copies of your health information to other health care professionals to assist in your treatment.

For Payment Purposes: If you have private insurance or Medicare coverage, a bill will be sent to your health plan for payment. The information on or accompanying the bill will include information that identifies you, as well as your diagnosis, procedures, and supplies used for your treatment. If JCPH refers you to another health care provider JCPH may disclose your health information with that provider for health care payment purposes.

For Health Care Operations: We may use your health information to evaluate your care and treatment outcomes with our quality improvement team. This information will be used to continually improve the quality and effectiveness of the services we provide.

To Business Associates: JCPH provides some health care services and related functions through the use of contracts with business associates. For example, JCPH may have contracts for medical transcription. When these services are contracted, JCPH may disclose your health information to business associates so that they can perform their contracted jobs. We require our business

associates to protect and safeguard your health information in accordance with all applicable state and federal laws.

To Persons Involved in Your Care: Your health information may be used to notify or assist in the notification of a family member or personal representative of your location, your general condition, or death. If you are present, then we will provide you with an opportunity to object to such uses or disclosures before they are made. In the event of your incapacity or emergency circumstances, we may disclose information that is directly relevant to the person's involvement in your health care, if we determine that it is in your best interest to do so.

To Interpreters: In order to provide you proper care and services, JCPH may use the services of an interpreter. This may require the use and disclosure of your personal health information to the interpreter.

For Research: We may disclose information to researchers when their research has been approved by an Institutional Review Board that has reviewed the research protocol and determined that adequate safeguards exist to ensure the privacy of your health information.

About Decedents: Health information about decedents may be disclosed to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law. JCPH also may disclose health information to funeral directors consistent with applicable law as necessary to carry out their duties. In addition, JCPH may disclose protected health information about decedents where required under the Freedom of Information Act or otherwise required by law.

For Organ Procurement Organizations: Your health information may be disclosed to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of facilitating organ, eye or tissue donation and transplant.

For Treatment Alternatives and Other Health-Related Benefits and Services: JCPH may contact you to provide information about treatment alternatives or other types of health-related benefits and services that may be of interest to you. For example: we may contact you about the availability of new treatments or services for diabetes.

For Appointment Reminders: JCPH may disclose limited health information to provide you with appointment reminders such as voicemail messages, postcards, or letters.

To the Food and Drug Administration (FDA): Your health information may be disclosed to the FDA in connection with an FDA-regulated product or activity. For example: we may disclose to the FDA information concerning adverse events involving food, dietary supplements, product defects or problems, and information needed to track FDA-regulated products or to conduct product recalls, repairs, replacements, or "look-backs" (including locating people who have received products that have been recalled or withdrawn), or post marketing surveillance.

For Workers Compensation: Your health information may be used for workers compensation purposes as authorized or required by law.

For Public Health Activities: Medical information about you may be used for public health activities, including to report births and deaths and notify appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or other crimes.

To Correctional Institutions: If you are an inmate of a correctional institution, JCPH may use or disclose to the institution, health information necessary for your health and the health and safety of other individuals such as officers or employees or other inmates.

To Law Enforcement: Your health information may be used for law enforcement activities as authorized by law or in response to a court order.

For Members of the Military: If you are a member of the military services including the Commissioned Corps of the United States Public Health Service, JCPH may disclose your health information if necessary to the appropriate military command authorities as authorized by law.

For Health Oversight Authorities: Your health information may be disclosed to health oversight agencies for activities authorized by law. These oversight activities include: investigations, audits, inspections and other actions. These are necessary for the government to monitor the health care system, government benefit programs, and entities subject to government regulatory programs and/or civil rights laws for which health information is necessary to determine compliance. JCPH is required by law to disclose protected health information to the Secretary of US Department of Health and Human Services to investigate or determine compliance with the HIPAA privacy standards.

For Compelling Circumstances: Your health information may be used or disclosed in certain other situations involving compelling circumstances affecting the health or safety of an individual. For example, in certain circumstances: (1) we may disclose limited protected health information where requested by a law enforcement official for the purpose of identifying or locating a suspect fugitive, material witness or missing person; (2) if you are believed to be a victim of a crime, a law enforcement official requests information about you and we are unable to obtain your agreement because of incapacity or other emergency circumstances, we may disclose the requested information if we determine that such disclosure would be in your best interests; (3) we may use or disclose protected health information as we believe is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person; (4) we may use or disclose protected health information in the course of judiciary and administrative proceedings if required or authorized by law; (5) we may use or disclose protected health information to report a crime committed on JCPH health facility premises or when JCPH is providing emergency health care; and (6) we may make any other disclosures that are required by law.

Non-Violation of this Notice: JCPH is not in violation of this Notice or the HIPAA Privacy Rule if any of its employees or its contractors (Business Associates) discloses protected health information under the following circumstances:

1. **Disclosures by Whistleblowers:** If a JCPH employee or contractor (Business Associate) in good faith believes that JCPH has engaged in conduct that is unlawful or otherwise violates clinical and professional standards or that the care or services provided by JCPH has the potential of endangering one or more patients or members of the workplace or the public and discloses such information to:
 - a) A public Health Authority or Health Oversight Authority authorized by law to investigate or otherwise oversee the relevant conduct or conditions, or the suspected violation, or an appropriate health care accreditation organization for the purpose of reporting the allegation of failure to meet professional standards or misconduct by JCPH; or
 - b) An attorney on behalf of the workforce member, or contractor (Business Associate) or hired by the workforce member or contractor (Business Associate) for the purpose of determining their legal options regarding the suspected violation.

2. **Disclosures by Workforce Member Crime Victims:** Under certain circumstances, a JCPH workforce member (either an employee or contractor) who is a victim of a crime on or off JCPH premises may disclose information about the suspect to law enforcement official provided that:
 - a) The information disclosed is about the suspect who committed the criminal act.
 - b) The information disclosed is limited to identifying and locating information.

Any other uses and disclosures will be made only with your written authorization, which you

may later revoke in writing at any time. (Such revocation would not apply where the health information already has been disclosed or used or in circumstances where JCPH has taken action in reliance on your authorization or the authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim under the policy or the policy itself.)

To exercise your rights under this Notice, to ask for more information, or to report a problem contact the HIPAA Compliance Officer.

HIPAA Compliance Officer
Jefferson County Public Health
615 Sheridan Street
Port Townsend, WA 98368
(360) 385-9400 Telephone or (360) 385-9401 Fax
www.jeffersoncountypublichealth.org

If you believe your privacy rights have been violated, you may file a written complaint with the above individual or the Secretary of Health and Human Services, U.S. Department of Health and Human Services, Washington, D.C. 20201. There will be no retaliation for filing a complaint.

CLIENT SIGNATURE OR REPRESENTATIVE FOR CLIENT

REV 01/08/13

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