

**Washington County
Notice of Privacy Practices**

Your Information. Your Rights. Our Responsibilities.

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.**

When it comes to your health information, you have certain rights. This section will help explain your rights and some of our responsibilities to help you:

- You can ask to see or to receive an electronic or paper copy of your medical record and other health information we have about you. We will provide a copy or a summary of your health information within thirty (30) days of your request. We may charge a fee for printed copies.
- You can ask us to correct health information about you that you think is incorrect or incomplete. We may deny your request, but we will tell you why in writing within sixty (60) days.
- You can ask us to contact you in a specific way (for example: home or office phone) or to send mail to a different address for confidentiality purposes. We will consider all reasonable requests.
- You can ask us **not** to use or share certain health information for treatment or payment, but we are not required to agree to your request if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment with your health insurer. We will consider all reasonable requests, unless a law requires us to share that information.
- You can ask for a list (accounting) of the times we have shared your health information for six (6) years prior to the date you ask, which will include who we shared the information with, and why. We will include all disclosures except for those regarding treatment, payment, and health care operations, and certain other disclosures (such as any you have asked us to make). We will provide one accounting each year for free, but may charge a fee for any other copies requested within twelve (12) months.
- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- 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. We will make sure the person has this authority and can act for you before we take any action.

For certain health information, you can tell us your preferences about what we share. If you have a clear preference for how we share your information in the following situations, please let us know what you want us to do, and we will follow your instructions:

- You have both the right and choice to tell us to share information with your family, close friends, or any others involved in your care, or to share information in a disaster relief

situation. If you are not able to tell us your preference (for example: if you are unconscious), we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to your health or safety.

- In the following cases, we will **never** share your information unless you give us written permission: marketing purposes, or sale of your information. Additionally, Iowa law requires us to get your written permission to share AIDS or HIV-related information, mental health information or psychotherapy notes, or substance abuse treatment information.

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, visit the following website: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

- We can share health information about you for preventing or reducing a serious threat to anyone's health or safety.
- In certain instances, we can use or share your information for health research.
- We will share information about you if state or federal law requires it, including sharing with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.
- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
- We can use or share health information about you: for Workers' Compensation claims; for law enforcement purposes or with a law enforcement official; with health oversight agencies for activities authorized by law; or for special government functions such as military, national security, and presidential protective services.
- If you are in the armed forces, we may release medical information about you as required by military command authorities.
- We may disclose medical information about you for public health activities. These activities generally include the following: To prevent or control disease, injury, or disability; to report births and deaths; to report child abuse or neglect; to report reactions to medications or problems with products; to notify people of products they may be 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; 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 these latter disclosures if you agree or we are required or authorized by law.
- If you are involved in a lawsuit or 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, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

- If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary for the correctional institution to provide you with health care, to protect your health and safety or the health and safety of others, as well as the safety of the institution itself.
- We can share information for Treatment, Payment, and Health Care Operations (TPO). Examples of these are as follows:
 - *Treatment*: The County may use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your PHI. For example, the County would disclose your PHI, as necessary, to a home health agency that provides care to you.
 - *Payment*: The County may use and disclose PHI about you so that the treatment and services you receive may be billed to and payment be collected from you, an insurance company, or a third party. The County may also discuss your PHI about a service you are going to receive to determine whether you are eligible for the service, and for undertaking utilization review activities. For example, authorizing a service may require that your relevant PHI be discussed with a provider to determine your need and eligibility for the service.
 - *Health Care Operations*: The County may use or disclose, as needed, your PHI in order to support its business activities. These activities include, but are not limited to: quality assessment activities; employee review activities; or licensing and conducting or arranging for other business activities. For example, the County may use or disclose your PHI, as necessary, to contact you to remind you of an appointment, or to provide information about alternate services or other health-related benefits.

Washington County's responsibilities:

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you have changed your mind.
- For more information visit the following website:
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Washington County can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in the Auditor's office, and in the employee portal on the Washington County web site (co.washington.ia.us). We will abide by the terms of the notice currently in effect.

If you believe your privacy rights have been violated by Washington County, you can file a complaint with the Washington County Privacy Officer listed below.

Amber Day, Chief Privacy Officer
Auditor's Office
222 W. Main St.; PO Box 889
Washington, IA 52353
T. 319-653-7777
F. 319-653-7788
E. aday@co.washington.ia.us

You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to: 200 Independence Avenue S.W., Washington, D.C. 20201. You may also call 1-877-696-6775, or visit the following website: www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

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