



GRAND TRAVERSE COUNTY HEALTH DEPARTMENT

COMMUNITY HEALTH
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ENVIRONMENTAL HEALTH
2650 LaFranier Road
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2600 LaFranier Road
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gtchd.org

Notice of Privacy Practices

Effective April 14, 2003. Revised September 11, 2013. Revised September 29, 2017.

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) is a federal program that requires that all medical records and other health information we collect be kept confidential. This Act gives you significant new rights to understand and control how your health information is used. HIPAA provides penalties for misuse of personal health information. We are required under HIPAA to offer you a Notice of Privacy Practices.

Understanding Your Health Record/Protected Health Information

Each time you visit the Health Department; a record of your visit is made. Typically, this record may contain your name, address, date of birth, identification numbers (like social security), health history, coordination of care, symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, is also called your **Protected Health Information**. This record serves as a:

- Basis for planning the coordination of your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer (like insurance) can verify that services billed were actually provided
- Tool in educating health professionals
- Source of information for public health officials
- Source of data for facility planning
- Tool with which we can assess and continually work to improve the care we give and the outcomes we achieve.

Understanding what is in your record and how your health information is used, helps you to:

- Better understand who, what, when, where, and why others may access your health information
- Ensure the accuracy of your record, and
- Make more informed decisions when authorizing disclosure (release of your protected health information) to others.

This Notice of Privacy Practices will describe how we may use and disclose your protected health information to carry out treatment, payment, and health care operations, and for other purposes that are permitted or required by law.

Our Responsibilities

The Grand Traverse County Health Department is required by law to:

- Maintain and protect the privacy of your health information
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice currently in effect

We at the Health Department take confidentiality and privacy very seriously. Every employee is required to be trained in privacy and security policies, and must sign a confidentiality statement. We make every effort to maintain privacy with our written, electronic, and oral communications. Protected health information is kept in secure and private locations. *We will not use or disclose your health information without your authorization, except as described in this notice.*

How We May Use or Disclose Your Protected Health Information

Following are examples of permitted uses and disclosures of your protected health information. These examples are not exhaustive.

Treatment: We may use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. Information obtained from you by Health Department staff, (in verbal, written, or electronic forms) will be recorded in your record and used to determine the plan of care that may work best for you. This information may be shared with the doctors, nurses, and other health care personnel who are involved in your care at our offices. This also includes coordination or management of your health care with a third party. For example, we may disclose your protected health information to an outside laboratory for the purpose of diagnosis and treatment.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. For example, if you have Medicaid, we will need to disclose your health information to the Medicaid Program in order to be reimbursed for our services.

Health Care Operations: We may use or disclose, as needed, your protected health information in order to support the activities of the Health Department. These activities include, but are not limited to, quality assessment and assurance activities, government health oversight activities authorized by state or federal requirements (like audits, inspections, and licensure), and training of medical and nursing students. For example, we may disclose your protected health information to medical or nursing school students that observe in our clinics or on home visits. They are required to sign our Health Department Confidentiality Statement to protect the privacy of your protected health information. In addition, we may use a sign-in sheet at the registration desk areas where you will be asked to sign your name. We may also call you by name in the waiting room when our staff is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of or reschedule your appointment. We may share your protected health information with business associates that perform various activities for the Health Department. An example would include third-party billing services. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

We may use or disclose your protected health information in an emergency treatment situation.

Others Involved in Your Care or Payment for Your Care: With your permission, we may disclose your protected health information to a member of your family, a relative, a close friend or any other person you identify. We may also use or disclose your protected health information to an entity assisting in disaster relief efforts so that your family can be notified about your condition, status, and location.

Special Situations

We may use or disclose your protected health information in the following situations *without* your consent or authorization. These situations include the following:

As Required by Law: We may disclose your protected health information when required by federal, state or local law.

Public Health Activities: We may disclose your protected health information for public health activities, including:

- To prevent or control disease, injury or disability
- To report child abuse or neglect
- To report reactions to medications or problems with products
- To notify a person who may have been exposed to a communicable disease or may be at risk for contracting or spreading a disease or condition
- To notify the appropriate government authority if we believe a client has been the victim of abuse, neglect or domestic violence
- To share immunization records with private physicians, schools, parents, and legal guardians

Law Enforcement/ Legal Proceedings: We may release protected health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons, or similar process.

To Avert a Serious Threat to Health or Safety: Consistent with applicable law and standards of ethical conduct, we may use and disclose protected health information about you when necessary to prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the public or another person.

Health Oversight: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Coroners, Medical Examiners, and Funeral Directors: We may disclose protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release protected health information to funeral directors as necessary to carry out their duties.

Military and Veterans: If you are a member of the armed forces, we may release protected health information about you as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

National Security and Intelligence Activities: We may release protected health information about you to authorized federal officials for intelligence, and other national security activities authorized by law.

Workers' Compensation: We may disclose your protected health information to comply with workers' compensation laws and other similar programs. These programs provide benefits for work-related injuries or illness.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release protected health information about you to the correctional institution or law enforcement official.

Required Uses and Disclosures: Under the law, we must make disclosures about you when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of the Privacy Rules.

Other Uses of Protected Health Information

Other uses and disclosures of protected health information not covered by this notice or the laws that apply to us will be made only with your written permission. ***Your written authorization*** is required for release of information regarding most psychotherapy notes, substance abuse, HIV/AIDS issues, for marketing purposes, and for disclosures that constitute a sale of your protected health information. If you provide us permission to use or disclose your protected health information, *you may revoke that permission, in writing*, at any time. If you revoke your permission, we will no longer use or disclose protected health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures that we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Your Health Information Rights

Although your health record is the physical property of the Health Department, the information belongs to you. The following is a list of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information: This means that you may inspect and obtain a copy of protected health information about you from your record for as long as we maintain it. This includes most medical records, but does not include psychotherapy notes, or records involved in civil or criminal action. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to protected health information, you may request that the denial be reviewed. Another licensed health care professional will review your request and the denial. The person conducting the review will not be the same person who denied your request. We will comply with the outcome of the review.

To inspect and copy medical information from your record, you must submit your request in writing to the Privacy Contact. The Privacy Contact will then arrange an **appointment** with you to inspect and copy your records. The Health Department may provide the information requested in summary form, and may also charge a fee for copying records.

You have the right to request a restriction of your protected health information: This means you may ask us not to use or disclose any part of your protected health information in your record for the purposes of treatment, payment or healthcare operations. **The Health Department is not required to agree to a restriction that you may request,** except if you request to restrict disclosure of your protected health information to a health plan if you have paid for the service or item in full, out of pocket. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. With this in mind, please submit any restriction you wish to request in **writing** to the Privacy Contact. You must include (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; (3) to whom you want the limits to apply; and (4) an expiration date. Either you or we may terminate the restriction upon notification of the other.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location: For example, this means that you have the right to request that we communicate with you in a certain way or at a certain location. We will accommodate reasonable requests. We will not ask the reason for your request. You may make this request by contacting Health Department staff, who will note this in your record.

You have the right to amend your protected health information: If you feel that information we have about you is incorrect or incomplete, you may ask us to amend the information. Demographic information about you like your name, address, or telephone number can be changed, but medical information about you cannot be changed or deleted, only amended. You have the right to request an amendment for as long as the information is kept by the Health Department. **This request must be made in writing** and submitted to the Privacy Contact, and include a reason that supports your request. In certain cases we may deny your request.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information: This is a list of the disclosures we made of your protected health information for purposes other than treatment, payment or healthcare operations. It excludes disclosures we may have made to you. This disclosure must have been made after April 14, 2003 and no more than 6 years from the date of the request. **You must submit a request in writing** to the Privacy Contact.

You have the right to receive a notice of a breach: We will notify you if your unsecured protected health information has been breached.

You have the right to obtain a paper copy of this notice from us: You have the right to receive a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy. You may also obtain a copy of this notice on our website at www.gtchd.org.

Changes to this Notice

We reserve the right to change the terms of our notice at any time and to make the new provisions effective for all protected health information we maintain. Should our information practices change; the new notice will be effective for all protected health information that we maintain at that time. We will provide you with a revised copy upon your request, by mail, in person, or on our website. Copies of the current notice will be posted throughout the Health Department.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Health Department or with the U.S. Department of Health and Human Services. To file a complaint with the Health Department, contact the agency Privacy Contact. **All complaints must be submitted in writing.** We will not retaliate against you for filing a complaint. To file a complaint with the federal government, you may file by mail, online or by phone.

Region V - Chicago (Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin)

Office for Civil Rights

U.S. Department of Health and Human Services

233 N. Michigan Ave., Suite 240

Chicago, IL 60601

Voice Phone (312) 886-2359

FAX (312) 886-1807

TDD (312) 353-5693

Online: www.hhs.gov/ocr/privacy/hipaa/complaints/index.html

You may contact our Privacy Contact for further information about the complaint process or any questions about this document.

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