

Warren County Health Department (WCHD) 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.

How WCHD May Use or Disclose Your Protected Health Information (PHI) Without Your Authorization:

- For Treatment. We may use or disclose PHI to the physician or other health care professional directly involved with your care. An example would be lab results that might be found in both physician and WCHD records.
- For Payment. We may use or disclose PHI to payment sources such as, but not limited to, insurance companies, Medicare, or Medicaid so that we may get paid on your behalf.
- For Health Care Operations. We may use or disclose PHI about you for health care operations. Unless you provide us with alternative instructions, we may send reminders and other materials related to your health care to your home. We may also submit information for statistical reporting or for auditing purposes to entities that require us to do so by contract.
- As Required by Law. We will disclose PHI about you when required to do so by federal, state, or local law.
- To Avert a Serious Threat to Health or Safety. We may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- For Medical Examiners. We may disclose PHI to medical examiners, coroners, or funeral directors to aid in identifying you or to help them in performing their duties.
- For Government Authorities. We may be required to use or disclose PHI to federal, state, and local public health authorities. Entities such as, but not limited to, the Food and Drug Administration, the Occupational Safety and Health Administration, the Centers for Disease Control and Prevention, the Missouri Department of Health and Senior Services, or other local public health departments may require the use or disclosure of your PHI.

Special Cases:

Any time we feel WCHD would be put in the middle of a dispute for releasing information, we may request a court order to protect WCHD from one party or another. This might happen when the client is deceased or when there is a dispute over treatment as, for example, when divorced parents are disputing over custody rights of children.

When WCHD May Not Use or Disclose Your Health Information:

Except as described in this Notice, WCHD will not use or disclose your PHI without written authorization. If you do authorize WCHD to use or disclose your PHI for another purpose, you may revoke your authorization in writing at any time.

You Have the Following Rights With Respect to Your Protected Health Information (PHI):

- You have the right to request restrictions on certain uses and disclosures of your PHI. To do this, you must file the appropriate forms that explain the desired restrictions to your PHI. WCHD is not required to agree to a requested restriction. If state or federal law requires PHI disclosure, the consent of the individual is not required and disclosure will be made accordingly.
- You have the right to inspect and receive a copy of your Protected Health Information. To inspect or copy your PHI, you must submit a written request; along with any appropriate reimbursement fees and WCHD will release your PHI within a reasonable time.
- You have the right to review and amend PHI if needed. To request an amendment, you must submit a written request that explains why you think the change is warranted. WCHD is not required to meet this request.
- You have the right to receive an accounting of disclosures of your PHI we have made after April 14, 2003. To request an accounting report, you must submit a written request. You must specify the time period, which may not be longer than six years. WCHD is not required to account for any disclosures for treatment, payment, health care operations, or for certain government functions.
- You may request communications of your PHI by alternative means or at alternative locations. For example, you may request that we contact you about health matters only in writing or at a different residence or post office box. To request confidential communication, you must submit a written request to WCHD. Your request must state how and when you would like to be contacted. WCHD will make every attempt to accommodate your wishes; however, we may need to contact you regardless of your wishes.
- You have the right to receive the most updated copy of this notice at any time.

Changes to this Notice of Privacy Practices:

The WCHD reserves the right to change its privacy practices described in this notice. The revised privacy practices will be effective for all PHI maintained by WCHD. Upon request, we will provide a revised Notice to you. WCHD will publish all revisions on the website at <http://warren.lphamo.org/> for public access.

To Report a Complaint:

Individuals may complain about privacy issues to the WCHD and to the Secretary of U.S. Department of Health and Human Services if they believe their rights have been violated. To register a complaint, you may contact the administrator or the privacy officer by mail [104 W. Booneslick Road – suite H – Warrenton, MO 63383], telephone [636-456-7474], fax [636-456-4966], or in person. The law forbids us from taking retaliatory action against any individual that complains.

Warren County Health Department Notice of Privacy Acknowledgment

Policy Effective Date: April 14, 2003

I acknowledge that the Warren County Health Department Notice of Privacy Practice has been made available to me.

Print Name of Patient

Today's Date

Signature of Parent/Guardian or Patient (if over 18 years of age):

Print Your Name (if different from name of patient)

Please indicate your relationship to the patient:

_____ Patient _____ Parent _____ Guardian _____ Health Care Power of Attorney

_____ Other Authorization (please specify: _____)