



## **PUBLIC HEALTH & SOCIAL SERVICES DEPARTMENT**

### **NOTICE OF PRIVACY PRACTICES**

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

**The privacy of your health information is important to us.**

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#### **OUR LEGAL DUTY**

**We are required by law to maintain the privacy of your health information.** We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect April 14, 2003, ~~and will remain in effect until we replace it.~~

**Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.** We reserve the right to change our privacy practices and the terms of this Notice at any time. ~~Need to specify how we will provide individuals with a revised notice.~~ Changes will be available from the County office that provides your service. Any changes in our privacy practices and the new terms of our Notice will be effective for all health information that we maintain, including health information we created or received before we made the changes.

**You may request a copy of our Notice at any time.** For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

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#### **USES AND DISCLOSURES OF HEALTH INFORMATION**

We use or disclose your personal health information only for the purposes in the conditions listed below. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose your health information will fall within one of these categories.

**For your treatment, for payment of services to you, or for healthcare operations of the County Health Department:**

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you. ~~need example~~ For example, if we refer you to a physician for a service that we cannot provide, your health information will be disclosed to that office.

Payment: We may use and disclose your health information to obtain payment for services we provide to you. ~~need example~~ If an insurance company pays for your service, it may be necessary to disclose your health information to that company.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

To provide appointment reminders: We may disclose limited health information to provide you with appointment reminders such as voicemail messages, postcards, or letters.

**With your authorization:** You may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

**To persons involved in your care:** We may use or disclose health information to notify or assist in the notification of a family member or personal representative of your location, your general condition, or death. If you are present, then we will provide you with an opportunity to object to such uses or disclosures before they are made. In the event of your incapacity or emergency circumstances, we ~~may will~~ disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare, if we determine that it is in your best interest to do so. ~~We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x rays, or other similar forms of health information.~~

**As required by law:** We may disclose your health information when we are required to do so by federal, state or local law.

**For public health activities:**~~To prevent abuse or neglect:~~ We may use and disclose medical information about you for public health activities, including to report births and deaths and notify your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or ~~the possible victim of other crimes.~~ We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

**For health oversight activities:** We may disclose medical information to a health oversight agency for activities authorized by law.

**For judicial and administrative proceedings:** We may disclose medical information about you in response to a court or administrative order. We may disclose medical information in response to a subpoena, discovery request, or other lawful process, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**For law enforcement purposes:** We may disclose health information to law enforcement officials when certain conditions are met.

**For workers' compensation:** We may release medical information about you for workers' compensation or similar programs.

**For national security and similar government functions:** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. If you are an inmate of a We may disclose to correctional institution or under custody of a ~~or~~ law enforcement official, we may disclose information about you to the institution or official ~~having lawful custody of protected health information of inmate or patient~~ under certain circumstances.

**For organ and tissue donation:** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank as necessary to facilitate organ or tissue donation and transplantation.

**To provide appointment reminders:** We may disclose limited health information to provide you with appointment reminders such as voicemail messages, postcards, or letters.

**Research:** We may disclose health information to research institutions, but only if efforts have been made to tell you about the request or obtain an order protecting the information requested. Should we receive such a request for research, every effort will be made to disclose information that does not contain individually identifiable information. [Research? Would the county every disclose health information for research purposes?]

**With your authorization:** Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect.

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## **YOUR RIGHTS**

**Access:** You have the right to look at or get copies of your health information, with limited exceptions, ~~which we must explain to you in writing.~~ You must make your request for access to your medical records in writing by using and may use forms we provide to you or . ~~We will charge you a reasonable cost based fee for expenses such as copies and staff time.~~ You may also request access by sending us a letter to the address at the end of this Notice. If you request copies, we will charge you \$0.50 for each page plus postage if you want the copies mailed to you.

We may deny your request in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional not directly involved in the decision to deny your request will review your request and the denial. We will abide by the outcome of the review.

**Disclosure accounting:** You have the right to receive a list of disclosures instances in which we or our business associates made of ~~disclosed~~ your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for a period of time up to the last six years, but not including dates before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for providing the list ~~responding to these additional requests.~~

**Request Restrictions:** ~~You have the right to request that we restrict how we use or disclose your medical place additional restrictions on our use or disclosure of your health information for treatment, payment, or health care operations or the disclosures we make to someone who is involved in your care or the payment for your care, such as a family member or friend.~~ We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

**Confidential Alternative communication:** You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. You must make your request in writing and may use forms we provide, ~~to you.~~ Your request must specify the alternative means or location, and provide satisfactory explanation of how payments will be handled under the alternative means or location you request.

**Amendment:** You have the right to request that we amend your health information. ~~(Your request must be in writing, and it must give a reason for your request. explain why the information should be amended.)~~ We may deny your request if you ask us to amend information that was not created by us, is not part of the information kept by the county, is not part of the information you would be permitted to inspect and copy, or is accurate and complete. Any denial under certain circumstances, will be in writing and state the reason for the denial.

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## **QUESTIONS AND COMPLAINTS**

If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights or if you disagree with a decision we made about use or disclosure of your personal health information, you may complain to us using the contact information listed here. You will not be penalized for filing a complaint. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

**Contact Officer:** Tammy Devlin~~Sherri McDonald~~  
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**E-mail:** Medonas@co.thurston.wa.us~~devlint@co.thurston.wa.us~~  
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Olympia, WA 98502-5132