

## JOPLIN CITY HEALTH DEPARTMENT HIPAA NOTICE OF PRIVACY PRACTICES

*Effective Date:* March 25, 2015

**THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU, (KNOWN AS PHI), 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, or your privacy rights, please contact our Compliance Manager at Joplin City Health Department.

### **Who will follow this notice:**

This notice describes our health department's practices and that of any Health Department personnel authorized to enter information, or who has access to your Health Department record.

### **Our pledge regarding PHI.**

We understand that PHI about you and your health is personal. We are committed to protecting your PHI. We create a record, whether written or electronic, of the care and services you receive at the Health Department. This notice applies to all the records of your care generated by the Health Department. This notice will tell you about the ways in which we may use and disclose PHI about you. We also describe your rights and certain obligations we have regarding the use and disclosure of PHI.

### **We are required by law to:**

- Make sure that any PHI that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to PHI about you. You have the right to a paper copy of this notice and may ask us to give you a copy at any time. To obtain a paper copy of this notice, contact the Joplin City Health Department.
- Follow the terms of the notice that is currently in effect.

### **Changes to this notice.**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for PHI we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the Health Department and on our website. The notice will contain the effective date on the first page.

### **Your Rights Regarding PHI About You.**

You may request in writing or electronically, to inspect and or copy your PHI, for an amendment, restrictions or accounting of disclosures. We have the right to charge a reasonable fee for paper or electronic copies as established by professional, state, or federal guidelines. You have the following rights regarding PHI we maintain about you:

**Right to Inspect and Copy.** You have the right to inspect and copy PHI that may be used to make decisions about your care. This includes medical and billing records.

**Right to Amend.** If you feel that PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Health Department. Under certain conditions, we may deny your request.

**Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of PHI about you.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. *We are not required to agree to your request.*

**Right to Restrict for Out of Pocket Payment.** You have the right to restrict disclosures to health plans concerning treatment(s) which are paid out of pocket. *We are not permitted to deny this specific type of request restriction.*

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about PHI matters in a certain way or at a certain location. You must inform us in writing, using a form provided by our practice, how you wish to be contacted if other than the address/phone number that we have on file. We will follow all reasonable requests.

**Right to Be Notified of Security Breaches.** In the case of a breach of unsecured PHI, you will be notified as required by law.

**How we may use and disclose PHI about you.**

The following categories describe different ways that we use and disclose PHI. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**For Treatment.** Disclosure of your PHI shall be limited to the minimum necessary for the coordination and management of your healthcare and any related services with a third party that is involved in your care and treatment. We will also disclose PHI to other Healthcare providers that may be involved in your care and treatment.

**For Payment.** We may use and disclose PHI about you with a health information organization or other such organization so that the treatment and services you receive at the Health Department may be billed, and payment collected from you, Medicare, Medicaid or a third party.

**For Health Care Operations.** We may use and disclose, as needed, PHI in order to support the business activities of our practice. This includes but is not limited to business planning and development, quality assessment and improvement, medical review, legal services, auditing functions and patient safety activities.

**Appointment Reminders, Special Notices.** We may use and disclose PHI to contact you at the address, telephone number, or e-mail address you provide us, as a reminder that you have an appointment for care or tests results available. If you are not home, we may leave this information on your answering machine, in a voice mail, or a message with the person answering the phone. A sign in sheet will be used when you arrive and your name will be called when we are ready to see you. We may also contact you to provide information about health related benefits, fund-raising activities, or services offered by our office. You have the right to opt out of these notices.

**Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may release PHI about you to a friend or family member you have identified that is involved in your care. We may also give information to someone who helps pay for your care. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or other person responsible for your care, of your general condition or death. If you are not present or are unable to agree or object to the use or disclosure of the PHI, then your healthcare provider

may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is necessary will be disclosed.

#### OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES

As required by law, we are permitted to use or disclose your PHI without your written consent for the following purposes:

- For public health activities, health oversight activities, workers compensation, and in cases of abuse or neglect.
- To comply with Food and Drug Administration requirements, for research purposes, legal proceedings, law enforcement purposes.
- By request of the coroner's office, funeral directors, and for organ donation.
- In case of criminal activity, when an inmate in a correctional facility, for military activity, or matters of national security.
- If requested by the Department of Health and Human Services in order to investigate or determine our compliance with the requirements of the privacy rule.

#### OTHER USES OF PHI

Other uses and disclosures of PHI not covered by this notice or the laws that apply to us will be made only with your written permission. These might include psychotherapy notes, disclosures for marketing purposes or those that constitute a sale of PHI. If you provide us permission to use or disclose PHI about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose PHI about you for the reasons covered by your written authorization.

#### COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the health department or with the Secretary of the Office for Civil Rights. To file a complaint with the health department, contact Privacy Manager, Joplin City Health Department, 321 E 4<sup>th</sup> St, Joplin, Missouri 64801 or phone (417) 623-6122. All complaints must be submitted in writing.

**You will not be penalized for filing a complaint.** There will not be any retaliation, intimidation, or discrimination against you for exercising your rights or filing a complaint.