

**ST. CLAIR COUNTY HEALTH DEPARTMENT (SCCHD)
NOTICE OF INFORMATION PRACTICES
EFFECTIVE JUNE 7, 2017**

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.

SCCHD Responsibilities Under the Federal Privacy Standard: SCCHD has the following responsibilities with regard to your protected health information (PHI):

- Maintain the privacy of your protected health information, within the law, rules and regulations governing such privacy and disclosure of such information.
- Inform you of how your PHI may be used or disclosed.
- Inform you of your rights with respect to the use and disclosure of your PHI, and how you may exercise your rights, including how to make a complaint.
- Provide you this Notice as to our legal duties and privacy practices with respect to individually identifiable health information that we collect and maintain about you and make a good faith effort to obtain your written acknowledgement of the receipt of this Notice. SCCHD is required to follow the procedures of this Notice.
- Train SCCHD personnel concerning privacy and confidentiality.

How We May Use and Disclose Medical Information About You: The following categories describe different ways that we may use and disclose medical information.

- **For Treatment.** We may use information about you to coordinate, provide and manage your health care and any other related services. This may include coordination of management with another person, like a doctor or therapist. We may also contact you to remind you of appointments and inform you of possible treatment options.
- **For Payment.** We may use and disclose information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about the treatment you receive so that your health plan will pay us or reimburse you for treatment. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- **For Health Care Operations.** We may use and disclose information about you in order to maintain or improve services. These uses and disclosures are necessary to make sure that all our consumers receive quality care. For example, we may use information to review our treatment and services and to evaluate the performance of our staff. We may also combine information about many consumers to decide what additional services should be offered, what services are not needed and whether certain new treatments are

effective. We may also disclose information to clinicians, doctors, nurses, students and other personnel who work for the agency for review and learning purposes.

- **Business Associates.** There are some services provided in our organization through contracts with business associates. For example, the nurse may have to send your blood to a laboratory for testing prior to giving you a medication. The lab is not a part of the agency, but we will have a business relationship with the lab. When any services are contracted, we may disclose your health information so they may perform the job we've asked them to do and bill you or your health plan. To protect your health information, however, we require the business associate to appropriately safeguard your information.
- **Research.** Under certain circumstances, SCCHD is allowed to share your information in ways usually related to public health and research, however, we must meet many more conditions under the law before we can use your information for those purposes. For more information on this, go to the following website:
<http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html>.
- **As Required By Law.** We are sometimes required to disclose some of your information without your signed authorization if state or federal laws say we must do so. Such disclosures are usually related to one of the following:
 - A medical emergency: in the event of a medical emergency, we may not be able to give you a copy of this Privacy Notice until after you receive care;
 - To prevent, control, or report disease, injury, disability, or death;
 - To alert state or local authorities if we believe you are a victim of child or adult abuse, neglect, or domestic violence;
 - To alert authorities or medical personnel if we believe someone is at risk of injury by means of violence;
 - To comply with health oversight agencies for things like audits, civil or administrative reviews, proceedings, inspections, licensing activities or to prove we are complying with federal privacy laws;
 - To respond to a court or administrative order, or a subpoena;
 - To a law enforcement official to report a crime on agency premises.

Your Rights Regarding Health Information About You: You have the following rights regarding personal health information we maintain about you.

- **Right to Inspect and Copy.** You have the right to inspect and copy information, from your record, that may be used to make decisions about your care. You have the right to request that the copy be provided in an electronic form or format. If the form and format you request are not readily producible, we will work with you to provide it in a reasonable electronic form or format.
 - To inspect and copy information that may be used to make decisions about you, you must submit your request in writing. If you request a copy of the information, we may

charge a fee for the costs of copying, mailing or other supplies associated with your request.

- We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed by another licensed professional.
- **Right to Amend Your Record:** If you believe that your personal health information or treatment record is incorrect or that an important part of it is missing, you have the right to ask us to amend your treatment record. You must submit your request and your reason for the request in writing.
- **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of the disclosures that we made, other than those covered in this notice, of information about you.
 - To request this list of accounting of disclosures, you must submit your request in writing. Your request must state a time period which may not be longer than six years prior to the date of your request. Your request should indicate in what form you want the list (for example, on paper or electronically). Disclosures you authorized in writing, routine internal disclosures such as those made to staff when providing you services, and/or disclosures made in connection with payment are examples of disclosures not included in the accounting. The accounting will give the date of the disclosure, the purpose for which your PHI was disclosed, and a description of the information disclosed. If there is a fee for the accounting, you will be informed what the fee is before the accounting is done.
- **Right to Request Restrictions.** You have the right to request that your protected health information not be shared or request a restriction or limitation on the information we use or disclose about you.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you in a certain way or at a certain location. For example, you can ask that we contact you only at work or only by mail.
 - To request confidential communications, you must make your request in writing. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **Right to Request Someone to Act on Your Behalf.** You have the right to choose someone to act on your behalf. If you have given someone medical power of attorney, or if someone is your legal guardian, that person can act on your rights and make choices about your health information just as you would. We will make sure the person has this authority and can legally act for you before we respond to any such request.

Changes to This Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice at all agency locations. This notice will contain, on the first page, the effective date. In addition, when you register to begin treatment, we will offer you a copy of the current notice in effect.

Complaints About Privacy Practices

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 the St. Clair County Health Department Privacy Officer 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.