



Platte County Health Department

Serving Platte County Missouri

Notice of Privacy 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.

If you have any questions about this Notice, please call
Privacy Officer at (816) 587-5998

WHO WILL FOLLOW THIS NOTICE

This notice describes the privacy practices of the Platte County Health Department. To better serve you, the Platte County Health Department provides you with this notice regarding privacy practices of the Platte County Health Department and your privacy rights established by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The Platte County Health Department includes employees, staff, trainees, volunteer groups and other health care personnel.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the Platte County Health Department. We need this record to provide you with comprehensive care and to comply with certain legal requirements. This Notice applies to all of the records your care generates at the Platte County Health Department.

This Notice tells you about the ways in which we may use and disclose medical information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Make sure medical information that identifies you is kept private;
- Give you this Notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of this Notice currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we may use and disclose medical information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of these categories.

- **For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, hospitals, or other Platte County Health Department and State Department of Health and Senior Services personnel. For example, different departments of the Platte County Health Department may share medical information about you in order to coordinate elements of your care, such as prescriptions, lab work and other diagnostic services. We may also disclose medical information about you to people outside the Platte County Health Department such as referring physicians and home health care nurses in connection with your health care treatment.
- **For Payment.** We may use and disclose medical information about you to your insurance plan, or other parties who help pay for your care. For example, we may tell your health plan about a treatment you are going to receive to determine whether your plan will pay for that treatment.
- **For Health Care Operations.** We may use and disclose medical information about you for the Platte County Health Department operations. These uses and disclosures are necessary to run the Platte County Health Department and to make sure that all of our patients receive quality care. For example, we may disclose medical information to doctors, nurses, technicians, and other health care personnel involved in your care.
- **Business Associates.** There may be some activities provided for our organization through contracts with outside businesses. Examples include transcription services and translation services. Under such contracts, we may disclose your health information to these businesses to perform the job we have asked them to do. These contracts also require businesses to protect the health information we disclose to them.
- **Appointment Reminders.** We may contact you to remind you about your appointment for medical care.
- **Treatment Alternatives.** We may use and disclose medical information to tell you about possible treatment options or alternatives that may be of interest to you and other health related benefits and services.
- **Individuals Involved In Your Care.** Unless you object, we may disclose medical information about you to a friend or family member who is involved in your medical care and we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your location and condition. If you are not present or able to object, then we may, using our professional judgment, determine whether the disclosure is in your best interest.
- **As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of others. Disclosure would only be to the persons who could help prevent the threat.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU- SPECIAL SITUATIONS

- **Military.** If you are a member of the armed forces, we may disclose information about you as require by military command authorities. We may also disclose medical information about foreign military personnel to appropriate foreign military authority.
- **Workers Compensation.** We may disclose medical information about you for Workers' Compensation or similar programs to the extent necessary to comply with laws relating to Workers' Compensation or other similar programs established by law. These programs provide benefits for work-related injuries or illnesses.
- **Public Health Risks.** As required by law, we may disclose medical information about you for public health activities. For example, we may undertake these activities:
 - to prevent or control disease, injury or disability;
 - to report births or deaths;
 - to report child abuse or neglect;
 - to report reactions to medication or problems with products;
 - to notify people of recalls of products they may have been using;
 - to notify a person who may have been exposed to a disease, or may be at risk for contracting or spreading a disease or condition; and
 - to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure subject to certain requirements mandated or authorized by law.
- **Health Oversight Activities and Registries.** We may disclose medical information to a health oversight agency for activities authorized by law. These activities are necessary for the government to monitor the health care system, the outbreak of disease, government programs, compliance with civil rights laws, and to improve patient outcomes.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena; discover request, or other lawful process.

- **Law Enforcement.** We may disclose medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose medical information about patients of the hospital to funeral directors as necessary to carry out their duties.
- **National Security.** We may disclose medical information about you to authorized federal officials for purposes of national security.
- **Inmates.** An inmate does not have the right to this Notice.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and have copied medical information used to make decisions about your care. Usually, this includes medical and billing records, but does not include some records such as psychotherapy notes.

To inspect and have copied medical information used to make decisions about you, you must submit your request in writing. Call Privacy Officer for further details. We may charge a fee for the costs of processing your request.

Under very limited circumstances, your request may be denied, such as a request for psychotherapy notes. You may request that a denial be reviewed by contacting a Nursing Supervisor.

- **Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment of your record for as long as the information is kept by or for the Platte County Health Department.

To request an amendment to your record, your request must be made in writing and submitted to the Platte County Health Department. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment to your record if it is not in writing or does not include a reason to support the request. We may also deny your request if you ask us to amend information that:

- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the records used to make decisions about you;
- is not part of the information which you are permitted to inspect and copy; or
- is accurate and complete.

- **Right to Accounting of Disclosures.** You have the right to receive a list of the disclosures we made of your medical information. This list will not include all disclosures made. For example, this list will not include disclosures we made for treatment, payment, health care operations, disclosures made prior to April 14, 2003, or disclosures you specifically authorized.

To request this list or 'account of disclosures', you must submit your request in writing on the authorized form the Platte County Health Department will provide to you upon request.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or in the payment for your care, like a family member or friend. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing on a form that will be provided to you, upon your request. You must tell us:

- 1) what information you want to limit;
- 2) whether you want to limit our use, disclosure or both; and
- 3) to whom you want the limits to apply.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at certain locations. You must make your request in writing on a form that will be provided to you upon request. We will accommodate all reasonable requests.
- **Right to a Paper Copy of This Notice.** You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this notice.

USE OF HEALTH INFORMATION EXCHANGES

Platte County Health Department may use Health Information Exchange (HIE) to electronically share information about your care with other health care providers who have an established treatment relationship with you. The goal of HIE is to facilitate access to and retrieval of clinical data to provide safer, timelier, efficient, effective and equitable patient-centered care to you. You may opt out of or refuse to participate in the Health Information Exchange by requesting to opt out in writing on a form that will be provided to you upon request. Contact the Privacy Officer at (816) 587-5998 to obtain a copy of the form.

REVISIONS TO THIS NOTICE

We may revise this Notice to reflect any changes in our privacy practices. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as for any information we receive in the future. We will post a copy of the current Notice in the locations where you receive services. Effective Date: 3/14/2014

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Platte County Health Department or with Secretary of the Department of Health and Human Services. To file a complaint with the Platte County Health Department, contact the Privacy Officials of the Platte County Health Department, through the office at (816) 587-5998. You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this Notice or by other laws that apply to us will be made only with your written authorization. If you provide authorization to us or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your authorization, and we are required to retain records of care that we provided to you.

Platte County Health Department
1201 East Street, Parkville, MO 64152 Phone: 816.587.5998 Fax: 816.587.6028
212 Marshall Road, Platte City, MO 64079 Phone: 816.858.2412. Fax: 816.858.2087
www.plattecountyhealthdept.com
Prevent. Promote. Protect

Effective: 4/14/2014