

NOTICE OF PRIVACY PRACTICES

JACKSON COUNTY HEALTH DEPARTMENT

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.

Jackson County Health Department (JCHD) creates a medical record of your health information in order to treat you, receive payment for services delivered, and to comply with certain policies and laws. We are required by federal and state law to maintain the privacy of your health information. We are also required by law to provide you with this Notice of our legal duties and privacy practices. In addition, the law requires us to ask you to sign an Acknowledgment that you received this Notice.

Your Rights: The medical information that JCHD obtains about you in the course of providing services to you is called “protected health information” or “PHI.” You have certain rights under federal privacy laws relating to your PHI. Some of these rights are described below:

Restrictions: You have a right to request restrictions on how your PHI is used for purposes of treatment, payment and health care operations. We are not required to agree to your request.

We will agree to a request that we not bill your health plan and restrict release of PHI to them provided you pay in full at the time the service is received.

Communications: You have a right to receive confidential communications about your PHI. For example, you may request that we only call you at home. If your request is reasonable, we will accommodate it.

Inspect and Access: You have a right to inspect information used to make decisions about your care. This information includes billing and medical record information. You may not inspect your record in some cases. If your request to inspect your record is denied, we will send you a letter letting you know why and explaining your options.

You may copy your PHI in most situations. If you request a copy of your PHI, we may charge you a fee for making the copies and mailing them to you, if you ask us to mail them. The rule also states that you may receive your PHI electronically if we maintain it electronically.

You also have the right to direct us to release your PHI to a third party. This process requires written authorization.

Amendments of your Records: If you believe there is an error in your PHI, you have a right to request that we amend your PHI. We are not required to agree with your request to amend.

Accounting of Disclosures: You have a right to receive a list of whom we have shared your PHI with for purposes other than treatment, payment, and health care operations, or release made following your signed authorization.

Breach: If there is a breach affecting your unsecured PHI, we will notify you.

Copy of Notice: You have a right to obtain a paper copy of this Notice, even if you originally received the Notice electronically. We have also posted this Notice at the health department offices and on our website (www.jchdonline.org).

Complaints: If you feel that your privacy rights have been violated, you may file a complaint with the health department by calling our Privacy Officer at (618) 684-3143, ext. 102. We will not retaliate against you for filing a complaint. You may also file a complaint with the Secretary of Health and Human Services in Washington, DC if you feel your privacy rights have been violated.

This is a list of some of the types of uses and disclosures of health information that may occur:

Treatment: We will refer to your PHI in treating you at JCHD. We may also send your PHI to another physician or counselor to which we refer you for treatment. We may also use your PHI to contact you to tell you about alternative treatments, or other health related benefits we offer. If you have a family member or other person whom you have involved in your care, we may give them PHI about you. Authorizations will be obtained before we release HIV or genetic information for treatment purposes.

Payment: We use your PHI to obtain payment for services that we render. For example, we send PHI to Medicaid, Medicare, or your insurance plan to obtain payment for our services.

Health Care Operations: We use your PHI for our operations. For example, we may use your PHI in determining whether we are giving adequate treatment to our clients. From time-to-time, we may use your PHI to contact you to remind you of an appointment.

Research: Your signature will be required on an Authorization form before we use or disclose PHI for research purposes.

Legal Requirements: We may use and disclose your PHI as required or authorized by law. For example, we may use or disclose your PHI for the following reasons:

Public Health: We may use and disclose your PHI to prevent or control disease, injury or disability, to report births and deaths, to report reactions to medicines or medical devices, to notify a person who may have been exposed to a disease (with efforts made to de-identify this information), or to report suspected cases of abuse, neglect or domestic violence.

Health Oversight Activities: We may use and disclose your PHI to state agencies and federal government authorities when required to do so. We may use and disclose your health information in order to determine your eligibility for public benefit programs and to coordinate delivery of those programs. For example, we must give PHI to the Secretary of Health and Human Services in an investigation into our compliance with the federal privacy rule.

Judicial and Administrative proceedings: We may use and disclose your PHI in judicial and administrative proceedings. Efforts may be made to contact you prior to a disclosure of your PHI by the party seeking the information.

Law Enforcement: We may use and disclose your PHI in order to comply with requests pursuant to a court order, warrant, subpoena, summons, or similar process. We may use and disclose PHI to locate someone who is missing, to identify a crime victim, to report a death, to report criminal activity at our offices, or in an emergency.

Avert a Serious Threat to Health or Safety: We may use or disclose your PHI to stop you or someone else from getting hurt.

Work-Related Injuries: We may use or disclose PHI to an employer if the employer is conducting medical workplace surveillance or to evaluate work-related injuries.

Coroners, Medical Examiners, and Funeral Directors: We may use or disclose PHI to a coroner or medical examiner in some situations. For example, PHI may be needed to identify a deceased person or determine a cause of death. Funeral directors may need PHI to carry out their duties.

Armed Forces: We may use or disclose the PHI of Armed Forces personnel to the military for proper execution of a military mission. We may also use and disclose PHI to the Department of Veterans Affairs to determine eligibility for benefits.

National Security and Intelligence: We may use or disclose PHI to maintain the safety of the President or other protected officials. We may use or disclose PHI for the conduct of national intelligence activities.

Correctional institutions and custodial situations: We may use or disclose PHI to correctional institutions or law enforcement custodians for the safety of individuals at the correctional institution, those that are responsible for transporting inmates, and others.

Research: Except in limited situations, you will need to sign an Authorization form before we use or disclose PHI for research purposes.

Fundraising, Marketing or Sale of PHI: The Health Department does not engage in fundraising or marketing activities nor will we sell your PHI.

Illinois Law: Illinois law governs the use or disclosure of your PHI. In order for us to release information about genetic information or AIDS/HIV status, you will be required to sign an authorization form unless state law allows us to make the specific type of use or disclosure without your authorization.

We are required to abide with terms of the Notice currently in effect; however, we may change this Notice. If we materially change this Notice, you can get a revised Notice on our website at www.jchdonline.org, or by stopping by our office to pick up a copy. Changes to the Notice are applicable to the health information we already have.

If we seek help from individuals or entities who are not part of this Notice in our treatment, payment, or health care operations activities, we will require those persons to follow this Notice unless they are already required by law to follow the federal privacy rule.

Statement of Non-Discrimination and Notice of Right to Language Assistance:

Jackson County Health Department complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: Language assistance services, free of charge, are available to you. Call 1-618-684-3143.

Jackson County Health Department cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-618-684-3143.

Jackson County Health Department postępuje zgodnie z obowiązującymi federalnymi prawami obywatelskimi i nie dopuszcza się dyskryminacji ze względu na rasę, kolor skóry, pochodzenie, wiek, niepełnosprawność bądź płeć.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-618-684-3143.

EFFECTIVE DATE: September 23, 2013

P.O. Box 307 • Murphysboro IL 62966 • 618/684-3143