

# **TREMPEALEAU COUNTY 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.***

Trempealeau County is required to maintain the privacy of your protected health information and to give you this notice that describes our legal duties and privacy practices. In general, when we release your health information, we must release only the information needed to achieve the purpose of the use or disclosure. This Notice describes uses and disclosures in which health information may be utilized, several examples are provided below. We are required to follow the procedures in this Notice. We reserve the right to change the privacy practices described and if we do so we will post the revised Notice, make copies available on request, and provide you with a written revised Notice as soon as practical by mail or hand delivery. We will follow all federal and state legal requirements in protecting your privacy. Records may be maintained in a confidential electronic database. We are required to notify you following a breach of your protected health information. Contact the Health Department office at (715) 538-2311 extension 220 or Human Services Department at (715) 538-2311 extension 302 for more information.

## **PERMITTED USE AND DISCLOSURE**

We may use and disclose personal health information about you without your authorization in the following circumstances:

### **1. *Provision of Health Treatment.***

We may use and disclose your information to provide, coordinate, and manage your health care and related services. For example, if we are providing care coordination of a pregnancy, we may use personal health information in your record to coordinate health treatment with your obstetrician.

### **2. *Obtain Payment for Services***

We may use and disclose your information in order to bill and collect payment for treatment and services provided to you. For example, if we are providing you with a flu vaccine, we may use personal health information to bill your insurance as appropriate.

### **3. *Health Care Operations***

We may use your health information in order to improve the quality and efficiency of care we deliver. For example, we may use information about you as we review the skills and performance of health care providers in the health department, as we provide training for nursing students and other health professionals, as we cooperate with outside organizations that assess the quality of care we provide such as the Wisconsin Department of Health Services, and as we plan future operations and services.

#### **4. Other Circumstances**

We may use and disclose personal health information under certain other circumstances without your authorization. These include:

- When the use/disclosure is required by federal, state, or local law or other judicial/administrative proceeding.
- When the use/disclosure is necessary for public health activities to prevent or control disease, injury, or disability.
- When the disclosure relates to victims of abuse, neglect, or domestic violence.
- When the use/disclosure is related to health oversight activities related to the monitoring, investigating, inspecting, or disciplining those who work here.
- When the disclosure relates to death including information provided to medical examiners, coroners, and funeral directors for identification, determination of the cause of death, or for funeral preparations.
- When the use/disclosure relates to medical research and only after a special approval process.
- When the use/disclosure is to avert a serious threat to health or safety to you or the public.
- When the use/disclosure relates to military, national security, and other government functions.
- When the use/disclosure relates to compliance with worker's compensation programs.
- When the use/disclosure relates to correctional institutions and other law enforcement custodial situations.
- When a person identified by you needs information related to care, payment or notification of your condition.
- When information is shared for disaster relief services such as to the American Red Cross.
- When information is used to provide appointment reminders.
- When information is used to provide you with treatments, services, products or providers in order to manage or coordinate your healthcare.

#### **Required Authorization for Disclosure**

Unless we receive prior, written consent/authorization from you, we may not use or disclose your psychotherapy notes; use your protected health information for marketing purposes; sell your protected health information; or, use your protected health information for any purpose not otherwise described in this notice. If you sign a consent/authorization, you can later cancel this in writing and we will not disclose any further protected health information. If you wish to withdraw authorization please contact Public Health at (715) 538-2311 extension 220 or Human Services (715) 538-2311 extension 302.

#### **YOUR PROTECTED HEALTH INFORMATION RIGHTS**

You have several rights with regard to your personal health information. If you wish to exercise any of these rights, please contact the office at (715) 538-2311 extension 220 or (715) 538-2311 extension 302.

You have the right to:

1. Inspect and receive a copy (paper or electronic) of your health information with a reasonable fee charged for copies. We must comply with your request within 30 days with one 30 day extension when necessary.
2. Request corrections be made to your health information through a written response including justification for the information change. We have the ability to deny your request in limited circumstances.
3. Request restrictions on certain uses and disclosures of your health information. We are not required to agree to your requests except for when you request that we not disclose information to your health plan about services for which you paid out-of-pocket in full. In those cases, we will honor your request, unless the disclosure is necessary for your treatment or is required by law.
4. Request different communication regarding personal health information such as contacting you at a particular phone number. Your request must be in writing and we are required to accommodate reasonable requests.
5. Receive a written record of disclosures made of your personal health information up to 6 years before your request (not including disclosures prior to April 14, 2003). We are required to document all disclosures except those noted in the above sections relating to treatment, billing, health care operations and certain other circumstances including when an authorization from you has been received.
6. Obtain a paper copy of this notice. We will provide a copy no later than the date you first received service from us except in an emergency.

### **Complaints**

You may file a complaint about our privacy practices with us and with the Secretary of the U.S. Department of Health and Human Services if you feel your privacy rights have been violated. We will not retaliate against you for filing such a complaint. You can contact the Public Health Director or Human Services Director at (715) 538-2311 extension 220 or 302 respectively for information.

***This Notice of Privacy Practices is effective on 07/06/2015.***