

# Cass County Health Department

## NOTICE OF PRIVACY PRACTICES

Effective: 04/14/03; Revised 09/01/13; 11/01/2018

**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.**

### OUR LEGAL DUTY

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. The new terms of our Notice is effective for all health information that we create or maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request. The revised Notices will be posted and available at each location where we provide medical services and on our website.

The law requires that we protect the privacy of your Protected Health Information (PHI) and that we give you a Notice of our legal duties and privacy practices with respect to PHI. PHI contains information that may identify your past, present or future physical or mental health conditions or healthcare services. This Notice explains how we can use or disclose the PHI in course of providing treatment, collecting payment and managing healthcare operations, and for other specific purposes permitted or required by law.

The Notice also explains your health information privacy rights. The privacy practices described in this Notice will be followed by our entire workforce (employees, volunteers and contractors). We will not use or disclose your PHI without your written authorization, except as described in this Notice.

### USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

**Treatment** - so you can get medical care. For example, we may share your medical information with your other doctor or pharmacy so that they can give you medical care and the right medicine. We may also call or write to provide refill reminders, to tell you about treatment options or other health-related services. We will not disclose PHI without authorization for marketing purposes.

**Payments** - so we can determine plan coverage, billing/collection, and assist another health care provider with payment activities or recover payment from medical insurance.

**Healthcare Operations** - so we can perform our duties. For example, we may use or share your medical information to assess quality of care, conduct training or to manage your care. We may also disclose PHI to an oversight agency in course of audits, complaint investigations and inspections necessary for our licensure, to satisfy government monitoring activities and regulatory compliance.

To support research as long as the privacy and security of PHI is ensured;

To support a government agency overseeing health care programs. For example, we may disclose your PHI to Food and Drug Administration (FDA) to enable investigations, drug/product recalls or replacements;

**Sensitive information-** Illinois law, with some exceptions, may require that we obtain your written permission, or in some instances, a court order to disclose sensitive information. Sensitive medical information includes that which may deal with genetic testing, HIV/AIDS, mental health, alcohol and substance abuse, and sexual assault.

**Health Information Exchange** - CCHD shares your health records electronically or otherwise with state-designated Health Information Exchanges ("HIE") that exchange health records with other HIEs. CCHD also uses data exchange technology (such as direct messaging services, HIPS, and provider portals) with its Electronic Health Record ("EHR") to share your health records for continuity of care and treatment. The shared health records will include, if applicable, sensitive diagnoses such as HIV/AIDS, sexually transmitted diseases, genetic information, and mental health substance abuse, etc. HIEs and data exchange technology function as our business associate and, in acting on our behalf, they will transmit, maintain and store your PHI for treatment, payment and health care operation purposes. State law may provide you rights to restrict, opt-in, or opt-out of HIE(s). For more information please contact CCHD's privacy officer at 217-452-3057.

**Your Authorization:** In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

**Family / Friends / Persons Involved in Care:** We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so. We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare so a personal representative you appoint or a court appoints for you can help you get health benefits. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, or other similar forms of health information.

**Required by Law:** We may use or disclose your health information when we are required to do so by law to comply with legal proceedings, or in response to valid court or administrative order or subpoena, and/or public health purposes to prevent or control disease. We may disclose your PHI as authorized or necessary to comply with worker's compensation laws or other similar programs.

**Abuse or Neglect:** We may disclose PHI to appropriate authorities (e.g. government authority such as police, social services) to protect someone's health and safety (e.g. victims of abuse, domestic violence); and/or to protect you against a serious threat to your health or safety, or the health or safety of others;

**National Security:** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of an inmate or patient under certain circumstances.

**Appointment Reminders:** We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters).

**Fundraising:** We may use and disclose health information about you to contact you to raise funds for Cass County Health Department. If you do not want Cass County Health Department or its foundation to contact you for fundraising, you must notify the Privacy Officer in writing.

**Coroners / Medical Examiners / Funeral Directors / Organ Donation:** We may disclose your health information to a coroner or medical examiner for purposes such as identifying a deceased person and determining cause of death; to funeral directors as necessary for them to carry out their duties; to organ procurement organizations for purpose of tissue donation or transplant.

**Business Associates:** There are some services provided by us through contracts with Business Associates, for example billing, scheduling or other services. When these services require access to your PHI we will disclose only minimum necessary information, so the contractors may perform their job. To protect your PHI we require Business Associates to safeguard PHI appropriately.

We will obtain your written authorization before using or disclosing your PHI for purposes other than those described in this Notice or as otherwise permitted by law e.g. marketing. You will be able to revoke this authorization at any time.

**PATIENT RIGHTS: As a patient you have the right to:**

**Receive the Notice of our Privacy Policies (this Notice) that tells you how your health information may be used and shared.** In most cases, this Notice should be made available to you on your first visit, and you can ask for a copy of it at any time.

**Inspect and obtain a copy of your health records.** You can ask to see and / or get a copy of your Protected Health Information (PHI) including its electronic format. You may be charged a fee for the cost of copying and mailing necessary to fulfill your request. We may deny your request to inspect and obtain a copy of your PHI in certain limited circumstance. For example, if your doctor decides something in your file might endanger you or someone else, the doctor may not give this information to you. You have the right to appeal the denial.

**Request a report on how we disclosed your health information.** Under the law, your health information may be used and shared for particular reasons, like making sure we give good care, reporting when the flu is in your area, or making required reports to the police, such as reporting gunshot wounds. You can request a list of all non-authorized disclosures and who your health information has been shared with for the last six years. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

**Request restrictions on certain use or disclosure of PHI.** You can request additional restrictions on the use or disclosure of your PHI. However, we are not required to agree with your request for additional restrictions.

**Authorize disclosure of your PHI.** In general, your health information will not be given to your employer, used or shared for sales calls or marketing, or used or shared for many other purposes unless you give your permission by signing an authorization form.

**Request to be contacted at different address or in a different way than we contact you now.** You have the right to ask us to contact you about your PHI at a different address or in a different way than we contact you now. For example, you can have the nurse call you at your office instead of your home. These requests are often made when a person feels his or her health or safety is in danger if PHI is sent to his or her home address. We will do our best to accommodate all reasonable requests. You must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

**Amend your health information.** You may request that we amend any incorrect or incomplete PHI that we maintain about you. For example, if we both agree that your file has the wrong test result, we will change it. In certain cases, we may deny your request for amendment. If we deny your request for amendment you have the right to disagree with our decision.

**Request a restriction on disclosure of PHI to a health plan** with respect to health care for which you are paying out of pocket in full. You have to make this request before services are provided and you may be asked to pay in full for those services at that time.

**Ask for additional information or file complaints.** If you believe your health information was used or shared in a way that is not allowed under the privacy law, or if you were not able to exercise your rights, you can file a complaint with us or with the U.S. Government. This Notice tells you who to talk to and how to file a complaint.

**You have the right to be notified about data breaches** of your unsecured PHI.

**FOR MORE INFORMATION OR TO REPORT A PROBLEM**

If you have questions and would like to obtain additional information about our privacy practices, please contact our Privacy Official at 331 South Main Street in Virginia, Illinois. Phone: 217-452-3057. If you believe your privacy rights have been violated, you may file a complaint with our Privacy Official or with the Office for Civil Rights, U.S. Department of Health and Human Services. You will not be retaliated against for filing a complaint.

We ask that you **exercise your rights in writing**. We offer forms and templates to help you exercise your privacy rights and to help us protect your health information. Our front desk staff will make these forms available to you upon your request.