

Mitchell County Health Department HIPAA PRIVACY POLICY AND PROCEDURE

NOTICE OF PRIVACY PRACTICES

EFFECTIVE JUNE 19TH, 2023 (UPDATED JUNE 19TH, 2023)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. You have the right to a paper copy of this Notice; you may request a copy at any time.

Mitchell County Health Department is required by law to maintain the privacy of protected health information, to provide individuals with notice of its legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information.

Mitchell County Health Department provides health care to patients in partnership with physicians and other professionals and organizations. The information in this Notice of Privacy Practices will be followed by all the following entities, sites, and locations of Mitchell County Health Department:

- All individuals employed by Mitchell County Health Department
- All Mitchell County Health Department inpatient and outpatient departments
- Volunteers working at any Mitchell County Health Department facility
- Medical, nursing, and other students present at any Mitchell County Health Department facility
- Any health care professional who treats you at any Mitchell County Health Department facility
- Any Mitchell County Health Department health care professional or volunteer who treats you at an outreach clinic or other remote location
- All individuals employed by Mitchell County that may provide services to the Mitchell County Health Department. This includes, but is not limited to, Mitchell County IT

HOW MITCHELL COUNTY HEALTH DEPARTMENT MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU.

Mitchell County Health Department may use and disclose your health information for the following purposes without your express consent or authorization.

Treatment. We may use your health information to provide you with medical treatment. We may disclose information to doctors, nurses, technicians, medical students, or other personnel involved in your care. We also may disclose information to persons outside Mitchell County Health Department involved in your treatment, such as other health care providers, family members, and friends.

We may use and disclose health information to discuss treatment options or health-related benefits or services or to provide you with promotional gifts of nominal value. We may use and disclose your health information to remind you of upcoming appointments. This may include contacting you with the date, time, and location of your appointment by (1) sending a reminder card to the most recent mailing address we have for you; (2) sending an email message to the most recent email address we have for

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you if you have requested we communicate by email; (3) calling the most recent telephone number we have available and, if necessary, leaving a voicemail message or a message on your answering machine, or a message with a person, other than you, who answers your telephone unless you tell us not to, or (4) other means of communication (e.g., text messaging, etc.).

By providing us with your contact information, you give your consent that we may use it. We may contact you by the following means (even if we initiate contact using an automated telephone dialing system (ATDS) and/or an artificial or prerecorded voice): (1) paging system; (2) cellular telephone service; (3) landline; (4) text message; (5) email message; or (6) facsimile. If you want to limit these communications to a specific telephone number or numbers, you need to request that only a designated number or numbers be used for these purposes. If you inform us that you do not want to receive such communications, we will stop sending these communications to you.

Payment. We may use and disclose your health information as necessary to collect payment for services we provide to you. We also may provide information to other health care providers to assist them in obtaining payment for services they provide to you.

Health Care Operations. We may use and disclose your health information for our internal operations. These uses and disclosures are necessary for our day-to-day operations and to make sure patients receive quality care. We may disclose health information about you to another health care provider or health plan with which you also have had a relationship for purposes of that provider's or plan's internal operations.

Business Associates. Mitchell County Health Department provides some services through contracts or arrangements with business associates. We require our business associates to appropriately safeguard your information.

Creation of de-identified health information. We may use your health information to create de-identified health information. This means that all data items that would help identify you are removed or modified.

Uses and disclosures required by law. We will use and/or disclose your information when required by law to do so.

Disclosures for public health activities. We may disclose your health information to a government agency authorized (a) to collect data for the purpose of preventing or control disease, injury, or disability; or (b) to receive reports of child abuse or neglect. We also may disclose such information to a person who may have been exposed to a communicable disease if permitted by law.

Disclosures about victims of abuse, neglect, or domestic violence. Mitchell County Health Department may disclose your health information to a government authority if we reasonably believe you are a victim of abuse, neglect, or domestic violence.

Disclosures for judicial and administrative proceedings. Your protected health information may be disclosed in response to a court order or in response to a subpoena, discovery request, or other lawful process if certain legal requirements are satisfied.

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Disclosures for law enforcement purposes. We may disclose your health information to a law enforcement official as required by law or in compliance with a court order, court-ordered warrant, a subpoena, or summons issued by a judicial officer; a grand jury subpoena; or an administrative request related to a legitimate law enforcement inquiry.

Disclosures regarding victims of a crime. In response to a law enforcement official's request, we may disclose information about you with your approval. We may also disclose information in an emergency situation or if you are incapacitated if it appears you were the victim of a crime.

Disclosures to avert a serious threat to health or safety. We may disclose information to prevent or lessen a serious threat to the health and safety of a person or the public or as necessary for law enforcement authorities to identify or apprehend an individual.

Disclosures for specialized government functions. We may disclose your protected health information as required to comply with governmental requirements for national security reasons or for protection of certain government personnel or foreign dignitaries.

Disclosures for fundraising. We may disclose demographic information and dates of service to an affiliated foundation or a business associate that may contact you to raise funds for Mitchell County Health Department. You have a right to opt out of receiving such fundraising communications.

Other. We may disclose your protected health information to comply with requirements or requests from a local, state, or federal agency, (e.g., for grants or programs through the Kansas Department of Health and Environment and the Centers for Disease Control and Prevention). This may include, but is not limited to, Kansas WebIZ, Kansas WIC Program, EpiTrax, and DAISEY. We may use electronic or web-based programs to document your protected health information (e.g., electronic health records), or for referral capabilities (e.g., IRIS).

OTHER USES AND DISCLOSURES

We will obtain your express written authorization before using or disclosing your information for any other purpose not described in this notice. For example, authorizations are required for use and disclosure of psychotherapy notes, certain types of marketing arrangements, and certain instances involving the sale of your information. You may revoke such authorization, in writing, at any time to the extent Department has not relied on it.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION.

Right to Inspect and Copy. You have the right to inspect and copy health information maintained by Department. To do so, you must complete a specific form providing information needed to process your request (preferably utilizing Department's standard authorization form for use and disclosure of PHI). If you request copies, we may charge a reasonable fee. We may deny you access in certain limited circumstances. If we deny access, you may request review of that decision by a third party, and we will comply with the outcome of the review.

Right To Correct Medical Record. If you believe your records contain inaccurate or incomplete

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information, you may ask us to amend the information. To request an amendment, you must complete a specific form providing information we need to process your request, including the reason that supports your request.

Right to an Accounting of Disclosures Report. You have the right to request a list of disclosures of your health information we have made, with certain exceptions defined by law. To request an accounting report, you must complete a specific written form providing information we need to process your request.

Right to Request Restrictions. You have the right to request a restriction on our uses and disclosures of your health information for treatment, payment, or health care operations. You must complete a specific written form providing information we need to process your request. Department's Privacy Officer is the only person who has the authority to approve such a request. Department is not required to honor your request for restrictions, except if (a) the disclosure is for purposes of carrying out payment or health care operations and is not otherwise required by law, and (2) the protected health information pertains solely to a health care item or services for which you or any person (other than a health plan on your behalf) has paid Department in full.

Right to Request Alternative Methods of Communication. You have the right to request that we communicate with you in a certain way or at a certain location. You must complete a specific form providing information needed to process your request. Department's Privacy Officer is the only person who has the authority to act on such a request. We will not ask you the reason for your request, and we will accommodate all reasonable requests.

Right to a Copy of This Privacy Notice. You have the right to a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. The Department will provide you with a paper copy promptly.

Right to Choose Someone to Act for You. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. The Department will make sure the person has this authority and can act for you before we take any action.

Right to Receive Notice if Your Health Information is Breached. A "breach" occurs when your health information is acquired, assessed, used, or disclosed in a manner not permitted by HIPAA which compromises the privacy or security of your information. Not all types of breaches require notice, but if notice is required, we will provide such notification without unreasonable delay, but in no case, later than 60 days after we discover the breach.

Rights Relating to Electronic Health Information Exchange. Department participates in electronic health information exchange, or HIE. New technology allows a provider or a health plan to make a single request through a health information organization, or HIO, to obtain electronic records for a specific patient from other HIE participants for purposes of treatment, payment, or health care operations.

You have two options with respect to HIE. First, you can permit authorized individuals to access your electronic health information through an HIO. If you choose this option, you do not have to do anything. Second, you can restrict access to all of your electronic health information (except access by properly authorized individuals as needed to report specific information as required by law). If you wish to restrict access, you must complete and contact the appropriate HIE and/or submit a specific form available through the HIE website as indicated below:

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Kanas Health Information Network (KHIN)

<https://www.khinonline.org/>

Lewis and Clark Information Exchange (LACIE)

<https://lacie-hie.com/>

You cannot restrict access to certain information only; your choice is to permit or restrict access to all of your information.

If you have questions regarding HIE or HIOs, please visit the appropriate HIE website for additional information.

Your decision to restrict access through an HIO does not impact other disclosures of your health information. Providers and health plans may share your information directly through other means (e.g., facsimile or secure e-mail) without your specific written authorization.

If you receive health care services in a state other than Kansas, different rules may apply regarding restrictions on access to your electronic health information. Please communicate directly with your out-of-state health care provider about what action, if any, you need to take to restrict access.]

COMPLAINTS

If you believe your rights with respect to health information have been violated, you may file a complaint with Department or with the Secretary of the Department of Health and Human Services. To file a complaint with Department, please contact Privacy Officer, Cortney Murrow. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

Department reserves the right to change the terms of this Notice and to make the revised Notice effective with respect to all protected health information regardless of when the information was created.

¹ [KHIE - <http://www.khie.org/for-consumers/opt-out>]

[LACIE - info@lacie-hie.com]

[MHC - <https://www.mhc-hie.org/your-option-2/>]

[other HIEs]