

**ST. CLAIR COUNTY HEALTH DEPARTMENT
NOTICE OF INFORMATION 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.

We are required by law to provide you with this written Notice of Information Practices. This notice is provided to you so that you know what our legal duties are and what we do to keep your protected health information ("PHI") private. It will also tell you what your legal rights are concerning your PHI. We reserve the right to revise this Notice of Information Practices in accordance with applicable law. Any revisions will be effective for medical information we already have about you as well as any information we may receive in the future. Revised Notices will be updated and posted on our web site <http://www.stclaircounty.org/offices/health/>. If the changes are material, a new notice will be mailed to you before it takes effect.

Following are ways that we protect your personal information:

- We limit access to PHI to only those individuals and agencies who need that information to provide services to you, to comply with legal, regulatory and accreditation standards, and as required by law.
- We have procedures and physical safeguards in place to protect your PHI.
- We have a Health Information Committee (HIPAA) that oversees privacy/security policy and procedure development, and confidentiality training and education of department employees.
- We adhere to the policy and information contained in the Department of Health and Human Services 42 CRF Part 2: Confidentiality of Alcohol and Drug Abuse Patient Records: Final Rule.
- We adhere to State of Michigan guidelines regarding HIV-related information. MCL 333.5131; P.A. 488 of 1988 states that HIV-related information is confidential and cannot be released unless the patient authorizes disclosure, or a statutory exemption applies.

Your Health Record and Your Rights

Whenever you visit St. Clair County Health Department, we make a record of your visit. Typically, this record contains your health history, current symptoms, examination and test results, diagnoses, treatment and plan for future care or treatment. Although your health records are the physical property of our department, you have the following rights with regard to the information contained in the record.

- You have the right to request restrictions on our use or disclosure of your PHI, but we are not required to honor such a request. We will be bound by such restrictions only if we agree to do so in writing signed by our Health Officer.
- You may request to inspect, copy and/or correct or make amendment (if necessary) to your health record. Amendment may be denied if certain conditions exist. If we deny your request, we will notify you in writing the reason for denial, how you can attach a statement of disagreement and how you can complain.
- You may obtain an accounting of non-routine uses and disclosures, those other than for treatment, payment, and health care operations.
- You may revoke your consent or authorization to use or disclose health information except to the extent that we have taken action in reliance on the consent or authorization.

Our Privacy Protection Practices

We may use or disclose your PHI for treatment, payment, or health care operations. Examples follow:

- **Treatment:** We will provide your physician, other health care professional, or a subsequent health care provider copies of your record to assist them in treating you. PHI may also be shared between Health Department programs to coordinate your care.
- **Payment:** Your PHI may be used or disclosed in order to collect payment for the medical services we provide to you.
- **Health Care Operations:** This means that we may use PHI to assess the care and outcomes of our clients and the competence of the caregivers. We use this information to continually improve the quality and effectiveness of the health care and services that we provide.

Authorizations

We will not use or disclose your medical information for any reason, except those described in this Notice, unless you provide us with written authorization to do so. We may request such an authorization to use or disclose your PHI for any purpose, but you are not required to give us such authorization as a condition of your treatment. If you give us permission, you have the right to change your mind and revoke it. This must be in writing, too. We cannot take back any uses or disclosures already made with your permission.

We may also share your information in the following ways:

- **MCIR** - Demographic and immunization data, including vaccine and date received, for you or your child is entered into the Michigan Care Improvement Registry (MCIR) and is available to providers in our region and throughout the State of Michigan.
- **Appointment reminders** - We may contact you to provide appointment reminders or treatment follow-up.
- **Law enforcement** – We may disclose your PHI when we are required to do so by law or in response to a valid subpoena.
- **Health oversight agencies; Michigan Department of Community Health and other Public Health Agencies** – We may disclose your PHI to the extent reasonably necessary to avert a serious threat to your health or safety or the health or safety of others.
- **The federal Department of Health and Human Services** – We must disclose your health information to DHHS as necessary to determine our compliance with privacy standards.
- **Business Associates** - Some of the services we provide are through contracts with business associates. Examples may include diagnostic tests, nutritionist and social worker services and the like. When we use these services, we may disclose your health information to the business associates so that they can perform the function(s) that we have contracted with them to do and bill you or your insurance company.
- **Deceased Persons** – After your death, we may disclose your PHI to a coroner, medical examiner, funeral director, or organ procurement organization in limited circumstances.

If you believe we have violated your privacy rights, you may complain to us or to the Secretary of the U.S. Department of Health and Human Services. You may file a complaint with us by contacting Annette Mercatante, M.D., Health Officer/Medical Director at (810) 987-5300. To file a complaint with the Secretary of HHS, call or write, Secretary, Department of Health and Human Services, 200 Independence Avenue, SW, Washington, DC 20201, 1-877-696-6775.

We support your right of privacy protection for medical information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

We reserve the right to change our privacy protection practices and to make the new provisions effective for Protected Health Information that we maintain. If we change our information practices, we will provide you with a revised notice upon your next visit.

This notice is effective September 22, 2009.