

HIPAA Notice of Privacy Practices
Van Buren/Cass District Health Department
260 South Street Lawrence, MI 49064

**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.**

This Notice of Privacy Practices is NOT an authorization. This Notice of Privacy Practices describes how we, our Business Associates and their subcontractors, may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and relates to your past, present or future physical or mental health or condition and related health care services.

Uses and Disclosures of Protected Health Information: Your protected health information may be used and disclosed by the Van Buren/Cass District Health Department, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the district health department, and any other use required by law.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, your protected health information may be provided to a physician or dentist to whom you have been referred to ensure that the physician or dentist has the necessary information to diagnose or treat you.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for further medical/dental treatment may require that your relevant protected health information be disclosed to a health or dental plan to obtain approval for the treatment.

Healthcare Operations: We may use or disclose, as-needed, your protected health information (PHI) in order to support the business activities of the Van Buren/Cass District Health Department. These activities include, but are not limited to; quality assessment, employee reviews, training of medical/dental, nursing and social worker students, licensing, fundraising, auditing and evaluators, and other business activities. For example, we may disclose your PHI to students working on their internship that see clients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may also call you by name in the waiting room when our staff is ready to see you. We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment, and inform you about treatment alternatives or other health-related benefits and services that may be of interest to you. If we use or disclose your protected health information for fundraising activities, we will provide you the choice to opt out of those activities. You may also choose to opt back in.

We may use or disclose your protected health information (PHI) in the following situations without your authorization. Including: Medical Emergencies; as Required By Law, whether federal, tribal, state or local. If a particular law is more restrictive on the disclosure of PHI than the Privacy Law with the more restrictive law will supersede (42 CFR Part 2). Public Health Authorities or their authorized agents for surveillance, investigations and intervention to avert a serious threat to health & safety of society at large; Reporting of Communicable Diseases, Immunizations and/or other Public Health required services; Health Oversight; Abuse, Neglect, or Domestic Violence; Food and Drug Administration Requirements; Legal Proceedings, Law Enforcement such as court order, subpoena or other legal order; Custodial/Correction Institutions; Coroners/Funeral Directors; To Decedent's Next of Kin if involved in care; Organ Donation; To Governmental Programs Providing Public Benefits, such as DHS; To report a crime or a threat to commit a crime on program premises or against program personnel; Military Activity and National Security; Workers' Compensation and other required uses and disclosures. In the case of a minor, PHI will only be released to parent/guardian if state law or other applicable law authorizes such a disclosure or if the parent is involved in the minor's care and the minor does not object to the disclosure. Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

Other Permitted and Required Uses and Disclosures will be made only with your written Consent, Authorization or Opportunity to object unless required by law. Without your authorization, we are expressly prohibited to use or disclose your protected health information for marketing purposes. We may not sell your protected health information without your authorization. We may not use or disclose most psychotherapy notes contained in your protected health information. We will not use or disclose any of your protected health information that contains genetic information that will be used for underwriting purposes. We are prohibited to release any PHI that is protected by State and Federal confidentiality laws (42 CFR Part 2) without your written authorization.

You may revoke this authorization, at any time, in writing, except to the extent that the district health department has taken an action in reliance on the use or disclosure indicated in the authorization.

We reserve the right to change the terms of this notice and will inform you of such changes on the following appointment. We will also make available copies of our new notice if you wish to obtain one.

YOUR RIGHTS Following are statements of your rights with respect to your protected health information:

You have the right to inspect and copy your protected health information (fees may apply). Pursuant to your written request, you have the right to inspect or copy your protected health information whether in paper or electronic format. However, under federal law, you **may not** inspect or copy the following records: psychotherapy notes; information compiled for use in civil, criminal, or administrative action or proceeding; if under the direction of a correctional institution; if personal health information (PHI) is contained in records that are subject to the Privacy Act (not HIPAA Privacy); if PHI was obtained from someone other than a health care provider under a promise of confidentiality; if PHI is subject to the Clinical Laboratory Improvement Amendments of 1988; if information is disclosed by other federal law (i.e.; mental health records under 42 USC290); and if access is likely to cause substantial harm to another person.

You have the right to request a restriction of your protected health information. This means you may ask us not to use and disclose any part of your protected health information for the purpose of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. The Health Department is not required to agree to your requested restriction. The only exception to this restriction is disclosing your personal health information to your health plan when you have paid for services, in full, out of pocket.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically

You may have the right to an amendment of your protected health information. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures; you have the right to receive an accounting of disclosures in paper or electronic format. Exceptions: pursuant to an authorization, for purposes of treatment, payment, healthcare operations; required by law, occurred prior to April 14, 2003 or six years prior to the date of the request.

You have the right to receive notice of a breach – We will notify you if your unsecured protected health information has been breached.

COMPLAINTS You may complain to the Secretary of Health and Human Services Department of Civil Rights if you believe your privacy rights have been violated by us. This can be done by calling 800-368-1019 or filing the complaint online at <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>. Any alleged violation must have occurred on or after April 14, 2003 for the OCR to have authority to investigate. You may also file a complaint with the health department by notifying our Compliance officer. **We will not retaliate against you for filing a complaint.**