

Medical Information Privacy Notice and Consent for Use of Personal Health Information  
Lincoln County Health Department  
Privacy Officer: Mende Kemper, RN-BSN  
5 Health Department Drive  
Troy, MO 63379  
636-528-6117 Ext. 411

**Effective Date: 9/23/2013**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY LINCOLN COUNTY HEALTH DEPARTMENT AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

*We understand the importance of privacy and are committed to maintaining the confidentiality of your medical information. We make a record of the medical care we provide and may receive such records from others. We use these records to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to you as allowed by your health plan and to enable us to meet our professional and legal obligations to operate this medical practice properly. We are required by law to maintain the privacy of protected health information and to provide individuals with notice of our legal duties and privacy practices with respect to protected health information. This notice describes how we may use and disclose your medical information. It also describes your rights and our legal obligations with respect to your medical information. If you have any questions about this Notice, please contact our Privacy Officer listed above. We are required by law to obtain an acknowledgment from you that you have received this Notice. Please sign the end of this form and return it to the staff person who gave it to you.*

#### **A. How This Medical Practice May Use or Disclose Your Health Information**

This medical practice collects health information about you and stores it in a chart, on a computer and in an electronic health record/personal health record. This is your medical record. The medical record is the property of this medical practice, but the information in the medical records belong to you. The law permits us to use or disclose your health information for the following purposes:

**1. Treatment** means the health care we provide to you. For example, the nurse practitioner you see may share information on you with the nursing staff to develop a treatment plan for you. We may contact you to remind you about an appointment, to notify you regarding treatment alternatives, or other health-related benefits and services that may be of interest to you. We may also contact you to report abnormal test results (and you may request that we only communicate with you in certain ways, see below). We will not share your information for treatment purposes with any outside party, such as a physician to whom we refer you without your written consent. We may also call out your name when we are ready to see you.

**2. Payment** means activities related to obtaining reimbursement for the health care services we provide to you. The services we provide are generally paid for by Medicaid or other government programs but can include any health plan. We routinely share payment information, such as information on the type of service you received, in order to obtain payment.

**3. Operations** cover the business-related activities we perform as a health care provider, such as quality review, program planning and data review. Your information may be used internally or in some cases shared with others, for these purposes. For example, we may evaluate the care a practitioner provided to you to make sure that the care meets our quality standards. We may also share your medical information with our "business associates," such as our billing service, that perform administrative services for us. We have a written contract with each of these business associates that contains terms requiring them and their subcontractors to protect the confidentiality and security of your protected health information. We may also share your information with other health care providers, health care clearinghouses or health plans that have a relationship with you, when they request information to help them with their quality assessment and improvement activities, their patient-safety activities, their population based efforts to improve health or reduce health care costs, protocol development, case management or care-coordination activities, review of competence, qualifications and performance of health care professionals, training programs, accreditation, certification or licensing activities, or health care fraud and abuse detection and compliance efforts.

**4. Notification and Communication With Family** We may disclose information to someone who is involved with your care or helps pay for your care. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate notification efforts. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

**5. Required by Law** As required by law, we will use and disclose your health information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning these activities.

**6. Public Health** We may be asked or be required by law to divulge medical information to a public health authority under the following circumstances:

- i. for public disease and injury reporting, such as STD reporting, as required by law;
- ii. as part of a public health investigation;
- iii. to report adverse events (such as product defects), to track products or assist in product recalls or repairs or replacements, or to conduct post-marketing surveillance, as required by the Food and Drug Administration; or
- iv. to notify a person about exposure to a possible communicable disease, as required by law.

**7. Health Oversight Activities** We may and are sometimes required by law to share medical information with health oversight agencies during the course of audits, government investigations, inspections, disciplinary proceedings, and other administrative and judicial actions undertaken by the government (or their contractors) to oversee the health care system.

**8. Judicial and Administrative Proceedings** We may disclose medical information as required by a court or administrative order, or in some instances pursuant to a subpoena, discovery request or other legal process.

**9. Law Enforcement** Police and other law enforcement may seek medical information from us. We may, and are sometimes required by law, to release this information to law enforcement under limited circumstances. For example, when the request is accompanied by a warrant, subpoena, court order, or similar legal process, or when law enforcement needs specific information to locate a suspect or stop a crime.

**10. Public Safety** We may, and are sometimes required by law, to use or disclose your medical information to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

**11. Proof of Immunization** We will disclose proof of immunization to a school or employer that is required to have it before admitting a student where you have agreed to the disclosure on behalf of yourself or your dependent.

**12. Specialized Government Functions** We may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.

**13. Breach Notification** In the case of a breach of unsecured protected health information, we will notify you as required by law. If you have provided us with a current email address, we may use email to communicate information related to the breach. In some circumstances our business associate may provide the notification. We may also provide notification by other methods as appropriate.

**14. Research** We may disclose your health information to researchers conducting research for which your written authorization is not required as approved by an Institutional Review Board or privacy board, in compliance with governing law.

**B. Authorizations for Other Uses and Disclosures of Your Medical Information.** Unless a use or disclosure is permitted for Treatment, Payment, or Operations purposes (as explained above), or is permitted or required in certain limited situations (see below), we must obtain a signed Authorization from you to use or disclose your medical information. For instance, we always seek an Authorization if you would like us to share information on you with a family member or a friend. We also require an Authorization when using or disclosing certain highly protected information, such as HIV/AIDS or substance abuse information. You may revoke an Authorization at any time except to the extent that we have already used or disclosed your information in reliance on your Authorization.

**C. Use and Disclosure of Medical Information Without Your Permission.** Although we generally do not disclose your information for any reason that is not related to Treatment, Payment, Operations, or an Authorization, there are certain limited situations in which sharing your information does not jeopardize your privacy, is required, or is in the public's best interest. In these situations, we are careful not to disclose more than what is necessary.

**D. Your Health Information Rights**

**Right to Request Special Privacy Protections** You have the right to request restrictions on certain uses and disclosures of your health information by a written request specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have imposed. If you tell us not to disclose information to your commercial health plan concerning health care items or services for which you paid for in full out-of-pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons. We reserve the right to accept or reject any other request, and will notify you of our decision.

**Right to Request Confidential Communication.** You have the right to tell us how you would like to be contacted (for instance at home and not at work). You may also tell us if you do not wish to be contacted at all, except we must have a way to contact you if we need to reach you about an abnormal test result.

**Right to Inspect and Copy** You have the right to inspect and copy your health information, with limited exceptions. To access your medical information you must submit a written request detailing what information you want access to, whether you want to inspect it or get a copy of it, and if you want a copy, your preferred form and format. We will provide copies in your requested form and format if it is readily producible, or we will provide you with an electronic format, your choice of a readable electronic or hardcopy format. We will also send a copy to any other person you designate in writing. We may deny your request under limited circumstances. If we deny your request to access your child's records or the records of an incapacitated adult you are representing because we believe allowing access would be reasonably likely to cause substantial harm to the patient, you will have a right to appeal our decision.

**Right to Amend or Supplement** You have the right to request that we amend your written medical information. For instance, you can request that we correct an incorrect delivery date in your records. We will generally amend your information within 60 days of your request, and will notify you when we have amended your information. We can deny your request in certain circumstances, such as when we believe that that the information in your record is accurate and complete. You can file a statement of disagreement to a denial of your request for amendment, to which we may file a rebuttal.

**Right to Accounting of Disclosure.** You have the right to request an accounting from us of certain disclosures made by us during the 6 years prior to your request, but no earlier than April 14, 2003. We will generally provide you with your accounting within 60 days of your request. Your request will be filled at no cost to you once every 12 months. For additional accountings, we will notify you in advance of the cost and give you an opportunity to continue or withdraw your request. These disclosures do not include those made for purposes of Treatment, Payment, or Operations, those made pursuant to a signed Authorization, or for our facility directory or other disclosures.

**Right to a Paper or Electronic Copy of this Notice** You have a right to notice of our legal duties and privacy practices with respect to your health information, including a right to a paper copy of this Notice of Privacy Practices, even if you have previously requested its receipt by e-mail. If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact our Privacy Officer listed at the top of this Notice of Privacy Practices.

**E. Changes to this Notice of Privacy Practices**

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with the terms of this notice currently in effect. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted in our reception area, and a copy will be available at each appointment. We will also post the current notice on our website.

**F. Complaints.** If you believe that any of your rights with respect to your medical information have been violated by us, our employees or agents, you may file a complaint with our Privacy Officer listed at the top of this notice.

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

**Region VII - Kansas City (Iowa, Kansas, Missouri, Nebraska)**

Frank Campbell, Regional Manager  
Office for Civil Rights  
U.S. Department of Health and Human Services  
601 East 12th Street - Room 353  
Kansas City, MO 64106  
Voice Phone (800) 368-1019  
FAX (816) 426-3686  
TDD (800) 537-7697  
[OCRMail@hhs.gov](mailto:OCRMail@hhs.gov)

Under no circumstances will we take any retaliation against you for filing a complaint. The complaint form may be found at [www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf](http://www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf)

**OUR NOTICE.** *Please sign below to indicate that you have read this Notice and agree with its terms.*

\_\_\_\_\_  
Signature of patient/patient's representative (rep)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness/Provider's Signature

\_\_\_\_\_  
Date