

**JOSEPHINE COUNTY PUBLIC HEALTH DEPARTMENT
ADMINISTRATIVE POLICIES AND PROCEDURES**

Approved by: _____ **Date:** _____
 Diane L. Hoover, PhD, MPA, Administrator/Director

Annual Review:

Date:	Initials:	Date:	Initials:	Date:	Initials:
Date:	Initials:	Date:	Initials:	Date:	Initials:

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU
 MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS
 INFORMATION.
 PLEASE REVIEW IT CAREFULLY.

This notice describes the privacy practices of all divisions and programs of Josephine County Public Health Department (JCPHD). This includes but is not limited to: Communicable Disease, Field Services, Clinic Services, Immunization Services, Corrections Health, and Laboratory

OUR PRIVACY OBLIGATIONS

Josephine County Public Health Department is required by law to maintain the privacy of your health information. This notice will tell you how we may use or disclose your health information. We are required by law to give you this notice. We are required to follow the terms of the notice currently in effect.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION

- **Treatment:**
 We may use or disclose health information about you to provide you with treatment or services. For example, information may be shared with our doctors, nurse practitioners, nurses, health assistants, dentists, and other health care personnel to create and carry out a plan for your treatment. We may also share information with providers outside of our system that may be involved in your treatment.

- **Payment:**
 We may use or disclose health information about you to get payment for the health care services you receive. For example, we may provide information to bill your health plan for health care provided to you.

- **Health Care Operations:**
 We may use and disclose health information about you for health care operations. For example, we may use your information to review the quality of the services you receive. We

may also give information about you to Oregon Community Health Information Network for population based activities to improve health.

- **Appointment Reminders:**
Unless you have instructed us not to, we may call you or send you a letter to remind you that you have an appointment for services.
- **Treatment Alternatives:**
We may use your health information to tell you about services that may be of interest to you.
- **Individuals Involved in Your Care or Payment for Your Care:**
We may disclose health information to your family or other persons who are involved in your health care. You have the right to object to the sharing of this information.
- **Public Health Activities:**
We may use or disclose health information about you for public health activities required or permitted by law.
- **Victims of Abuse, Neglect or Domestic Violence:**
If we suspect abuse neglect or domestic violence, we may disclose health information about you as required or permitted by law.
- **Health Oversight Activities:**
We may give health information to a health oversight agency that monitors the health care system.
- **Judicial and Administrative Proceedings:**
We may disclose health information about you in response to a court order.
- **Law Enforcement:**
We may disclose health information about you when required or permitted by federal or state law.
- **Required by Law:**
We may use or disclose health information about you when required by federal or state law.
- **Coroners:**
We may disclose your health information to a coroner, medical examiner or funeral director as authorized by law.
- **Organ and Tissue Procurement:**
We may disclose your health information to organizations for organ, eye or tissue procurement, banking or transplantation.
- **Research:**

We may use and disclose your health information for research purposes under certain circumstances. We will obtain your authorization or we will obtain a waiver of authorization from an Institutional Review Board or Privacy Board.

- **Health or Safety:**
We may disclose your health information to law enforcement in order to avoid a serious threat to the health and safety of a person or the public.
- **Worker's Compensation:**
We may disclose your health information as authorized by law to worker's compensation or similar programs.
- **Specialized Government Functions:**
We may disclose your health information to government agencies with special functions as required or permitted by law.
- **Inmates:**
If you are an inmate of a jail or prison or under the custody of a law enforcement official, we may give health information about you to that person or jail as required or permitted by law.

DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

- **Marketing:**
We may communicate with you about products or services relating to your treatment, case management or care coordination. However, we must obtain your authorization prior to using your health information to send you any marketing materials.
- **Other Laws Protecting Health Information:**
Other laws may require your written authorization to disclose certain mental health, alcohol and drug abuse treatment, HIV/AIDS testing or treatment, and genetic testing information.

YOUR PROTECTED HEALTH INFORMATION PRIVACY RIGHTS

- **Right to Inspect and Copy:**
In most cases, you have the right to look at or get copies of your records. You must make the request in writing. You may be charged a fee for copying of your records.
- **Right to Request Amendment:**
You have the right to request that we amend health information maintained in your medical or billing record. Your request must be in writing. We may deny your request in certain circumstances.
- **Right to a List of Disclosures:**
You have the right to ask for a list of certain disclosures made after April 14, 2003. You must make the request in writing. This list will not include disclosures made for treatment,

payment, or health care operations. The list will not include information provided directly to you or your family. The list will not include information that was sent with your authorization. If you request a list more than once during a year, we may charge you a fee.

- **Right to Request Restrictions:**

You have the right to request restrictions on how your information is used or disclosed. We are not required to grant your request. Your request must be in writing.

- **Right to Request Confidential Communications:**

You have the right to request to receive communications from us in certain way or in a certain place. We will accommodate any reasonable request.

- **Right to Revoke Your Authorization:**

There may be other disclosures of your health information that will require your written authorization. You generally have the right to revoke an authorization. If you revoke an authorization, it will stop future uses and disclosures except to the extent that we have already undertaken an action in reliance on your authorization. In some cases, individuals in the criminal justice system may not be able to cancel an authorization until the end of their correctional supervision or a similar event.

- **Right to Receive a Paper Copy of this Notice:**

You have the right to receive a paper copy of this notice at any time.

- **Complaints:**

You have the right to file a complaint with Josephine County's Privacy Official if you do not agree with how we have used or disclosed information about you. You may also file written complaints with the Secretary of the Department of Health and Human Services in Washington, D.C. We will not retaliate against you if you file a complaint with us or the Secretary.

EFFECTIVE DATE OF THIS NOTICE

This notice is effective on April 14, 2003. We reserve the right to change this notice. Any changes will apply to information that we already have about you. We will post any revisions of this notice at the Josephine County Public Health Department. Copies of revisions are available upon request.

FOR MORE INFORMATION

If you have any questions about this notice or need more information, please contact Josephine County Health Department's Privacy Officer.

Josephine County Public Health Department
715 NW Dimmick
Grants Pass OR 97526
541-474-5325

S/ph/allp&p/approvedbylegal/HIPPAposted notice of privacy practices
040703 lo, rev 030705ly, rev 032607dt REV June 2012 rr