

DICKINSON 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.

Dickinson County respects the privacy of your personal health information and is committed to maintaining confidentiality. This notice applies to all information and records related to your past, present, or future care that DICKINSON COUNTY has provided or funded. This confidentiality extends to information received or created by our elected officials, employees, staff, and volunteers. This notice describes how DICKINSON COUNTY may use and disclose your protected health information. It also informs you of your rights and DICKINSON COUNTY'S obligations in protecting your personal health information.

DICKINSON COUNTY is required by law to abide by the terms of this Notice of Privacy Practices. DICKINSON COUNTY must maintain the privacy of your personal health information. DICKINSON COUNTY is provided by law to provide you with a copy of this Notice of Privacy Practices about your personal health information.

I. With your consent DICKINSON COUNTY may use or disclose your personal health information for health treatment or payment issues.

You will be asked to sign a consent allowing us to use and disclose your personal health information for purposes of treatment, payment, and health care operations. We have described these uses and disclosures below. We have also provided some examples of the type of uses and disclosures we may make in each of these categories.

Treatment: We will use and disclose your personal health information to provide and coordinate treatment and services for you. We may provide your personal health information to facility and non-facility personnel whom may be involved in your care. For example, we may disclose your personal health information to physicians, nurses, pharmacies, mental health centers, or other health care professionals.

Payment: We may use and disclose your personal health information so that we may pay, bill, or receive payment for your treatment or services. For billing and payment purposes we may disclose your personal health information to your representative, an insurance or managed care company, Medicare, Medicaid, or another third party payer. For example, we may disclose your personal health information to a facility to make arrangements for an admission to that facility.

Health Care Operations: We may use or disclose your personal health information, as necessary, to provide you with information about your treatment alternatives. We may use and disclose your personal health information for our facility operations. These uses

and disclosures are necessary to manage our facility's quality of services for you. For example, we may use your name and address if we need to send you information.

II. DICKINSON COUNTY may use and disclose personal health information about you for other specific purposes.

Others Involved in Your Health Care: Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person *you identify*, your personal health information.

Disaster Relief: We may disclose your personal health information to an organization assisting in a disaster relief effort.

As Required by Law: We may use or disclose your personal health information when required by law to do so. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.

Public Health: We may disclose your personal health information to a public health authority that is permitted by law to collect or receive the information. We may also disclose your personal health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Health Oversight: We may disclose your personal health information to a health oversight agency as authorized by law. For example, these may include things such as audits, investigations, inspections, and licensure actions or other legal proceedings. These activities may include government agencies that oversee the health care system, government benefit programs, other government payment or regulatory programs, and compliance with civil rights laws.

Abuse or Neglect: We may disclose your personal health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. We may also disclose your personal health information if we believe that you have been a victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information. The disclosure will be consistent with the requirements of applicable federal and state laws.

Legal Proceedings: We may disclose personal health information in the course of any judicial or administrative proceeding, in response to a court or administrative order. We also may disclose information in response to a subpoena, discovery request, or other lawful process. Efforts must be made to contact you about the request or to obtain an order for agreement protecting the information.

Law Enforcement: We may disclose personal health information for certain law enforcement purposes. These law enforcement purposes include (1) As required by law to comply with reporting requirements (2) To comply with a court order, warrant, subpoena, summons, investigative demand or similar legal process (3) To identify or

locate a suspect, material witness, or missing person (4) When information is requested about the victim of a crime (5) To report information about a suspicious death (6) To provide information about criminal conduct occurring at the facility (7) To report information to emergency services about a crime (8) Where necessary to identify or apprehend an individual in relation to a violent crime or an escape from lawful custody

Coroners and Funeral Directors: We may disclose personal health information to a coroner for identification purposes, determining cause of death, or for the coroner to perform other duties authorized by law. We may also disclose personal health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties.

Research: We may disclose person health information to researchers when Dickinson County has approved the research. Protocols must be followed to protect your personal health information, your personal health information can only be use if the researcher is collecting information in preparing a research proposal, if the research occurs after your death, or if you authorize the use of the disclosure.

Criminal Activity: We may disclose your personal health information, in accordance with federal and state laws, if we believe that the use or disclosure is necessary to prevent or lesson a serious threat to the health and safety of the public or another person.

Military Activity and National Security: We may use your personal health information as required by military command authorities, if you are in the armed forces. We may also use and disclose personal health information about foreign military personnel as required by the appropriate foreign military authority. The Dickinson County Veteran's Affairs Administration may use or disclose your personal health information for purposes of eligibility of benefits.

Workers' Compensation: We may use your personal health information to comply with the laws of workers' compensation and other such programs.

Inmates: Your personal health information may be disclosed if you are an inmate of a correctional facility and we created or received your personal health information in the course of providing for you.

III. Required Uses and Disclosure: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements. You may revoke your authorization to use or disclose personal health information in writing, at any time. If you revoke your authorization, we will not longer use or disclose your personal health information for the purposes covered by the authorization, except where we have already relied on the authorization.

IV. Your Rights: Following is a statement of your rights with respect to your personal health information.

Right of Access to Personal Health Information: You have the right to inspect and obtain a copy of your personal health information that is contained in our records. We may charge a reasonable fee for our costs in copying and mailing your requested information.

We may deny your request to inspect or receive copies in certain limited circumstances. If you are denied access to personal health information, in some case you will have a right to request review of denial. Under federal law, however, you may not inspect or copy the following records; psychotherapy notes, information compiles in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to personal health information.

Right to Request a Restriction: You have the right to request restrictions on our use or disclosure of your personal health information for treatment or payment. You also have the right to restrict or put limitations on the personal health information we disclose about you to a family member, friend, or other person who is involved in your care or the payment of your care.

Right to Request Confidential Communications: You have the right to request communication in a certain manner or location in regard to your personal health information. We will accommodate reasonable requests. For example, you can request that we contact you only by phone. Please make your requests in writing.

Right to Amendment: You may request an amendment of your personal health information for as long as the facility maintains your personal health information. You must make your request in writing, and you must state the reason for the requested amendment. We may deny your request for amendment (1) if the request is not part of the personal health information maintained by Dickinson County (2) if the request is not part of the information with which you have access (3) if the information was not created by Dickinson County, unless the originator of the information is not longer available to act on your request (4) if the information is already accurate and complete, as determined by Dickinson County. If your request for amendment is denied you will receive a written denial including the reasons for the denial. You have a right to submit a written statement disagreeing with the denial.

Right to an Accounting Disclosure: This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. This accounting of disclosures is a listing of certain disclosures of your personal health information made by Dickinson County or by others on your behalf. To request an accounting of disclosures, you must submit a written request. You have the right to receive specific information regarding these disclosures that occur after April 14, 2003.

Right to Paper Copy of This Notice: Upon request, you have the right to obtain a paper copy of this notice, even if you have agreed to receive this Notice electronically. You may request a paper copy at anytime. Please contact our Privacy Officer at her email address: sduhn@co.dickinson.ia.us. You may also obtain a copy of this notice at the Dickinson County website www.co.dickinson.ia.us.

- V. **Complaints:** If you feel your privacy rights have been violated, you may file a complaint in writing with Dickinson County Privacy Officer or with the Office of Civil Rights in the U.S. Department of Health and Human Services. To file a complaint with Dickinson County, please contact the Privacy Officer, Sue Duhn, 1802 Hill Avenue, Spirit Lake, IA 51360, phone (712) 336-0775, fax (712) 336-4961. We will not retaliate against you for filing a complaint.

- VI. **Changes to this Notice:** We reserve the right to amend and make changes to this notice. We will promptly make changes whenever this material changes to the uses or disclosures, your individual rights, our legal duties, or other privacy practices stated in this Notice. A copy of the current notice will be available at the office of the Privacy Officer in the Dickinson County Courthouse, 1802 Hill Avenue, Spirit Lake, IA 51360 and on our website at www.co.dickinson.ia.us.

- VII. **For Further Information:** If you have any questions in regard this notice or about your rights please be in contact with our Privacy Officer at (712) 336-0775.

This notice becomes effective on April 14, 2003.

**ACKNOWLEDGEMENT RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

I, _____, do hereby
acknowledge receipt of a copy of the Dickinson County Notice of Privacy Practices.

Signature of Individual

Date

In the Event the Individual's Personal Representative makes this Request:

Signature of personal representative

Date

Legal authority of personal representative

**“GOOD FAITH EFFORT” TO GAIN
ACKNOWLEDGMENT OF RECEIPT
OF DICKINSON COUNTY’S
NOTICE OF PRIVACY PRACTICE**

This is an acknowledgment of a good faith effort in regards to the following client:

Client Name: _____ ID# _____

A Copy of the Dickinson County’s Notice of Privacy Practices has NOT been Given to the Individual for the Reason(s) Stated Below:

Employee Signature

Date