



St. Joseph County Health Department

"Promoting physical and mental health and facilitating the prevention of disease, injury, and disability for all St. Joseph County residents"

St. Joseph County Health Department 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.

If you have any questions about this Notice please contact our Privacy Officer who is Barbara Baker, MS, RNC, at (574)-235-9745

This Notice of Privacy Practices describes how the St. Joseph County Health Department may use and disclose your protected health information to carry out treatment, payment or health care operations 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 that relates to your past, present or future physical or mental health condition and related health care services.

We are required by law to protect the privacy of medical information about you and that identifies you. We are also required by law to provide you with this Notice of Privacy Practices explaining our legal duties and privacy practices with respect to medical information. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at the time. Upon your request, we will provide you with the latest Notice of Privacy Practices. You may request the updated notice by calling the health department's Privacy Officer and requesting that a revised copy be sent to you in the mail or asking for one at your next visit. You may also download a revised notice from our website at community.michiana.org/cohealth.

We May Use and Disclose Medical Information About You In Several Circumstances

We use and disclose medical information about clients everyday. This section of our Notice explains in some detail how we may use and disclose medical information about you in order to provide health care, obtain payment for that health care, and operate our business efficiently.

The following are examples of the types of uses and disclosures of your medical information that may be made. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by this health department.

1. Treatment: We may use and disclose medical information about you to provide health care

treatment to you. In other words, we may use and disclose medical information about you to provide, coordinate or manage your health care and related services. This may include communicating with other health care providers regarding your treatment and coordinating and managing your health care with others. For example, your protected health information may be disclosed to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

2. Payment: We may use and disclose medical information about you to obtain payment for health care services that we have provided to you. This means that, within the health department, we may use medical information about you to arrange for payment (such as preparing bills and managing accounts). We also may disclose medical information about you to others (such as insurance companies). In some instances, we may disclose medical information about you to an insurance plan before you actually receive certain health care services. This process is called prior authorization or prior approval. Many insurance plans require that we obtain their authorization or approval before any services are rendered. Also, the health department's billing clerk will use medical information about you when she prepares a bill for the services provided at your appointment. Medical information about you will be disclosed to your insurance company when the billing clerk sends in the bill.

3. Health Care Operations: We may use and disclose medical information about you in performing a variety of business activities that we call "health care operations". These "health care operations" activities allow us to improve the quality of care we provide and reduce health care costs. For example, we may use or disclose medical information about you in performing the following activities:
 - Reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you.
 - Providing training programs for students, trainees, health care professionals or non-health care professionals to help them improve their skills.
 - Reviewing and improving the quality, efficiency and cost of care that we provide to you and other clients.
 - Improving health care and lowering costs for groups of people who have similar health problems and helping manage and coordinate the care of these groups of people.
 - Resolving grievances within our organization.

4. Persons Involved In Your Care: We may disclose medical information about you to a relative, a close friend or any other person you identify if that person is involved in your care and the information is relevant to your care. For example, if you have invited your spouse to join you at your visit our staff will discuss your medical information with you and your spouse. If the client is a minor, we may disclose medical information about the minor to a parent, guardian or other person responsible for the minor except in limited circumstances. For more information regarding the privacy of health information of minors', please contact our Privacy Officer.

We may also use or disclose medical information about you to a relative, another person involved in your care or possibly a disaster relief organization (such as the Red Cross) if we need to notify someone about your location or condition.

You may ask us at any time not to disclose medical information about you to persons involved in your care. We will agree to your request and not disclose the information except in certain limited circumstances (such as emergencies) or if the client is a minor. If the client is a minor we may or may not be able to comply with your request.

5. Required By Law: We will use and disclose medical information about you whenever we are required by law to do so. There are many state and federal laws that require us to use and disclose medical information. For example, state law requires us to report known or suspected child abuse or neglect to the Department of Social Services. We will comply with those state laws and with all other applicable laws.

6. National Priority Uses and Disclosures: When permitted by law, we may use or disclose medical information about you without your permission for various activities that are recognized as “national priorities”. In other words, the government has determined that under certain circumstances (described below), it is so important to disclose medical information that it is acceptable to disclose medical information without the individual’s permission. We will only disclose medical information about you in the following circumstances when we are permitted to do so by law. Below are brief descriptions of the “national priority” activities recognized by law. For more information on these types of disclosures contact our Privacy Officer.
 - We may use or disclose medical information about you if we believe it is necessary to prevent or lessen a serious threat to health or safety.
 - We may use or disclose medical information about you for public health activities. Public health activities require the use of medical information for various activities, including, but not limited to, activities investigating diseases, reporting child abuse and neglect, and monitoring work-related illness or injuries. For example, if you have been exposed to a communicable disease (such as a sexually transmitted disease), we may report it to the Indiana State Department of Health and take other actions to prevent the spread of the disease.
 - We may disclose medical information about you to a government authority (such as the Department of Social Services) if you are an adult and we reasonably believe that you may be a victim of abuse, neglect or domestic violence.
 - We may disclose medical information about you to a health oversight agency – a governmental or private agency responsible for accrediting or providing legal oversight the health care system or certain government programs. For example, a government agency may request information from us while they are investigating possible insurance fraud.
 - We may disclose medical information about you to a court or an officer of the court (such as an attorney). For example, we would disclose medical information about you to a court if a judge orders us to do so.
 - We may disclose medical information about you to a law enforcement official for specific law enforcement purposes. For example, we may disclose limited medical information about you to a police officer if the officer needs the information to help find or identify a missing person.

- We may disclose medical information about you to a coroner, medical examiner, or funeral director or to organizations that help with organ, eye and tissue transplants.
- We may disclose medical information about you in order to comply with workers' compensation laws.
- We may use or disclose medical information about you to research organizations if the organization has satisfied certain conditions about protecting the privacy of medical information,
- We may use or disclose medical information about you for certain government functions, including but not limited to military and veterans' activities and national security and intelligence activities. We may also use or disclose medical information about you to a correctional institution in certain circumstances.

7. Authorization: Other than the uses and disclosures described above, we will not use or disclose medical information about you without your authorization (or signed permission) or that of your personal representative. In some instances, we may wish to use or disclose medical information about you and we may contact you to ask you to sign an authorization form. In other instances, you may contact us to ask us to disclose medical information and we will ask you to sign an authorization form. There are also circumstances where you may give us verbal authorization.

If you sign a written authorization allowing us to disclose medical information about you, you may later revoke (or cancel) your authorization in writing. If you would like to revoke your authorization, you will be required to complete an Authorization Revocation Form. Authorization Revocation Forms are available from our Privacy Officer. If you revoke your authorization, we will follow your instructions except to the extent that we have already relied upon your authorization and taken some action.

You Have Rights With Respect To Medical Information About You

You have several rights with respect to medical information about you. This section of the Notice will briefly mention each of these rights. If you would like to know more about your rights please contact our Privacy Officer.

1. Right To a Copy of This Notice: You have a right to have a paper copy of our Notice of Privacy Practices at any time. In addition, a copy of this Notice will always be posted in our waiting areas. If you would like to have a copy of our Notice, ask the receptionist for a copy or contact our Privacy Officer.
2. Right of Access To Inspect and Copy: You have the right to inspect (which means see or review) and receive a copy of medical information about you that we maintain in certain groups of records. If you would like to inspect or receive a copy of medical information about you, you must provide us with a request in writing. You must complete an Access Request Form. Access Request Forms are available from our Privacy Officer.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. We will also inform you in writing if you have the right to have our decision reviewed by another person.

If you would like a copy of your medical information, we will charge you a fee to cover our costs of the copy. Our fee is ten (10) cents per page. We may also be able to provide you with a summary or explanation of the information. Contact our Privacy Officer for more information on these services and any possible additional fees.

3. Right to Have Medical Information Amended: You have the right to have us amend (which means correct or supplement) medical information about you that we maintain in certain records. If you believe that we have information that is either inaccurate or incomplete, we may amend the information to indicate the problem and notify others who have copies of the inaccurate or incomplete information. If you would like us to amend information, you must complete an Amendment Request Form explaining why you would like us to amend the information. Amendment Request Forms are available from our Privacy Officer.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. You will have the opportunity to send us a statement explaining why you disagree with our decision to deny your amendment and we will share your statement whenever we disclose the information in the future.

4. Right To An Accounting of Disclosures We Have Made: You have the right to receive an accounting (which means a detailed listing) of disclosures that we have made for the previous six (6) years. If you would like to receive an accounting, you must complete an Accounting Request Form or contact our Privacy Officer. Accounting Request Forms are available from our Privacy Officer.

The accounting will not include several types of disclosures, including disclosures for treatment, payment or health care operations. It will also not include disclosures made prior to April 14, 2003.

If you request an accounting more than once every twelve (12) months, we will charge you a fee of seven (7) dollars to cover the costs of preparing each additional accounting.

5. Right To Request Restrictions On Uses and Disclosures: You have the right to request that we limit the use and disclosure of medical information about you for treatment, payment and health care operations. You may also request that we not disclose medical information about you to your family members or friends who may be involved in your care. You may request a restriction by contacting our Privacy Officer.

We are not required to agree to your request. If we do agree to your requested restriction, we will not use or disclose medical information about you in violation of the restriction unless it is needed to provide emergency treatment. You may cancel the restriction at any time. In addition, we may cancel a restriction at any time as long as we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation.

6. Right To Request An Alternate Method of Contact: You have the right to be contacted at a different location or by a different method. For example, you may prefer to have all written information mailed to your work address rather than your home address. We will agree to any reasonable request for alternative methods of contact. If you would like to request an alternative method of contact, you must complete an Alternative Contact Request Form. Alternative Contact Request Forms are available from our Privacy Officer.

You May File A Complaint About Our Privacy Practices

If you believe that your privacy rights have been violated or if you are dissatisfied with our privacy policies and procedures, you may file a complaint either with us or with the Secretary of Health and Human Services. We will not take any action against you or change our treatment of you in any way if you file a complaint. You may file a complaint with us by notifying our Privacy Officer of your complaint.

You may contact our Privacy Officer, Melinda Konrath at (574) 235-9752 or by e-mail at MKONRATH@co.st-joseph.in.us for further information about the complaint process.

This Notice becomes effective on April 14, 2003.