

HENRY COUNTY
HEALTH DEPARTMENT
JOINT 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
THIS NOTICE CAREFULLY

Effective April 14, 2015

This notice will tell you how the HCHD may use and disclose protected health information about you. Protected health information means any health information about you that identifies you or for which there is a reasonable basis to believe the information can be used to identify you. In this notice, protected health information is called "medical information."

The Henry County Health Department (HCHD) works with other health care providers in delivering services to you. These health care providers include physicians and therapists, who are not direct employees of the HCHD. All of these health care providers will follow this *Joint Notice of Privacy Practices* in providing care to you. These health care providers include:

Donald Ford, M.D. Henry County Health Department Medical Director
Advanced Rehab Services
Hammond Henry Hospital Therapy Services
Kewanee Physical Therapy & Rehab Services

This notice will also tell you about your rights and our duties with respect to medical information about you. In addition, it will tell you how to complain to us if you believe your privacy rights have been violated. The uses and disclosures described in this *Notice* apply to the HCHD and all of the health care providers listed above while they are delivering services on behalf of the Health Department.

The HCHD may use and disclose medical information about you to provide, coordinate, or manage your health care and related services by both the Health Department and other health care providers. For example, we may disclose medical information about you to doctors, nurses, hospitals, and other health care facilities who become involved in your care.

The HCHD may use and disclose medical information about you so we can be paid for the services we provide to you. This can include billing you, your insurance company, or a third party payer. For example, we may send your medical information to Medicare, Medicaid, or your insurance plan to obtain payment for our services.

The HCHD may use and disclose medical information about you for our own health care operations. For example, we may use medical information about you to review the services we provide and the performance of our employees caring for you.

We may disclose to a family member, other relative, a close personal friend, or any other person identified by you, medical information about you that is directly relevant to that person's involvement with your care or payment related to your care.

We also may use or disclose medical information about you to notify, or assist in notifying, those persons of your location, general condition, or death. If there is a family member, other relative or close personal friend that you do not want us to disclose your medical information to, please tell the staff member who is providing care to you.

We may also use and disclose your medical information as required by law. Examples of this include:

- Public health activities
- Reporting victims of abuse, neglect, or domestic violence
- Health oversight activities, such as licensure, certification, or determining your eligibility for public benefit programs
- Judicial and Administrative proceedings
- Law enforcement activities
- Coroners, medical examiners, funeral directors
- To avert serious threat to health or safety to stop you or someone else from getting hurt
- Work-related injuries, to an employer
- National security and intelligence
- Armed forces for proper execution of a military mission
- Other governmental programs that provide public benefits

Additional information about any of the above uses and disclosures is available upon request.

In order for us to release information about mental health treatment, genetic information, your AIDS/HIV status, and alcohol or drug abuse treatment, you will be required to sign a specific authorization form in most cases unless State law allows us to make this type of use or disclosure without your authorization.

Other uses and disclosures will be made only with your written authorization. In order to do so, you must complete a Health Department authorization form.

- Research
- Fund-raising
- Marketing

We will not sell your medical information. From time-to-time, we may use your medical information to remind you of an appointment. We may also use this information to contact you to tell about alternative treatments or other health-related benefits we offer. At your request this may be done by telephone, US mail, FAX, E-mail or text.

RIGHTS

You have the right to request that we restrict the uses or disclosures of medical information about you to carry out treatment, payment, or health care operations. You also have the right to request that we restrict the uses or disclosures we make to a family member, other relative, or a close personal friend or any other person identified by you.

To **request** a restriction, please tell the nurse providing care. You need to tell us what information you want to limit; whether you want to limit use or disclosure or both; and to whom you want the limit to apply.

The HCHD is not required to agree to any requested restrictions. However, if we do agree we will follow that restriction unless the information is needed to provide emergency treatment. Even if we agree to a restriction, either you or we can later terminate the restriction. We will agree to your restriction if you request that we do not bill your health plan and you have paid for your services in full in advance.

You have the right to request that we communicate medical information about you to you in a certain way or at a certain location. For example, you can ask that we only contact you by mail at work. We will not require you to tell us why you are asking for the confidential communication.

If you want to request confidential communication, you must tell the nurse providing your care. Your request must state how or where you can be contacted.

We will accommodate your request. However, we may, when appropriate, require information from you concerning how payment will be handled. We also may require an alternative address or other method to contact you.

With a few very limited exceptions, such as psychotherapy notes created by a clinical psychologist or a clinical social worker, you have the right to inspect and obtain a copy of medical information about you. If your request to inspect your record is denied, you will be sent a letter letting you know why and explaining your options.

To inspect or copy medical information about you, you must submit your request to the department providing services to you. Your request should state specifically what medical information you want to inspect or copy. If you request a copy of the information, we may charge a fee for the costs of the copying and, if you ask that it be mailed to you, the cost of the mailing.

You have the right to ask to amend medical information about you. You have this right for so long as the medical information is maintained by the HCHD.

To request an amendment, you must submit your request in writing to the Privacy Officer of the Henry County Health Department. Your request must state the amendment desired and provide a reason in support of that amendment.

The HCHD may deny your request for amendment.

You have the right to receive an accounting of disclosures of medical information about you. The accounting may be for up to six (6) years prior to the date on which you request the accounting but not before April 14, 2003.

If there is a breach affecting your unsecured PHI, you will be notified.

To request an accounting of disclosures, you should submit your request in writing to the Privacy Officer of the Henry County Health Department. Your request must state a time period for the disclosures. It may not be longer than six (6) years from the date we receive your request and may not include dates before April 15, 2015.

You have the right to obtain a paper copy of our *Notice of Privacy Practices*. You may obtain a paper copy even though you agreed to receive the notice electronically. You may request a copy of our *Notice of Privacy Practices* at any time.

You may obtain a copy of our *Notice of Privacy* practices over the internet at our web site. www.henrystarkhealth.com.

We are required by law to maintain the privacy of medical information about you and to provide individuals with notice of our legal duties and privacy practices with respect to medical information.

We are required to abide by the terms of our *Notice of Privacy Practices* in effect; however we may change this *Notice*. If we materially change this *Notice*, you can get a revised *Notice* on our website at henrystarkhealth.com, or in person at either office of the Henry County Health Department. Changes to the *Notice* are applicable to the health information we already have.

You may complain to the HCHD and to the United States Secretary of Health and Human Services if you believe your privacy rights have been violated.

To file a complaint with the HCHD, contact the Administrator of the Henry county Health Department, 4424 US Highway 34, Kewanee, Illinois, 61443, telephone: 309-852-0197. All complaints should be submitted in writing.

To file a complaint with the United States Secretary of Health and Human Services, send

your complaint in care of: Office of Civil Rights, US Department of Health and Human Services, 200 Independence Avenue SW, Washington, D.C. 20201.

**HENRY & STARK COUNTY
HEALTH DEPARTMENTS
4424 US HWY 34, KEWANEE, IL 61443
(309) 852-0197 (309) 852-0595 FAX**