



Madison County Public Health Department
Notice of Privacy Practices
Effective January 22, 2015

This notice describes how health information about you may be used and disclosed and how you can get access to this information. **PLEASE REVIEW IT CAREFULLY.**

Public Health is committed to protecting your personal health information. Protected health information (PHI) includes information that we have created or received regarding your health, your health care, and payment for your health care. In order to provide care for you, your PHI must be maintained in electronic systems.

THIS NOTICE COVERS THE FOLLOWING ENTITIES PROVIDING YOUR CARE:

All employees, physicians, physician residents, dentists, nurses, administrative staff, social workers, nutritionists, contract staff, medical students, community health providers, volunteers, affiliated physicians and other health care professionals providing you care through Public Health care centers and/or programs must abide by this Notice of Privacy Practices. Public Health may share your information with these covered entities to help them provide health care to you.

Special state and federal laws may require us to provide a higher level of protection for some types of PHI. Additional protections found in state and federal law may apply to information about sexually transmitted diseases, drug and alcohol treatment records, mental health records and HIV/AIDS information. When required by law we will obtain your authorization before releasing this type of information.

PART 1 – YOUR RIGHTS WITH RESPECT TO YOUR PHI

Here is a list of your rights with respect to your PHI, along with a description of how you may exercise these rights:

- You have a right to request limits on the way we use or disclose your health information. You must make the request in writing to our office and tell us what information you want to limit and to whom you want the limits to apply. Madison County Public Health Department (MCPHD) is not required to agree to the restriction, with one exception. If you have paid for a service in full, we will not disclose that service information to your health plan for payment or healthcare operations if you provide a written request not to disclose the information.
- You have the right to request how we provide confidential communications to you. For example, we may communicate your test results to you by mail or by telephone. You may ask MCPHD to share information with you in a certain way or in a certain place. For example, you may ask us to send information to your work address instead of your home address; you may also request that we call you at work instead of at home. You must make this request in writing to our office. You do not have to explain the reason for your request. We are required to follow your request, if it is reasonable.
- In most cases, you have the right to look at or get copies of your records, including a copy of your records in an electronic format. You must make the request in writing to our office. We may charge you a reasonable fee based on copying and other costs. In certain situations, we may

deny your request and will tell you why we are denying it. In some cases, you may have the right to ask for a review of our denial.

- You have a right to request a correction or an update of your records. You may ask MCPHD to amend or add missing information if you think there is a mistake. You must make the request in writing to our office and provide a reason for your request. In certain cases we may deny your request, in writing. You may respond by filing a written statement of disagreement with us and ask that the statement be included in your health care record.
- You have a right to get a list of persons or agencies to which your health information was sent. You must make this request in writing to our office. The list will not include the releases of your information made for the purpose of treatment, payment, or health care operations. The list will not include information provided directly to you or your family, or information that was sent with your written authorization.
- You have a right to get a paper copy of the most recent version of this Notice, if you request it.
- You have the right to withdraw your permission for us to release your information. If you sign an authorization to use or disclose information, you can revoke that authorization at any time. The revocation must be made in writing and given to our office. This will not affect information that has already been used or disclosed.

To exercise your rights under the law, call the numbers listed in this document; write to our office or visit the Madison County Public Health Department. Our staff will assist you with your request.

PART 2 – PUBLIC HEALTH'S RESPONSIBILITIES UNDER THE LAW

MCPHD is required by law to provide you with our Notice of Privacy Practices. This law is the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Under this law, we must protect the privacy of your PHI. PHI is information that we have created or received regarding your health or payment for your health care. It includes both your health records and personal information such as your name, social security number, address, and phone number.

We are required to:

- Keep your PHI private except as indicated in this Notice
- Follow the terms of the Notice currently in effect
- Get your written authorization for any use or disclosure not covered in this Notice
- Notify you following a breach of unsecured PHI
- Give you this Notice

We reserve the right to change our practices regarding the PHI we maintain. If we make changes, we will update our Notice and make it available to you. The most recent copy of the Notice will be posted at Madison County Public Health Department.

PART 3 – HOW WE MAY USE OR DISCLOSE HEALTH INFORMATION ABOUT YOU

MCPHD uses and discloses PHI in a number of ways connected to your treatment, payment for your care, and health care operations. Your PHI may be transmitted by FAX for the purpose of treatment, payment or operations. You have the right to ask that we do not transmit your information by FAX. Here are some examples of how we may use or disclose your personal health information without your authorization.

To provide treatment; for example:

- We may use health information about you to provide you with health treatment or services. We may disclose health information about you to doctors, nurses or other healthcare professionals involved in your care. For example, your doctor will need to know if you are allergic to any medicines. The doctor may share this information with pharmacists and others caring for you.

- We may also disclose information to other professionals providing your health care. For example, we may need to tell a specialist about your health conditions if we refer you to a specialist so you may receive the proper care.

To receive payment for services we provide or to obtain insurance authorization for services we recommend; for example:

- If you have health insurance, we request payment from your health insurance plan for the services we provide. For example, we may need to give your health plan information about your visit, your diagnosis, procedures, and supplies used so that we can be compensated for the treatment provided. However, we will not disclose your health information to a third party payer without your authorization except required by law.

To carry out healthcare operations; for example:

- We may use or disclose your health information in order to manage our programs and activities. For example, we may use your health information to review the quality of services you receive or to provide training to our staff.
- We may use and disclose health information to contact you by telephone or by mail as a reminder that you have an appointment for treatment or to inform you of test results.

For research: We may use and disclose health information about you for research purposes.

For joint activities: Your health information may be used and shared by the Providers in furtherance of their joint activities and with other individuals or organizations that engage in joint treatment, payment or healthcare operational activities with the Providers.

As required by law: We may use and disclose PHI when required by federal or state law.

For judicial and administrative proceedings: We may disclose PHI in response to an order of a court or administrative tribunal; in response to a subpoena, discovery request, or other lawful process.

For law enforcement purposes: We may disclose PHI to a law enforcement official.

For abuse reports and investigations: We may use and disclose information regarding suspected cases of abuse, neglect, or domestic violence, when the law so requires.

To medical examiners/coroners or funeral directors: We may use and disclose PHI consistent with applicable laws to allow them to carry out their duties.

To comply with workers' compensation laws: We may disclose PHI as authorized by laws relating to workers compensation or other programs that provide benefits for work-related injuries or illness without regard to fault.

For organ, eye, or tissue donation purposes: We may disclose PHI to organ procurement organizations or entities.

For specialized government functions: We may use and disclose information to agencies administering programs that provide public benefits. For example, Public Health may disclose information for the determination of Supplemental Security Income (SSI) benefits. We also may provide information to government officials for specifically identified government functions such as national security or military activities; or law enforcement custodial situations, such as correctional institutions.

To avoid serious threat to health or safety: We may use and disclose PHI when we believe it necessary to avoid a serious threat to the health or safety of a person or the general public.

For public health and safety purposes as allowed or required by law: We may disclose PHI to health care oversight agencies for oversight activities authorized by law.

Disaster Relief: We may use and disclose PHI about you to assist in disaster relief efforts.

For health information exchange (HIE): We may make your PHI available electronically through an information exchange service to other healthcare providers, health plans, and healthcare clearinghouses that request your information for treatment or payment for that treatment. Participation in health information exchange services also provides that we may see information about you from other participants.

Your participation in a HIE is voluntary and subject to your right to opt-out. Where possible, you will be provided with educational information prior to the enrollment of these services.

OTHER USES AND DISCLOSURES REQUIRE YOUR WRITTEN AUTHORIZATION: In general, MCPHD does not engage in marketing, psychotherapy notes, or the sale of PHI. However we are required to inform you that most use of PHI for these purposes requires your authorization.

Uses and disclosures not described in this Notice will be made only as allowed by law or with your written authorization. You may revoke your authorization to use or disclose PHI at any time; the revocation must be in writing. The revocation will not affect uses or disclosures that have already been made.

PART 4 – HOW YOU MAY ASK FOR HELP OR FILE A COMPLAINT
For More Information, please contact:

Madison County Public Health Department
7 Placer Loop, PO Box 278
Virginia City, MT 59755
PH: 406-843-4295
Fax: 406-843-5231

If you believe your privacy rights have been violated, you may file a complaint with the Public Health Department, at the address above. You may also complain to the Secretary of the U.S. Department of Health and Human Services, at the address below. You will not be retaliated against for filing a complaint.

Office for Civil Rights
Medical Privacy, Complaint Division
U.S. Department of Health and Human Services
200 Independence Avenue, SW, HHH Building, Room 509H
Washington D.C., 20201
Phone: 866-627-7748
TTY: 886-788-4989
Online: www.hhs.gov/ocr