

**Benzie – Leelanau District Health Department
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.

Understanding Your Health Record/Information

Each time you visit the health department a record of your visit is made. Typically, this record contains personal health information including your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. Your record may also include reports from other healthcare providers and other data about your medical care. This confidential information is protected under both state and federal laws.

Our Responsibilities

We are required by Federal law, including Federal Privacy Rules, to:

- Maintain the privacy of your health information,
 - Provide you with notice as to our legal duties and privacy practices with respect to health information we collect and maintain about you,
 - Abide by the terms of this notice, subject to the following reservation of rights.
- We reserve the right to change our health information practices and the terms of this notice, and to make the new provisions effective for all protected health information we maintain, including health information created or received prior to the effective date of any such revised notice. Should our health information practices change, we will post and/or provide a revised notice. We will not use or disclose your health information without your consent or authorization, except as described in this notice.

Uses and Disclosures for Treatment, Payment and Health Operations, Based on Your Consent

We will use your health information for treatment.

For example: Information obtained by a nurse, nurse practitioner, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your nurse practitioner, nurse or other healthcare team member will document in your record their expectations for your healthcare and record the actions they took and their observations. As a result, the health care team will know how you are responding to treatment.

We may provide your primary care physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you. We may also send relevant portions of your health record to specialists to whom you are being referred for care, or to physicians whom your providers here may want to consult on a care issue.

We may use and disclose health information about you (for example, by calling you or sending you a letter) to remind you that you have an appointment with us for treatment or that it's time for you to schedule a regular checkup with us, or to provide you with information about treatment alternatives.

We will use your health information for payment.

For example: A bill may be sent to you or your insurance company or health plan. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your health information for regular health operations.

For example: Members of the clinic staff, managers, or other administrators may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

We provide some services with business associates, who are independent professionals that use patient health information provided by us in order to perform these services. Examples include certain laboratories or a billing service. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your insurer for services rendered. To protect your health information, however, we

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require the business associate to appropriately safeguard your information.

Uses and Disclosures that We May Make Unless You Object

Family or friends involved in your care: Unless you object in writing, health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Emergencies: Unless you object in writing, we may disclose your health information in an emergency treatment situation. If this happens, the health care team shall try to obtain your consent as soon as reasonably practicable after the delivery of treatment.

Communication Barriers: We may use and disclose your protected health information if the health care team in the health department attempts to obtain consent from you, but is unable to do so due to substantial communication barriers and the health care team determines, using professional judgment, you intend to consent to use or disclosure under the circumstances.

Uses and Disclosures Permitted Without Consent

In addition, Rule 512 permits uses and disclosure of your health information without your consent or authorization when required by state or federal law. Examples of such releases would be for law enforcement, subpoenas or other court orders, communicable disease reporting, abuse or neglect or domestic violence reporting, to government health oversight agencies, to coroners or medical examiners, to avert a serious threat to health or safety.

Uses and Disclosures Specifically Authorized By You

We may make other uses and disclosures of your protected health information only on the basis of specific written authorization forms signed by you. You have the right to revoke any such authorization at any time, except to the extent we have already relied on it in making an authorized use or disclosure.

Your Health Information Rights

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. Under Federal law, including Federal Privacy Rules (45 CFR Part 164), you have the right to:

- Receive notice of the uses and disclosures we expect to make of your health information, including a paper copy of the notice if requested, as provided in Rule 520.
- Request additional restrictions on uses and disclosures of your health information (though we are not required to agree to any such request), or request that we send you confidential communications by alternative means or at alternative locations, as provided 45 CFR 164.522.
- Inspect and obtain a copy of your health record as provided in Rule 524. Requests for copies of health records should be made in writing. The health department may provide your health information in summary form. You will be charged a fee for copying.
- Request that your health record be amended as provided in Rule 526.
- Obtain an accounting of disclosures of your health information made after April 14, 2003, for purposes other than treatment, payment, or health care operations, as provided in Rule 528.
- Obtain an accounting of disclosures of your electronic health records used for treatment, payment, or health care operations, as well as disclosures authorized by you, for the prior 3 years.
- Designate that a third party be the recipient of your electronic health information.
- Request a restriction on disclosure of electronic health care information if the disclosure is to a health plan for payment or healthcare operations (but not treatment) and the provider has been paid in full for those services.

For More Information or to Report a Problem. If you have questions you may contact the Privacy Officer at Benzie – Leelanau District Health Department, 6051 Frankfort Hwy, Suite 100, Benzonia, MI 49616, Attention: Jenifer Murray RN, MPH. Phone number: 231-256-0208. If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer at the above address, or with the Secretary of Health and Human Services, Washington, D.C. All complaints must include the description of the violation of privacy rights, date in which you believe the violation occurred, your name, address and telephone number and your signature. There will be no retaliation for filing a complaint.

