

**Without your written authorization**, the Health Department can use your Personal Health Information for the following purposes:

1. **Treatment**: The services you receive will be documented in your record. It will be used to determine a Plan of Care. For example: a nurse may use the information in your record to determine what services best address your health needs. Information about your health may be shared with your doctor for the purpose of coordinating your care.
2. **Payment**: The Health Department does bill for some services; in certain circumstances, if you are a Medicaid recipient, Wisconsin Medicaid may be billed for case management, immunization of personal care services. The Health Department will also bill Medicare for influenza vaccine. In any billing circumstance, the Health Department will limit information shared to requirements from the program paying for your care.
3. **Health Care Operations**: Information about you may be used and disclosed for Health Department operations. These uses and disclosures are necessary to run the Health Department and to make sure that all clients receive quality services. For example: Information may be recorded to review treatment/services and to evaluate the performance of staff providing services to you.  
  
In addition, your Protected Health Information may be used for appointment reminders. For example, your health record may be checked to determine the date and time of your next appointment with the Health Department, and then used to send you a reminder letter for the appointment.
4. **As required or permitted by law**: Some Personal Health Information must be reported to legal authorities, such as law enforcement officials, or government agencies. For example: abuse, neglect, domestic violence or certain physical injuries, or to respond to a court order.
5. **For public health activities**: It may be necessary to report your Personal Health Information to authorities to help prevent or control disease, injury, or disability. This may include using your medical record to report certain diseases, injuries, birth or death information, information of concern to the Food

and Drug Administration, or information related to child abuse or neglect. Certain work-related illnesses and injuries may need to be reported to your employer so that your workplace can be monitored for safety.

6. **For health oversight activities**: Disclosure of your Personal Health Information to authorities may be required for monitoring, investigating, inspecting, disciplining or licensing those who are in the health care system or for government benefit programs.
7. **For activities related to death**: Your Personal Health Information may need to be disclosed to coroners, medical examiners and funeral directors so they can carry out their duties related to your death, such as identifying the body, determining cause of death, or in the case of funeral directors, to carry out funeral preparation activities.
8. **For organ, eye or tissue donation**: Your Personal Health Information may need to be disclosed to people involved with obtaining, storing or transplanting organs, eyes or tissue of cadavers for donation purposes.
9. **For research**: Your Personal Health Information may be used and/or disclosed to help conduct research. Such research might involve studies related to evaluating the effectiveness of a treatment.
10. **To avoid a serious threat to health or safety**: As required by law and standards of ethical conduct, your Personal Health Information may be released to the proper authorities if the Health Department believes, in good faith, that such release is necessary to prevent or minimize a serious and approaching threat to you or the public's health and/or safety.
11. **For military, national security, or incarceration/law enforcement custody**: If you are involved with the military, national safety or intelligence activities, or you are in the custody of law enforcement officials or an inmate in a correctional institution, your Personal Health Information may be released to the proper authorities so they may carry out their duties under the law.

12. **For Workers' Compensation**: Your Personal Health Information may be disclosed to the appropriate persons in order to comply with the laws related to Workers' Compensation or other similar programs. These programs may provide benefits for work-related injuries or illness.
13. **To those involved with your care or payment of your care**: If persons such as family members, relatives, or close personal friends are helping care for you or helping you pay your medical bills, important Personal Health Information may be released about you to those people. The information released to these people may include your general health condition or death. You have the right to object to such disclosure, unless you are unable to function or there is an emergency. In addition, your Personal Health Information may be released to organizations authorized to handle disaster relief efforts so those who care for you can receive information about your location or health status.

**NOTE:** Except for the situations listed above, we must obtain your specific written authorization for any other release of your health information.

*If you sign an Authorization Form, you may withdraw your authorization at any time, as long as your withdrawal is in writing. If you wish to withdraw your authorization, please submit your written withdrawal to the Health Department staff person who is working with you.*

## **Your Health Information Rights**

You have several rights with regard to your Personal Health Information. If you wish to exercise any of the following rights, please contact the Health Department Program Manager, 1541 Annex Road, Jefferson, WI. 53549. Specifically, you have the right to:

1. **Inspect and copy your Personal Health Information**: With a few exceptions, you have the right to inspect and obtain a copy of your Personal Health Information. However, this right does not apply to psychotherapy notes or information gathered for judicial proceedings, for example. In addition, the Health Department may charge you a reasonable fee if you want a copy of your Personal Health Information.

2. **Request to correct your Personal Health Information:** If you believe your Personal Health Information is incorrect, you may ask the Health Department to correct the information. You may be asked to make such requests in writing and to give a reason as to why your Personal Health Information should be changed. However, if the Health Department did not create the Personal Health Information that you believe is incorrect, or if Health Department personnel disagree with you and believe your Personal Health Information is correct, the Health Department may deny your request.
3. **Request restrictions on certain uses and disclosures:** You have the right to ask for restrictions on how your Personal Health Information is used or to whom your information is disclosed, even if the restriction affects your treatment or payment or health care operation activities. Or, you may want to limit the Personal Health Information provided to family or friends involved in your care or payment of medical bills. You may also want to limit the Personal Health Information provided to authorities involved with disaster and relief efforts. However, the Health Department is not required to agree in all circumstances to your requested restriction. If you receive certain medical devices (for example, life-supporting devices used outside our facility), you may refuse to release your name, address, telephone number, social security number or other identifying information for purpose of tracking the medical device.
4. **As applicable, receive confidential communication of Personal Health Information:** You have the right to ask that the Health Department communicate your Personal Health Information to you in different ways or places. For example, you may prefer to receive information about your health status in a special, private room or via a letter sent to a private address. The Health Department must accommodate reasonable requests.
5. **Receive a record of disclosures of your Personal Health Information:** In some limited instances, you have the right to ask for a list of the disclosures of your Personal Health Information. The request can include disclosures made during the previous six years. This list must include the date of each disclosure, who received the disclosed Personal Health Information, a brief description of the Personal Health Information disclosed and why the

disclosure was made. The Health Department must comply with your request for a list within sixty (60) days, unless you agree to a thirty- (30) day extension, and the Health Department may not charge you for the list, unless you request such a list more than once per year. In addition, the Health Department will not include in the list disclosures made to you, or for purposes of treatment, payment, health care operations, national security, law enforcement/corrections, and certain health oversight activities.

6. **Obtain a paper copy of this Notice:** Upon your request, you may, at any time, receive a paper copy of this Notice, even if you earlier agreed to receive this notice electronically. The Jefferson County Health Department Privacy Notice is available at <http://www.jeffersoncountywi.gov>.

#### **Amendments to This Notice:**

The Jefferson County Health Department reserves the right to amend this Notice at any time. The Health Department is required to amend this Notice when necessary because of changes in the Privacy Rule. Each version will have an effective date on it. The Health Department reserves the right to make the amended Notice effective for records we have at the time the amendment is made, as well as any records the Health Department may receive or create in the future. A copy of the Notice will be posted in the Health Department. When you are admitted for Health Department services, you will be offered a copy of the current Notice in effect and ask that you acknowledge receipt of this copy, in writing.

#### **To File a Complaint**

If you believe your Privacy Rights have been violated, you may file a complaint with the Jefferson County Health Department and the Federal Department of Health and Human Services. You will not be retaliated against for filing such a complaint. To file a complaint with either entity, please contact the Jefferson County Privacy Officer who will provide you with the necessary assistance and paperwork.

You may also file a complaint directly with the Secretary of the U.S. Department of Health and Human Services by writing to the Privacy Officer, Office for Civil Rights, U.S. Department of Health and Human Services, 233 N. Michigan Avenue – Suite 240, Chicago, IL 60601. For additional information call (312) 886-2359; (TDD) (312) 353-5693.

**You will not be penalized for filing a complaint.**

## **Jefferson County Health Department**

### **NOTICE OF PROVIDER 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.**

The Jefferson County Health Department must maintain the privacy of your Personal Health Information and give you this Notice that describes the legal duties and Privacy Practices concerning your Personal Health Information. In general, when the Health Department releases your Personal Health Information, only the information necessary to achieve the purpose of the use or disclosure can be released. However, all of your Personal Health Information will be available for release if you sign an authorization form, if you request the information for yourself, to a provider regarding your treatment, or due to a legal requirement. The Health Department must follow the privacy practices described in this notice.

Jefferson County Health Department reserves the right to change the privacy practices described in this notice, in accordance with the law. Changes to our privacy practices would apply to all Personal Health Information maintained at the Health Department. If the Health Department changes these privacy practices, you will receive a revised copy.

If you have any questions or concerns regarding your Privacy Rights or the information in this notice, please contact:

**Jefferson County Health Department  
1541 Annex Road, Jefferson, WI. 53549  
920-674-7275**

This Notice of Medical Information Privacy is Effective: February 2, 2012