

## Notice of Privacy Practices

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### Your Information. Your Rights. Our Responsibilities.

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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.**

The most recent copy of this document is posted in both Grant County Health District's offices and on our website at [www.granthealth.org](http://www.granthealth.org).

The Health District is committed to protecting your personal health information. Protected health information (PHI) includes information that we have created or received regarding your health, your health care, and payment for your health care.

#### THIS NOTICE COVERS THE FOLLOWING ENTITIES PROVIDING YOUR CARE:

All employees, physicians, physician residents, dentists, nurses, administrative staff, social workers, nutritionists, contract staff, medical students, community health providers, affiliated physicians and other health care professionals providing you care through the Health District's clinic services and/or programs must abide by this Notice of Privacy Practices. The Health District may share your information with these covered entities to help them provide health care to you.

#### **Special state and federal laws may require us to provide a higher level of protection for some types of PHI.**

Additional protections found in state and federal law may apply to information about sexually transmitted diseases, drug and alcohol treatment records, mental health records and HIV/AIDS information. When required by law we will obtain your authorization before releasing this type of information.

#### Your Rights

You have the right to:

- Get a copy of your paper medical record
- Correct your paper medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

#### Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory



- Provide mental health care
- Market our services and sell your information
- Raise funds

### **Our Uses and Disclosures**

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

### **Your Rights**

**When it comes to your health information, you have certain rights.**

This section explains your rights and some of our responsibilities to help you.

#### **Get an paper copy of your medical record**

- You can ask to see or get a paper copy of your medical record and other health information we have about you. You must make the request in writing to our Compliance Officer listed at the bottom of this document. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 15 days of your request. We may charge a reasonable, cost-based fee.
- In certain situations, we may deny your request and will tell you why we are denying it. In some cases, you may have the right to ask for a review of our denial. You must make the request in writing to our Compliance Officer listed at the bottom of this document. Ask us how to do this.

#### **Ask us to correct your medical record**

- You can ask us to correct health information about you that you think is incorrect or incomplete. You must make the request in writing to our Compliance Officer listed at the bottom of this document. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 10 days. You may respond by filing a written statement of disagreement with us and ask that the statement be included in your health care record. Ask us how to do this.

#### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. You must make the request in writing to our Compliance Officer listed at the bottom of this document. Ask us how to do this.
- We will say "yes" to all reasonable requests.

#### **Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations. You must make the request in writing to the Compliance Officer listed at the bottom of this document and you must tell us what information you want to limit and to whom the limits apply. Ask us how to do this. We are not required to agree to your request, and we may say "no" if it would affect your care.
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- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

#### **Get a list of those with whom we’ve shared information**

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. You must make the request in writing to our Compliance Officer listed at the bottom of this document. Ask us how to do this.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

#### **Get a copy of this privacy notice**

- You can ask for a paper copy of this notice at any time. We will provide you with a paper copy promptly.

#### **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

#### **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting our Compliance Officer listed at the bottom of this document.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

### **Your Choices**

#### **For certain health information, you can tell us your choices about what we share.**

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. You must make the request in writing to our Compliance Officer listed at the bottom of this document. Ask us how to do this.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

*You have the right to withdraw your permission for us to release your information. To change permission for us to release information, you must make the request in writing to our Compliance Officer listed at the bottom of this page. Ask us how to do this. Withdrawing permission does not affect information that has already been used or disclosed.*

In these cases we never share your information unless you give us written permission:

- Marketing purposes
  - Sale of your information
  - Most sharing of psychotherapy notes
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In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

## **Our Uses and Disclosures**

### ***How do we typically use or share your health information?***

We typically use or share your health information in the following ways without your authorization.

#### **Treat you**

We can use your health information to provide you with treatment and we can share your information with other professionals who are treating you.

*Examples: Your doctor will need to know if you are allergic to any medicines. The doctor may share this information with pharmacists and others caring for you. We may need to tell a specialist about your health conditions if we refer you to a specialist so you may receive the proper care.*

#### **Run our organization**

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

*Examples: We use health information about you to manage your treatment and services. We may use your health information to review the quality of services you receive or to provide training to our staff.*

#### **Bill for your services**

We can use and share your health information to bill and get payment from health plans or other entities. However, we will not disclose your health information to a third party payer without your authorization except as required by law. We may also tell your health plan about your recommended treatment to get their prior approval, if it is required under your insurance plan.

*Examples: We give information about you to your health insurance plan so it will pay for your services. If you need care that requires a preauthorization, we will call your health plan to make sure the care is covered and will be paid for by the health plan.*

### ***How else can we use or share your health information?***

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

#### **Help with public health and safety issues**

We can share health information about you for certain situations, as authorized by law, such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

#### **Do research**

We can use or share your information for health research. We will not market or sell your personal information.

#### **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

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**Respond to organ and tissue donation requests**

We can share health information about you with organ procurement organizations.

**Work with a medical examiner or funeral director**

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

**Address workers' compensation, law enforcement, and other government requests**

We can use or share health information, as authorized by law, about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

**Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

**Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can. If you tell us we can, you may change your mind at any time. You must make the request to change whom we can share information with in writing to our Compliance Officer listed at the bottom of this page. Ask us how to do this. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

**Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

HIPAA Compliance Officer:      Stephanie Dowland  
Telephone:                              509-766-7960, Ext. 15  
E-mail:                                    [sdowland@granthealth.org](mailto:sdowland@granthealth.org)

Approved



Jefferson Ketchel  
Administrator

1-5-2015

Date