

**Black Hawk County, Iowa
Black Hawk County Health Department
Notice of Privacy Practices**

**THIS NOTICE DESCRIBES HOW MEDICAL
INFORMATION ABOUT YOU/YOUR CHILD MAY BE USED AND
DISCLOSED AND HOW YOU CAN GET ACCESS TO
THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**If you have any questions about this Notice of Privacy Practices contact
Black Hawk County's Privacy and Security Officer:
Kim Veeder, Information Technology Director**

This Notice of Privacy Practices describes how the Black Hawk County Health Department (BHCHD) may use and disclose your/your child's protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you/your child, including demographic information, that may identify you/your child and that relates to past, present or future physical or mental health or condition and related health care services.

Black Hawk County is required to abide by the terms of this Notice of Privacy Practices. We may change the terms of this notice at any time. The new notice will be effective for all protected health information that the BHCHD maintains at that time. We are required to provide you/your child with any updated notice that contains substantial changes. Our Notice of Privacy Practices is also available on our website at www.co.black-hawk.ia.us.

PERMITTED USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Your/your child's protected health information may be used and disclosed by the BHCHD for the purpose of providing or accessing health care services for you/your child. Protected health information may also be used and disclosed to pay your/your child's health care bills and to support the business operation of the County.

You will be asked to sign an acknowledgement that you have received, reviewed and understand this notice. We have described the uses and disclosures below and provide examples of the types of uses and disclosures we may make in each of these categories.

Not every use or disclosure for each category is listed; however, all of the ways we are permitted to use and disclose information falls into one of these categories:

For Treatment. We may use and disclose your/your child's personal health information in providing you/your child with treatment and services. We may disclose your/your child's personal health information to BHCHD and non-BHCHD personnel who may be involved in your/your child's care, such as case managers, service providers, therapists and physicians. We also may disclose personal health information to individuals who will be involved in your/your child's care to facilitate transfer and/or referral to other services following discharge from the BHCHD.

For Payment. We may use and disclose your/your child's personal health information so that we can issue payment for the treatment and services you/your child receive from the service providers through BHCHD funding. For billing and payment purposes, we may disclose your/your child's personal health information to Medicare, Medicaid (Title XIX) or another third party payor, including grant funding bodies. For example, we may contact one of the above to confirm your/your child's coverage or request coverage information.

For Health Care Operations. We may use and disclose your/your child's personal health information for BHCHD operations. These uses and disclosures are necessary to manage our department and to monitor quality of services. For example, we may use personal health information to evaluate a service provider's quality of service.

Eligibility and Enrollment for BHCHD Benefits. We may use and disclose your/your child's health care information to determine eligibility for health benefits including third party reimbursement such as insurance, grant, state and other federal funded agencies.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION BASED UPON YOUR/YOUR CHILD'S WRITTEN AUTHORIZATION

Other uses and disclosures of your/your child's protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that the BHCHD has taken an action in reliance on the use or disclosure indicated in the authorization.

OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITH YOUR CONSENT, AUTHORIZATION OR OPPORTUNITY TO OBJECT

We may use and disclose your/your child's protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your/your child's protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then we may, using professional judgment, determine whether the disclosure is in your/your child's best interest. In this case, only the protected health information that is relevant to your/your child's health care will be disclosed.

Individuals Involved in Your/Your Child's Care or Payment for Your/Your Child's Care. Unless you object, we may disclose your/your child's personal health information to a family member or close personal friend, including clergy, who is involved in your/your child's care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your/your child's best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your/your child's care of your/your child's location, general condition or death. Finally, we may use or disclose your/your child's protected health information to disclose your/your child's protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your/your child's health care.

Emergencies. We may use or disclose your/your child's health information in an emergency treatment situation. If this happens, we shall try to obtain your consent as soon as reasonably practicable after the delivery of treatment.

OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR AUTHORIZATION OR OPPORTUNITY TO OBJECT

BHCHD may use or disclose your/your child's protected health information in the following situations without your consent or authorization:

Communication Barriers. We may use and disclose your/your child's protected health information if we attempt to obtain consent from you but are unable to do so due to substantial communication barriers and we determine, using professional judgment, that you intend to consent to use or disclosure under the circumstances.

As required by law. We may use or disclose your/your child's protected health information to the extent that the use or disclosure is required by law. You will be notified, as required by law, of any such uses or disclosures.

Public Health Activities. We may disclose your/your child's personal health information for public health activities. These activities may include, for example:

- Reporting to a public health or other government authority for preventing or controlling disease, injury or disability;
- Reporting to the Federal Food and Drug Administration (FDA) concerning adverse events or problems with products for tracking products in certain circumstances, to enable product recalls or to comply with other FDA requirements;
- Reporting to a public health authority for required health information database; or
- For certain purposes involving workplace illness or injury.

Communicable Disease. We may disclose your/your child's protected health information, if authorized by law.

Health Oversight Activities. We may disclose your/your child's protected health information to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other regulatory programs and compliance to civil rights laws.

Reporting Victims of Abuse, Neglect or Domestic Violence. We may disclose your/your child's protected health information to an authorized agent of the law to receive reports of dependent adult, child abuse/neglect and/or domestic violence if we believe that you/your child have been a victim of abuse, neglect and/or domestic violence. In this case, the disclosure will be consistent with the requirements of applicable federal and state laws.

Judicial and Administrative Proceedings. We may disclose your/your child's personal health information 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 or agreement protecting the information.

Law Enforcement. We may also disclose your/your child's protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on County premises, (6) medical emergency (not on the County's premises) and it is likely that a crime has occurred, and (7) bioterrorism.

Coroners, Funeral Directors, and Organ Donation. We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

Research. We may disclose your/your child's protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your/your child's protected health information.

Criminal Activity. Consistent with applicable federal and state laws, we may disclose your/your child's protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military and Veterans. If you/your child are a member of the armed forces, we may use and disclose your/your child's personal health information as required by military command authorities. We may also use and disclose personal health information about foreign military personnel as required by the appropriate foreign military authority.

National Security and Intelligence Activities; Protective Services for the President and Others. We may disclose personal health information to authorized federal officials conducting national security and intelligence activities or as needed to provide protection to the President of the United States, certain other persons or foreign heads of states or to conduct certain special investigations.

Workers' Compensation. Your/your child's protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established programs.

Inmates. We may use or disclose your/your child's protected health information if you/your child are an inmate of a correctional facility and we created or received your/your child's protected health information in the course of providing care for you/your child.

To Avert a Serious Threat to Health or Safety. We may use and disclose your/your child's personal health information, when necessary, to prevent a serious threat to your/your child's health or safety or the health or safety of the public or another person. However, any disclosure would be made only to someone able to help prevent the threat.

Required Uses and Disclosures. 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 of 45 C.F.R. section 164.500 et. seq.

YOUR RIGHTS

Following is a statement of your rights with respect to your/your child's protected health information and a brief description of how you may exercise these rights.

Right to Inspect and Copy Your Protected Health Information. This means you may inspect and obtain a copy of protected health information about you/your child that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that we use in making decisions about you/your child.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled 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 protected health information. *Under Iowa State Code 125.140.9, and Case Law Carey vs. Population Services International, a minor has the same capacity as an adult to consent to certain health services without parental permission. These include substance abuse services, sexually transmitted disease counseling/treatment and family planning services. Access to a minors protected health information is restricted in these situations.* Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact the BHCHD Privacy Liaison if you have questions about access to your/your child's medical record.

Right to Request Restrictions. This means you may ask us not to use or disclose any part of your/your child's protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your/your child's protected health information not be disclosed to family members or friends who may be involved in your/your child's care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

We are not required to agree to a restriction that you may request. If we believe that it is in your/your child's best interest to permit use and disclosure of your/your child's protected health information, your/your child's protected health information will not be restricted. If we do agree to the requested restriction, we may not use or disclose your/your child's protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with us. You may request a restriction in writing to the BHCHD Privacy Liaison.

Right to Request to Receive Confidential Communications From Us By Alternative Means or at an Alternative Location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to the BHCHD Privacy Liaison.

Right to Request Amendment. This means you may request an amendment of protected health information about you/your child in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact the BHCHD Privacy Liaison to determine if you have questions about amending your/your child's medical record.

Right to an Accounting of Certain Disclosures. This right applies to disclosures for purposes *other than treatment, payment or healthcare operations* as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, to family members or friends involved in your/your child's care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occur after April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.

Right to a Paper Copy of this Notice. You have the right to obtain a paper copy of this Notice from us upon request, even if you have agreed to accept this notice electronically.

COMPLAINTS

If you believe that your/your child's privacy rights have been violated, you may file a complaint in writing with Black Hawk County or with the Office of Civil Rights in the U.S. Department of Health and Human Services. To file a complaint with Black Hawk County you may contact the **Health Department at 319-291-2413 or the Black Hawk County Privacy and Security Officer, Kim Veeder**, for further information about the complaint process. We will not retaliate against you if you file a complaint.

CHANGES TO THIS NOTICE

We will promptly revise and distribute this Notice whenever there is a material change to the uses or disclosures, your individual rights, our legal duties, or other privacy practices stated in this Notice. We reserve the right to change this Notice and to make the revised or new Notice provisions effective for all personal health information already received and maintained by the BHCHD as well as for all personal health information we receive in the future. We will post a copy of the current Notice in the BHCHD office. In addition, we will provide a copy of the revised Notice to all consumers through your/your child's service provider.

FOR FURTHER INFORMATION

If you have any questions about this Notice or would like further information concerning your privacy rights, please contact the Black Hawk County Health Department at 319-291-2413.

This notice becomes effective on April 14, 2003.

Revised 3-05-08
Black Hawk County Health Department