

Clark County Public Health NOTICE OF PRIVACY PRACTICES

Effective January 1, 2018

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.

Clark County respects your privacy. We understand that your personal health information is sensitive. This Notice of Privacy Practices, the "notice", will tell you how we may use and share your health information. This notice will also tell you more about your rights and how you can manage your health information that we maintain.

The law protects the privacy of the health information you give to us when we provide care and services to you. For example, your medical record may include your symptoms, test results, conditions, treatment, and insurance information. We need this information to give you the best care. Federal and state law allows us to use and share your private health information for treatment and health care reasons without your approval. State law requires us to get your approval to give this information to your insurance company so they can pay your bill. Other laws may require your written authorization to disclose your private health information about certain mental health, alcohol and drug abuse treatment, HIV/AIDS testing or treatment, and genetic testing.

Your Health Information Rights

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

• You can ask us to correct your health information that you think is incorrect or incomplete. We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

• You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain private health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment for our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one

accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

• You can ask questions about this notice and ask for a paper copy at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.
- Minors are children under the age of 18. Parents and legal representatives may see their minor child's health information in most cases. In some cases, we are required by law to not give parents and legal representatives access to their minor child's health information such as treatment of substance abuse, mental health, and sexually transmitted diseases.

File a complaint if you feel your rights are violated

 Please contact our Privacy Officer if you have questions, need more information, or want to report a problem with your health information. If you believe your privacy has not been protected, you may talk with any staff member right away. You may also send a written complaint to our Privacy Officer.

Clark County Pri	vacy Officer
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Address: PO Box 5000, Vancouver WA 98666

Email: judy.alexander@clark.wa.gov

Phone: 360-397-2456

Web site: http://www.clark.wa.gov

For other formats, contact the County ADA Office

Voice: 360-397-2322

Relay: 711 or 800-833-6388

Fax: 360-397-6165

Email: ADA@clark.wa.gov

- You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We respect your right to file a complaint. We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

Our Uses and Disclosures

How do we typically use or share your health information?

Under federal law, we may use and share your health information without your approval for treatment, payment and health care operations. We typically use or share your information in the following ways.

Treat you

- Information you give to our health care team will be written in your medical record. The health care team may read, discuss, or share your health information to provide quality care and to help decide what care may be best for you.
- We may also give health information to your other health care providers. This will help them stay informed about the care we have given you.

Run our organization

- We may use your health information to review our programs and learn how to make our services better.
- We may use your health information to look at how our health care providers do their job and to train our staff.
- We may contact you to remind you about appointments and give you information about different types of treatment or other health-related services.
- We may share your health information with state auditors, and federal auditors.
- We may share your health information with our business associates. These are people or agencies who help us serve you. The law says we can give them enough information to do their jobs. We require them to protect your information just like we do.

Bill for medical services

- We will bill your health insurance. Health insurance companies and programs need information about your medical care to pay your bill. Information given to your health insurance may include your condition, procedures, or care we think you need. Under state law, we must still get your approval to bill your insurance.
- We may share your health information to decide which services you may get.
- We may share your health information, if you are a LEOFF 1 member, with other Clark County departments for processing your claim.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you to public health and legal authorities for certain situations such as:

- Preventing disease, injury or disability
- Helping with product recalls or problems with food, nutritional supplements, and products such as vaccinations or birth control
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence of a child or adult
- Reporting births, deaths, and other vital statistics
- Helping with disaster relief to let family and friends know about your condition
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research. Your approval is not required when a study does not let other people know who was included in the study. The research must be set up to protect your privacy.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner, coroner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims claim regarding a work-related injury or illness
- For law enforcement purposes or with a law enforcement official to report a crime, an agency investigating a crime, or if you are the victim of a crime
- With correctional facilities if you are in jail or prison, as needed for your and others' health and safety
- With health oversight agencies for activities authorized by law to review local health programs such as the Washington State Department of Health
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy.
- We will not use or share your information other than as described here unless you tell us we can in writing. You may change your mind at any time by letting us know in writing. We cannot take back information that has already been sent out.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

This Notice of Privacy Practices applies to Clark County Public Health.