**Privacy Practices for Protected Health Information**

CALDWELL COUNTY HEALTH DEPARTMENT (CCHD) is required by law to maintain the privacy of protected health information and to provide patients with notice of its legal duties and privacy practices of protected health information.

**Use Or Disclosure Of Protected Health Information For Treatment, Payment And Health Care Operations**

CALDWELL COUNTY HEALTH DEPARTMENT may use or disclose your protected health information (information from your record) to provide treatment services to you, for payment purposes or for health care operations, without a written authorization from you. We may disclose protected health information for treatment services, to another health care provider for payment activities, or to another health care agency for health care operations activities.

**Treatment**

We will use and disclose your health information to provide you with medical treatment or services. For example, nurses and other members of your treatment team will record information in your record and use it to determine the most appropriate course of care. We may also disclose the information to other health care providers who are participating in your treatment, to pharmacists who are filling your prescriptions, and to family members who are helping with your care.

**Payment**

Means our activities to provide or receive reimbursement for health care services to a patient, including, for example, determinations of eligibility or coverage; billing and related health care data processing; coverage under a health plan, or justification of charges; and certain reimbursement-related disclosures to consumer reporting agencies. For example, we may send a bill to your insurance company that includes information that identifies you as our patient, your diagnosis, and procedures and supplies used.

**Health Care Operations**

Include activities such as conducting quality assessment and improvement of care; population-based activities relating to improvement of health care; reviewing the competence or qualifications of health care professionals; conducting training programs for health care providers and other staff; accreditation, certification, licensing, and credentialing activities; conducting or arranging for medical review, legal services, and auditing functions; business planning and development; and business management and general administrative activities. For example: 1. Our agency will enter immunization records on the Missouri State Show-meVax (state data base). 2. Immunization records may be shared with schools, pre-schools, and day cares to assure compliance with immunization requirements according to state statutes and state rules/regulations. 3. Clinic sites are not conducive to complete privacy. Staff will make special effort to speak quietly while communicating to patients within hearing range of other patients. 4. Our quality improvement team may use information in a patient’s health record to assess the care and outcomes. 5. We may also disclose a patient’s health record to another health care provider who treated the patient for quality assessment activities.

**Appointment Reminders, Treatment Options, and Other Health-Related Services**

We may contact you by phone, text message, email or mail (may be open-faced postcards) to remind you of appointments, information about treatment, or other health-related benefits and services.

**Fund-Raising**

CCHD may contact you to raise funds for CCHD.

**Other Permitted Or Required Uses And Disclosures**

CCHD may also use or disclose your protected health information without your written authorization if permitted or required by law. We will use our professional judgment and disclose your information with your best interest in mind whenever possible. These are described below.

**Permitted Uses and Disclosures Where a Patient Has the Opportunity to Agree or Object**

While the uses and disclosures described below may be done without a patient’s written authorization, the patient must usually be given an opportunity to agree or object. To get more information regarding this, see the contact information at the end of this Notice.

**To Those Involved with a Patient’s Care**

CCHD may disclose to a family member, other relative, close personal friend of a patient, or any other person identified by a patient, protected health information directly relevant to that person’s involvement with the patient’s care or payment related to the patient’s care. (However, according to another law for family planning services, we must get your consent to release your information).

**For Disaster Relief Purposes**

CCHD may use or disclose protected health information to an organization authorized to assist in disaster relief efforts for the purpose of coordinating notification to a family member, a patient’s personal representative, or another person responsible for a patient’s care of a patient’s location, general condition, or death.

**Other Permitted or Required Uses and Disclosures**

So long as the privacy rule requirements are followed, the uses and disclosures described below may be done without your written authorization and without giving you an opportunity to agree or object. To obtain additional information on these uses and disclosures, see the contact information at the end of this Notice.

**Required by Law**

CCHD may use or disclose protected health information to the extent as required by law, complies with the law, and is limited to the requirements of the law.

**Public Health Activities**

CCHD may disclose protected health information for public health activities. These include, for example, disclosure:
(i) to a public health authority to collect or receive information for the prevention or control of disease, injury or disability or to a public health or other authority to receive reports of child abuse or neglect.
(ii) to a person under the jurisdiction of the Federal Drug Administration (FDA) regarding a regulated product or activity for which there is a responsibility related to the quality, safety, or effectiveness of the FDA product or activity.
(iii) to someone who may have been exposed to a communicable disease

**Abuse, Neglect, or Domestic Violence**

CCHD may disclose protected health information about a patient whom we reasonably believe to be a victim of abuse, neglect, or domestic violence to a government authority as required by law; where the individual agrees to the disclosure; or where expressly authorized by law.

**Health Oversight Activities**

We may be required to disclose information to assist in investigations and audits, eligibility for government programs and similar activities.

**Judicial and Administrative Proceeding**

We may disclose information in response to an appropriate subpoena or court order.

**Law Enforcement Purposes**

CCHD may disclose protected health information for a law enforcement purpose to an official.

**Coroners, Medical Examiners, and Funeral Directors**

CCHD may disclose protected health information to coroners or medical examiners for the purpose of determining a cause of death, or other duties as authorized by law.

**Threat to Health or Safety**

CCHD may use or disclose protected health information to other organizations or individuals to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

**Other Specialized Government Functions**

CCHD may use or disclose protected health information related to military and other government functions, for example, for members of the armed forces.

**Workers’ compensation**

CCHD may disclose protected health information as authorized by laws relating to workers’ compensation.

**Mental Health, Psychotherapy and Marketing**

Uses and disclosures of psychotherapy notes, mental health care, treatment for substance abuse and marketing may be more protected than for other forms of health information.

**Uses And Disclosures Requiring An Authorization**

Except as presented in this Notice, CCHD will use and disclose protected health information only with your written authorization. You may revoke an authorization at any time except to the extent CCHD has acted in reliance on the authorization.

**Patient Rights**

You have the following rights concerning your protected health information:

**Right to Request Restrictions**

You have the right to request restrictions on uses and disclosures of protected health information to carry out treatment, payment, or health care operations. You also have the right to restrict the notification of your location, general condition, or death. CCHD is not required to agree to the restriction.

**Right to Confidential Communications**

The patient has the right to receive confidential communications of protected health information from us. CCHD may not require an explanation from the patient as to the reason for the request.

**Right of Access**

You have the right of access your protected health information.

**Right to Amend**

You have the right to amend your protected health information. CCHD may deny the request under certain circumstances, for example, if we determine that the information is accurate and complete.

**Right to an Accounting**

With some exceptions, the patient has the right to receive an accounting of disclosures of protected health information. The right to an accounting does not include disclosures outlined in an authorization.

**Right to Receive a Copy of this Notice**

The patient has the right, upon request, to obtain a paper copy of this Notice from CALDWELL COUNTY HEALTH DEPARTMENT.

**CHANGES TO THIS NOTICE**

CALDWELL COUNTY HEALTH DEPARTMENT is required to follow the terms of the current Notice.

CCHD reserves the right to change this Notice and to make the new Notice provisions effective for all protected health information. Should CCHD’S practices change, the revised Notice will be made available to you upon request and will be posted at our clinic.

**FOR MORE INFORMATION, TO REVOKE AN AUTHORIZATION, OR TO REPORT A PROBLEM**

If you are concerned that we have violated your privacy rights, or if you disagree with a decision we made about your records, you may contact the person listed below. You also may send a written complaint to the U.S. Department of Health and Human Services. The person listed below will provide you with the appropriate address upon request. You will not be penalized in any way for filing a complaint.

**CONTACT PERSON
If you have any questions, requests, or complaints, please contact:**

Tracy Carman BSN RN, Administrator
CALDWELL County Health Department
255 West Main Street

Kingston, Mo 64650

(816)586-2311