

# **CLAY COUNTY 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.**

**We respect the privacy of your personal health information and are committed to maintaining our patients' confidentiality. This Notice applies to all information and records related to your care that Clay County has provided or funded. It extends to information received or created by our elected officials, employees, staff, or volunteers. This Notice informs you about the possible uses and disclosures of your personal health information. It also describes your rights and our obligations regarding your personal health information.**

**We are required by law to:**

- **Maintain the privacy of your protected health information.**
- **Provide to you this detailed Notice of our legal duties and privacy practices relating to your personal health information,**
- **Abide by the terms of the Notice that are currently in effect.**

**1. WITH YOUR CONSENT WE MAY USE AND DISCLOSE YOUR PERSONAL HEALTH INFORMATION FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS.**

You will be asked to sign a Consent allowing us to use and disclose your personal health information purposes of treatment, payment and health care operations. We have described these uses and disclosures below and provide examples of the types of uses and disclosures we may make in each of these categories.

**For treatment:** We will use and disclose your personal health information in providing you with treatment and services. We may disclose your personal health information to facility and non-facility personnel whom may involved in your care, such as physicians, nurses, pharmacies, mental health centers, other health care professionals etc.

**For Payment:**

We may use and disclose your personal health information so that we can bill, pay and receive payment for the treatment and services. For billing and payment purposes, we may disclose your personal health information to your representative, an insurance or managed care company, Medicare, Medicaid, or another third party payor.

**For Health Care Operations**

We may use and disclose your personal health information for facility operations. These uses and disclosures are necessary to manage our facility's quality of service provision to you.

We may require that you sign a Consent as described above as a condition of our providing *service* to you because the uses and disclosure of your personal health information are essential to our ability to *serve* you.

## **II. WE MAY USE AND DISCLOSE PERSONAL HEALTH INFORMATION ABOUT YOU FOR OTHER SPECIFIC PURPOSES.**

**Individuals Involved in your Care or Payment for your care.** Unless you object, we may disclose your personal health information to a family member or close personal friend, *or an interested person designated by you to receive such information.*

**Disaster Relief** We may disclose your personal health information to an organization assisting in a disaster relief effort.

**As Required by Law.** We will disclose your personal health information when required by law to do so.

**Public Health Activities.** We may disclose your personal health information for public health activities. These activities may include, for example:

- Reporting to a public health or other government authority for preventing or controlling disease, injury or disability, or reporting child abuse or neglect.
- Reporting to the Federal Food and Drug Administration (FDA) concerning adverse events or problems with products for tracking products in certain circumstances, to enable product recalls or to comply with other FDA requirements:
- To notify a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition or
- For certain purposes involving workplace illness or injuries.

**Health and Human Services Oversight Activities.** We may disclose your personal health information to health oversight agency for oversight activities authorized by law. These may include, for example, audits, investigations, inspections and licensure actions or other legal proceedings. These activities are necessary for government oversight of the health care system, government payment or regulatory programs, and compliance with civil rights laws.

**Judicial and Administrative Proceedings** We may disclose your personal health information in response to court or administrative order. We also may disclose information in response to a subpoena, discovery request, or other lawful process: efforts must be made to contact you about the request or to obtain an order or agreement protecting the information.

**Law Enforcement.** We may disclose your personal health information for certain law enforcement purposes, including:

- As required by law to comply with reporting requirements:
- To comply with a court order, warrant, subpoena, summons, investigative demand or similar legal process:
- To identify or locate a suspect, fugitive, material witness, or missing person:
- When information is requested about the victim of a crime if the individual agrees or under other limited circumstances:
- To report information about a suspicious death:
- To provide information about criminal conduct occurring at the facility
- To report information to emergency circumstances about a crime: or
- Where necessary to identify or apprehend an individual in relation to a violent crime or an escape from lawful custody.

**Research.** We may allow personal health information of patients from our facility to be used or disclosed for research purposes provided that the researcher adheres to certain privacy protections. Your personal health information may be used for research purposes only if the privacy aspects of the research have been reviewed and approved by a special Privacy Board or Institutional Review Board, if the researcher is collecting information in preparing a research proposal, if the research occurs after your death, or if you authorize the use or disclosure.

**Coroners, Medical Examiners, Funeral Directors, Organ Procurement**

**Organizations** We may release your personal health information to a coroner, medical examiner, funeral director or if you are an organ donor, to an organization involved in a the donation or organs and tissue.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose your personal health information when necessary to prevent a serious threat to your health or safety or the health and safety of the public or another person. However, any disclosure would be made only to someone able to help prevent the threat.

**Military and Veterans.** If you are a member of the armed forces, we may use and disclose your personal health information as required by military command authorities. We may also use and disclose personal health information about foreign military personnel as required by the appropriate foreign military authority. The Clay County Veterans' Affairs may use or disclose personal health information for purposes related to receiving benefits.

**Worker's Compensation.** We may use or disclose your personal health information to comply with laws relating to workers' compensation or similar programs.

**National Security and Intelligence Activities: Protective Services for the President**

**and others.** We may use certain personal health information to authorized federal official conducting national security and intelligence activities or as needed to provide

protection to the President of the United States, certain other persons or foreign heads of states or to conduct certain special investigations.

**Appointment Reminders.** We may use or disclose personal health information to remind you about appointments.

**Treatment Alternatives.** We may use or disclose personal health information to inform you about treatment alternatives that may be of interest to you.

**Health-Related Benefits and Services.** We may use or disclose personal health information to inform you about health-related benefits and services that may be of interest to you.

### **III. YOUR AUTHORIZATION IS REQUIRED FOR OTHER USES OF PERSONAL HEALTH INFORMATION.**

We will use and disclosure personal health information (other than as described in this Notice or required by law only with your written authorization. You may revoke your authorization to use or disclose personal health information in writing, at any time. If you revoke your Authorization, we will no longer use or disclose your personal health information for the purposes covered by the Authorization, except where we have already relied on the Authorization.

### **IV. YOUR RIGHTS REGARDING YOUR PERSONAL HEALTH INFORMATION.**

You have the following rights regarding your personal health information at the facility:

**Right to Request Restrictions.** You have the right to request restrictions on our use or disclosure of your personal health information for treatment, payment or health care operations. You also have the right to restrict the personal health information we disclose about you to a family member, friend or other person who is involved in your care or the payment for your care.

**Right of Access to Personal Health Information.** You have the right to inspect and obtain a copy of your medical or billing records or other written information that may be used to make decisions about your care, subject to some limited exceptions. We may charge a reasonable fee for our costs in copying and mailing your requested information.

We may deny your request to inspect or receive copies in certain limited circumstances. If you are denied access to personal health information, in some cases you will have a right to request review of the denial. This review would be performed by a licensed health care professional designated by the facility who did not participate in the decision to deny.

**Right to request Amendment.** You have the right to request the facility to amend any personal health information maintained by the facility for as long as the information is kept by or for the facility. You must make your request in writing and must state the reason for the requested amendment.

We may deny your request for amendment if the information:

- Was not created by Clay County, unless the originator of the information is no longer available to act on your request.
- Is not part of the personal health information maintained by or for Clay County.
- Is not part of the information to which you have a right of access: or
- Is already accurate and complete, as determined by Clay County.

If we deny your request for amendment, we will give you a written denial including the reasons for the denial and the right to submit a written statement disagreeing with the denial.

**Right to an Accounting of Disclosures** You have the right to request an “accounting” of our disclosures of your personal health information. This is a listing of certain disclosures of your personal health information made by Clay County or by others on your behalf, but does not include disclosure for treatment, payment, and health care operations or certain other exceptions.

To request an accounting disclosure, you must submit a request in writing, stating a time period beginning after April 13, 2003 that is within six years from the date of your request. An accounting will include, if requested, the disclosure date: the name of the person or entity that received the information and address, if known: a brief description of the information disclosed: a brief statement of the purpose of the disclosure or a copy of the authorization or request: or certain summary information concerning multiple similar disclosures. The first accounting provided within a 12-month period will be free for further requests, we may charge you our costs.

**Right to paper Copy of This Notice.** You may the right to obtain a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time. You may obtain a copy of this Notice at our website: [www.co.clay.ia.us](http://www.co.clay.ia.us)

**Right to Request Confidential Communications** You have the right to request that we communicate with you concerning personal health matters in a certain manner or at a certain location. For example, you can request that we contact you only at a certain phone number. We will accommodate your reasonable requests.

## **V. COMPLAINTS**

If you believe that your privacy rights have been violated, you may file a complaint in writing with CLAY COUNTY or with the Office of Civil Rights in the U.S. Department of Health and Human Services. To file a complaint with **CLAY COUNTY**, please contact the **Clay County Board of Supervisors** and/or **Clay County Auditor, 300 W. 4<sup>th</sup> St. Spencer, Iowa 51301** (712)262-1569 FAX: (712)262-5793 We will not retaliate against you if you file a complaint.

## **VI. CHANGES TO THIS NOTICE**

We will promptly revise and distribute this Notice whenever there is a material change to the uses or disclosures, your individual rights, our legal duties, or other privacy practices stated in this Notice. We reserve the right to change this Notice and to make the revised or new Notice provisions effective for all personal health information already received and maintained by the facility as well as for all personal health information we receive in the future. A copy of the current Notice will be available at the Clay County Auditor's office in the Clay County's Administration Building, 300 W. 4<sup>th</sup> St. Spencer, Iowa. In addition, we will provide a copy of the revised Notice to all consumers Via our website at [www.co.clay.ia.us](http://www.co.clay.ia.us).

## **VII. FOR FURTHER INFORMATION**

If you have any questions about his Notice or would like further information concerning your privacy rights, please contact the Clay County Auditor's Office at 712-262-1569, who will direct you accordingly.