



## **NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND SHARED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION**

**PLEASE REVIEW IT CAREFULLY**

### **WHO WILL FOLLOW THIS NOTICE**

- All employees, staff and other Tri-County Health Department (TCHD) personnel
- Any health care professional authorized to enter information into your chart
- Any member of a volunteer group we allow to help you while you are being treated at TCHD
- All clinic sites and divisions of TCHD

### **OUR PROMISE REGARDING YOUR HEALTH INFORMATION**

The protection of your health information is very important to us at TCHD. When receiving health care treatment, you will give us personal health information with the understanding that this information will be kept confidential. We do keep a chart or record of your health information in order to provide you the best care possible and, in some cases, to follow the law. This notice applies to all of the records of your care that TCHD has, whether it was made by TCHD employees or your personal health care provider.

#### **The law requires us to:**

- Make sure that health information that identifies you is kept private;
- Give you this notice that describes what we are legally required to do with your health information and how we use and share your health information; and
- Follow the terms of this notice.

## **HOW WE MAY USE AND SHARE YOUR HEALTH INFORMATION**

The following eighteen categories describe different ways that we use and share health information. For each category, we will explain what we mean and try to give some examples. Not every way we use and share your information will be listed. However, all of the ways we are allowed to use and share your information will fall into one of the categories.

- **For Treatment Purposes**

We may use medical information about you to provide you with medical treatment or services. We may share health information with doctors, nurses, technicians and other people who are involved with taking care of you. Different clinics and departments may share medical information about you in order to coordinate the different things you need. We may also share information about you with other agencies if we are referring you for healthcare services (such as a health care provider, specialist, pharmacist or laboratory). We may use and share health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

- **For Payment**

We may use and share your health information so that the treatment and services we provide may be billed or collected from you or a third party like an insurance company or Medicaid.

- **For Health Care Operations**

We may use your information for activities that are necessary to run the health department. We may use health information to review our policies and procedures to make sure we are offering the best care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also share health information with doctors, nurses, technicians, and other personnel to help teach them and to train them in our policies. We may combine the health information we have with health information from other health care providers to compare how we are doing and see where we can make improvements in the care and services we offer.

We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

- **For Appointment Reminders and Health Information**

We may **call, write or text** to remind you of an appointment. We may also tell you about health services that may be of interest to you.

- **For Health Oversight Activities**

We may share health information to agencies that oversee our health department. Oversight activities include audits, investigations, inspections, and approving our license to do health care. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

- **For Workers Compensation**

We may release health information about you for workers compensation or similar programs. These programs provide benefits for work-related injuries or illness.

- **As Required By Law**

We will share information when local, state, or federal law requires it. This would include any judicial or administrative proceedings, in response to a court order or subpoena, a discovery request or other lawful process.

- **For Public Health Activities**

We may share health information about you for public health activities, which may include the following:

- To prevent or control disease, injury or disability;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To avert a serious risk to health and safety
- 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 you have been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law;
- To report births and deaths;

- **For Fundraising Activities**

With your permission, we may use health information about you to contact you in an effort to raise money for TCHD and its operations.

- **For Individuals Involved in Your Care or Payment for Your Care**

With your permission, we may release health information about you to members of your family, a relative, a close friend, or any other person you choose.

- **For Research**  
We may share your health information with researchers when authorized by law. For example, if the research has been approved by an institutional review board (people who make sure research is done to certain standards), the board makes sure that the research has established procedures to make sure your health information is protected.
- **For Military and Veterans**  
If you are or were a member of the military, we may release health information about you if military command authorities require it. We may also release health information about foreign military personnel to the appropriate foreign military authority.
- **For Lawsuits and Disputes**  
If you are involved in a lawsuit or a dispute, we may share health information about you in response to a court or administrative order. We may also share health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. We will make every attempt to try and contact you when we are given a court order.
- **For Law Enforcement**  
We may release medical information if asked to do so by a law enforcement official.
  - In response to a court order, subpoena, warrant, summons or similar process;
  - To identify or locate a suspect, fugitive, material witness, or missing person;
  - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
  - About a death we believe may be the result of criminal conduct;
  - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **For Coroners, Medical Examiners and Funeral Directors**  
We may release health information to a coroner or medical examiner. This may be necessary to identify a person that has died or determine what caused the death.
- **National Security and Intelligence Activities**  
We may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

- **Protective Services for the President and Others**

We may share health information about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state and to conduct special investigations.

- **Inmates**

If you are an inmate of a correctional institution (for example, jail or prison) or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others or (3) for the safety and security of the correctional institution.

## **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

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

- **Right to Inspect and Copy**

You have the right to look at and copy your health information. This usually includes medical and billing records, but does not include psychotherapy notes.

To look at and copy your health information, you must submit your request in writing to the Privacy Officer at the address found on the last page of this document.

In rare cases, we may deny your request to look at and copy in very rare cases. If you are denied access to your health information, you may request that the denial be reviewed. Another licensed health care professional chosen by TCHD will review your request and the denial. The person conducting the review will not be the person who denied your request. We will do what the reviewer decides.

- **Right to Amend**

If you feel that the health information we have about you is wrong or something is missing, you may ask us to change the information.

To request a change to your health information, you must submit your request in writing to the Privacy Officer at the address found on the last page of this document. In addition, you must provide a reason that supports why you want the information changed.

We may deny your request to change your health information if the request 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 change information that:

- Was not created by TCHD, unless the person or place that created the information is no longer available to make the change;

- Is not part of the health information kept by or for TCHD;
- Is not part of the information which you would be permitted to inspect and copy;  
or
- Is accurate and complete.
- **Right to an Accounting of Disclosures.**  
You have the right to request an "accounting of disclosures." This is a list of all of the times that we have shared your health information.

To request this list, you must submit your request in writing to the Privacy Officer at the address found on the last page of this document. You must write down the dates you would like to request. Your request cannot be longer than six years and may not be before April 14, 2003. Your request should tell us how you want to receive your list (for example, on paper, over email). The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will let you know if the list will cost you money.

- **Right to Request Restrictions**  
You have the right to request a restriction or limitation on the health information we use or share about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we share about you to someone who is involved in your care or 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 submit your request in writing to the Privacy Officer at the address found on the last page of this document. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, how we share your information or both; and (3) to whom you want the limits to apply, (for example, you can request to not share information with your spouse), (4) an expiration date.

- **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 a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must submit your request in writing to the Privacy Officer at the address found on the last page of this document. We will not ask you the reason for your request. We will agree to all reasonable requests. Your request must tell us how or where you wish to be contacted.

- **Right to a Paper Copy of This Notice**

You have the 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.

You may obtain a copy of this notice at our website:  
[http://www.tchd.org/pdfs/hipaa\\_privacy\\_practices.pdf](http://www.tchd.org/pdfs/hipaa_privacy_practices.pdf)

To obtain a paper copy of this notice, please ask at the clinic site where you receive your health care services.

### **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 TCHD. Each time you register at TCHD for treatment or health care services, we will offer you a copy of the current notice in effect.

### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with TCHD or with the Secretary of the Department of Health and Human Services. To file a complaint with TCHD, contact the Privacy Officer whose address appears at the end of this document. All complaints must be submitted in writing. There will be no problems or negative consequences for filing a complaint.

### **OTHER USES OF MEDICAL INFORMATION**

Other uses of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may remove that permission, in writing, at any time. If you remove your permission, we will no longer use or share health information about you for the reasons covered by your written permission. You understand that we are unable to take back any times we already shared information with your permission, and that we are required to retain our records of the care that we provided to you.

**If you have any questions about this notice, please contact:**

**HIPAA Privacy Officer  
Tri-County Health Department  
6162 S. Willow Drive, Suite 100  
Greenwood Village CO. 80111  
720-200-1438**