



Barry-Eaton District Health Department  
An Accredited Public Health Agency  
[www.barryeatonhealth.org](http://www.barryeatonhealth.org)

## NOTICE OF PRIVACY PRACTICES

Effective Date: April 22, 2013

### **THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

If you have any questions about this notice, please contact the agency privacy officer at 517-541-2602.

#### **OUR PLEDGE REGARDING YOUR HEALTH INFORMATION:**

We understand that health information about you is personal. We are committed to protecting your health information. We create a record of the care and services you receive at Barry-Eaton District Health Department (the "Health Department"), as well as any divisions, departments, or affiliated companies. We need this record to provide you with the best care possible and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the Health Department, whether made by Health Department personnel or your personal doctor. This notice describes the Health Department's privacy practices and that of all its departments and units, any volunteer we allow to help you while you are at the Health Department, all employees, staff and other Health Department personnel, to anyone authorized to enter information into your Health Department chart, and services of any of our subsidiaries or affiliates (if applicable).

This notice will tell you about the ways in which we may use and disclose your health information. We also describe your rights and certain obligations we have regarding the use and disclosure of your health information.

#### **We are required by law to:**

- make sure that health information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to your health information; and
- follow the terms of the notice that is currently in effect.

#### **WHO FOLLOWS THIS NOTICE:**

This Notice describes the Health Department's operations and how our employees and staff use and disclose health information.

#### **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:**

The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**For Treatment.** We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you at the Health Department. For example, a doctor treating you for a minor surgery may need to know if you have diabetes because diabetes may slow the healing process. Different departments of the Health Department also may share health information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose health information about you to people outside the Health Department who may be involved in your medical care after you leave the Health Department, such as family members, clergy or others we use to provide services that are part of your care.

**For Payment.** We may use and disclose health information about you so that the treatment and services you receive at the Health Department may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about the treatment you received at the Health Department so your health plan will pay us or reimburse you for that treatment. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

**For Health Care Operations.** We may use and disclose health information about you for Health Department operations. These uses and disclosures are necessary to manage and operate the Health Department and make sure that all of our patients receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about many of our patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, and other personnel for review and learning purposes. We may also combine the health information we have with health information from other Health Departments to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of health information so others may use it to study health care and health care delivery without learning who the specific patients are.

With regard to behavioral health and substance abuse information, Michigan law requires that we obtain your permission to disclose such information, regardless of whether it will be used for treatment, payment, or health care operations.

**Appointment Reminders.** We may use and disclose health information to contact you as a reminder that you have an appointment for treatment or medical care at the Health Department.

**Treatment Alternatives.** We may use and disclose health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

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

**Individuals Involved in Your Care or Payment for Your Care.** We may release health information about you to a friend or family member who is involved in your medical care. We may also tell your family or friends your condition and, if applicable, that you are in a hospital.

**As Required by Law.** We will disclose medical information about you when required to do so by federal, state or local law.

**With Your Authorization.** We can share your health information with your authorization when:

- You sign a valid authorization; you may cancel this authorization in writing at any time.
- Uses or disclosures of health information for marketing purposes require authorization.
- Disclosures that constitute the sale of health information require authorization.
- Except as specified in 45 CFR §164.508(a)(2), use or disclosure of psychotherapy notes requires authorization.

#### **SPECIAL SITUATIONS:**

We may disclose health information about you as required by state or federal laws and regulations relating to any or all of the following, as such may apply to you.

1. Community/public health activities and reports such as disease control, abuse or neglect and health and vital statistics.
2. To avert a serious threat to your health or safety and to protect the health and safety of the public. Any disclosure would only be to someone able to help prevent the threat.
3. Administrative oversight for such things as audits, investigations, licensure or determining cause of death.
4. Court order or other legal processes related to law enforcement activities.

5. Organ and tissue donation and transplant reports as required by regulatory organizations as necessary to facilitate organ or tissue donation and transplant.
6. Workers' Compensation or other rehabilitative activities reporting as required by law or insurers in order to provide benefits for work related or victim injuries or illnesses.

**YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU:**

You have the following rights regarding health information we maintain about you:

**Right to Inspect and Copy.** You have the right to inspect and copy health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy health information that may be used to make decisions about you, you must submit your request in writing to the Health Department. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing or other supplies associated with your request, as allowed by law or regulation.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your health information, you may request that the denial be reviewed. A licensed health care professional chosen by the Health Department will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by the Health Department.

- To request an amendment, your request must be made in writing and submitted to the Health Department. In addition, you must provide a reason that supports your request.

- We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the health information kept by or for the Health Department;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

**Right to an Accounting of Disclosures.** Except for disclosures involving treatment, payment, health care operations and other authorized disclosures, you have the right to request an "accounting of disclosures." This is a list of the disclosures we made of health information about you. To request this list or accounting of disclosures, you must submit your request in writing to the Health Department. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request if the request involves treatment or payment, except that we are required to agree to restrict disclosure of health information to a health plan when you (the patient) paid for the service or item in question out of pocket in full. If we agree to a request that is outside the scope of this exception, we will comply with your request unless the information is needed to provide you with emergency treatment.

To request restrictions, you must make your request in writing to the Health Department. In your request, you must tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply (for example, disclosures to your spouse).

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

- To request confidential communications, you must make your request in writing to the Health Department. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to Receive Notification of Breach.** You have the right to be notified when a breach of your unsecured health information has occurred.

**Right to Paper Copy of this Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

**Right to Opt-Out of Fundraising Communications.** You have the right to opt-out of receiving fundraising communications.

**CHANGES TO THIS NOTICE:**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the Health Department. The notice's effective date will be on the first page in the top right-hand corner.

**COMPLAINTS:**

If you believe your privacy rights have been violated, you may file a complaint with the Health Department or with the Secretary of the Department of Health and Human Services. To file a complaint with the Health Department, you must submit your complaint in writing to: *Barry-Eaton District Health Department ~ Privacy Officer, 1033 Health Care Dr., Charlotte, MI 48813.* **You will not be penalized for filing a complaint.**

**OTHER USES OF HEALTH INFORMATION**

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.