

# **MCPHERSON COUNTY HEALTH DEPARTMENT NOTICE OF PRIVACY PRACTICES**

**EFFECTIVE DATE 01/01/2018**

***THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ CAREFULLY.***

## **OUR PRIVACY PRACTICES**

We want you to be aware of new regulations that affect how we use and disclose your protected health information, to carry out treatment, payment, or healthcare operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected Health Information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical condition. We are required to abide by the terms of the Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices at the registration desk.

## **USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

When you receive treatment after signing your consent form, your health record is the physical property of our Health Department. The information in your health records belongs to you. A copy of your record may be transferred to another healthcare provider when you sign an authorization to disclose your records. Your health information rights are as follows:

- You have the right to restrict your medical information to be released. However, we are not required to accept this restriction.
- You have the right to inspect and obtain a copy of your clinic information.
- You have the right to request an amendment to your clinic record.
- You have the right to an accounting of certain disclosures of your clinic information in the six years prior to the date of your request.
- You have the right to submit a complaint to this health department about how your clinic information is used or disclosed.
- You have the right to revoke your authorization to use and disclose your clinic information at any time.
- You are not required to sign an authorization form. We will not deny treatment if you elect not to sign the authorization form.
- You have a right to request that we communicate with you in a certain way, or at a certain location.

## **EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTHCARE OPERATIONS THAT MAY BE MADE WITHOUT YOUR CONSENT OR AUTHORIZATION:**

**TREATMENT**-We will use and disclose your protected health information to provide, coordinate, or manage your healthcare among staff members in the direct line of service within the McPherson County Health Department.

**PAYMENT**-If you are an active member of an insurance plan, the McPherson County Health Department may use your protected health information, as needed, to obtain payment for your healthcare services.

**HEALTHCARE OPERATIONS**-Members of our clinical staff, quality improvement teams, or other staff member who participated in your treatment may use information in your clinic record to assess the care and outcomes in your case. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and services we provide.

## **OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR CONSENT OR AUTHORIZATION:**

We may use or disclose your protected clinic information in the following situations without your consent or authorization. These situations include:

**REQUIRED BY LAW**-We may use or disclose your protected health information to the extent that law requires the use or disclosure. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required, of any such uses or disclosures.

**PUBLIC HEALTH**-State law mandates certain communicable diseases must be reported to other public health agencies including the State Department of Health. The disclosure will be made for the purpose of controlling the disease.

**LEGAL PROCEEDINGS**-We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of court.

## **Rights Relating to Electronic Health Information Exchange**

The McPherson County Health Department participates in electronic health information exchange. (HIE) You can choose to allow authorized individuals to access your electronic health information. If you choose this option, you do not have to do anything. You may also choose to 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 submit a specific form available at <http://www.khie.org>. You cannot restrict access to certain information only; your choice is to permit access, or restrict access to all of your 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 have any questions or complaints about how this health department will use or disclose your clinic information, or about your rights, please contact:**

**Hillery Rose- HIPAA Compliance Officer  
McPherson County Health Department  
1001 N. Main  
McPherson, KS 67460  
(620)-241-1753 phone (620)-241-1756 fax**

**January 01, 2018**