

DEKALB COUNTY HEALTH DEPARTMENT

HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOUR MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

OUR RESPONSIBILITIES

The DeKalb County Health Department (DCHD) is required by applicable federal and state law to maintain the privacy of your protected health information. "Protected Health Information" (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your PHI. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect April 14, 2003, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all PHI that we maintain, including PHI we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request.

For more information about our privacy practices or for additional copies of this notice, please contact us using the information listed at the end of this notice.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

We use and disclose PHI about you for treatment, payment and health care operations. Following are examples of the types of uses and disclosures that we are permitted to make.

Treatment: We may use or disclose your PHI to a physician or other health care provider providing treatment to you. If you have a friend or family member that you have identified as being involved in your care, we may give them PHI about you.

Payment: We may use or disclose your PHI to obtain payment for the health care services we have provided to you. Payment activities may include the processing of claims and determining your eligibility or coverage for submission of claims. For example, we may send PHI to Medicaid, Medicare or your insurance company to obtain payment for services.

Health Care Options: We may use and disclose your PHI in connection with our health care operations. For example, we may use your PHI in determining the quality of care provided to our clients. From time to time, we may use your PHI to remind you of an appointment with us. We may also in our health care operations, disclose PHI to business associates¹ with whom we have written agreements containing terms to protect the privacy of your PHI.

Authorization: You may give us written authorization to use your PHI or to disclose it to another person for the purpose you designate. If you give us an authorization, you may withdraw it in writing at any time. Your withdrawal will not affect any

use or disclosures permitted by your authorization while it was in effect. Unless you give us written authorization, we cannot use or disclose your PHI for any reason except those described in this notice. We will make disclosures of any psychotherapy notes we may have only if you provide use with a specific written authorization or when disclosure is required by law.

Personal Representatives: We will disclose your PHI to your personal representative when the personal representative has been properly designated by you and the existence of your personal representative is documented to us in writing through a written authorization.

Disaster Relief: We may use or disclose your PHI to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

Health Related Services: We may use or disclose your PHI to contact you with information about alternative treatments or health-related benefits that may be of interest to you.

Public Benefit: We may use or disclose your PHI as authorized by law for the following purposes deemed to be in the public interest or benefit:

as required by law;

for public health activities, including disease and vital statistic reporting, child abuse reporting, certain Food and Drug Administration oversight purposes with respect to an FDA-regulated product or activity, and to employers regarding work-related illness or injury required under the Occupational Safety and Health Act (OSHA) or other similar laws;

to report adult abuse, neglect or domestic violence;

to health oversight agencies;

in response to court and administrative orders and other lawful processes;

To law enforcement officials pursuant to subpoenas and other lawful processes concerning crime victims, suspicious deaths, crimes on our premises, reporting crimes in emergencies, and for purposes of identifying or locating a suspect or other person;

To avert a serious threat to health or safety;

To the military and to federal officials for lawful intelligence, counterintelligence and national security activities;

To correctional institutions regarding inmates;

as authorized by and to the extent necessary to comply with state worker's compensation laws; and to coroners, medical examiners and funeral directors.

Research and Fund Raising: The Health Department does not engage in research, marketing or fund raising activities.

Illinois Law: Illinois law has certain requirements that govern the use or disclosure of your PHI. In order for us to release information about mental health treatment, genetic information, your AIDS/HIV status and alcohol or drug abuse treatment, you will be required to sign an authorization form unless state law allows us to make the specific type of use or disclosure without your authorization. This authorization must be in writing and must be rescinded in writing.

INDIVIDUAL RIGHTS

You may contact us using the information at the end of this notice to obtain the forms described here, explanations on how to submit a request or other additional information.

Access: You have the right, with limited exceptions, to look at or obtain copies of your PHI contained in a designated record set. A “designated record set” contains medical records and billing information that we maintain. You must make a request in writing to obtain access to your PHI and may obtain a request form from us. If we deny your request, we will provide you with a written explanation and will tell you if the reasons for the denial can be reviewed and how to ask for such a review or if the denial cannot be reviewed.

Accounting of Disclosures: You have the right to receive a list of instances since April 14, 2003, in which we or our business associates disclosed your PHI for purposes other than treatment, payment, health care operations or as authorized by you or for the other activities listed previously. If you request this accounting more than once in a 12-month period, we may charge you a reasonable fee for responding to these additional requests. We will provide you with more information on our fee structure at your request.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your PHI. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). Any agreement we may make to a request for additional restrictions must be in writing signed by a person authorized to make such an agreement on our behalf. We will not be bound unless agreement is in writing.

Confidential Communication: You have the right to request that we communicate with you about your PHI by alternative means or to alternative locations. You must make your request in writing. We must accommodate your request if it is reasonable and specifies the alternative means or location.

Amendment: You have the right, with limited exceptions, to request that we amend your PHI. Your request must be in writing, and it must explain why the information should be amended. We may deny your request if we did not create the information you want amended and the originator remains available or for other specified reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be attached to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

Right to Receive a Copy of the Notice: You may request a copy of our notice at any time by contacting the Privacy Officer or by using our website at www.dekalbcountyhealthdepartment.org. If you receive this notice on our website or by electronic mail (e-mail), you are also entitled to request a paper copy of the Notice.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us by using the information at the end of this notice.

If you are concerned that we have violated your privacy rights, you may file a complaint using the contact information listed at the end of this notice. You also may submit a written complaint to the U.S. Department of Health and Human Services; see information at its website: www.hhs.gov. If you request, we will provide you with the address to file your complaint with the U.S. Department of Health and Human Services.

We support your right to the privacy of you PHI. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

CONTACT: Privacy Officer
DeKalb County Health Department
2550 N. Annie Glidden Road
DeKalb, Illinois 60115
Phone: 815-758-6673