

HIPAA Notice of Privacy Practices  
Van Buren/Cass District Health Department  
57418 CR 681, Hartford MI 49057  
(269) 621-3143, ext 500

**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.**

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

**Uses and Disclosures of Protected Health Information:** Your protected health information may be used and disclosed by the Van Buren/Cass District Health Department, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the district health department, and any other use required by law.

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. For example, your protected health information may be provided to a physician or dentist to whom you have been referred to ensure that the physician or dentist has the necessary information to diagnose or treat you.

**Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for further medical/dental treatment may require that your relevant protected health information be disclosed to the health or dental plan to obtain approval for the treatment.

**Healthcare Operations:** We may use or disclose, as-needed, your protected health information (PHI) in order to support the business activities of the Van Buren/Cass District Health Department. These activities include, but not limited to; quality assessment, employee reviews, training of medical/dental, nursing and social worker students, licensing, marketing and fundraising, auditing and evaluators, and other business activities. For example, we may disclose your PHI to students working on their internship that see clients at our office. In addition, we may use a sign-in sheet at the registration desk 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 PHI, as necessary, to contact you to remind you of your appointment. We may use or disclose your protected health information (PHI) in the following situations without your authorization. Including: Medical Emergencies; as Required By Law, whether federal, tribal, state or local. If a particular law is more restrictive on the disclosure of PHI than the Privacy Law the more restrictive law will supersede. Public Health Authorities or their authorized agents for surveillance, investigations and interventions; Reporting of Communicable Diseases, Immunizations and/or other Public Health required services; Qualified Service Organizations (agencies that provide services to health department programs); Health Oversight; Abuse, Neglect, or Domestic Violence; Food and Drug Administration; Law Enforcement such as court order, subpoena or other legal order; Judicial and administrative proceedings; Custodial/Correction Institutions; Coroners/Funeral Directors; Organ Donation; To report a crime or a threat to commit a crime on program premises or against program personnel; Military Activity and National Security; Workers' Compensation and to other Health Department Programs as needed. Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

**Other Permitted and Required Uses and Disclosures** Will be made only with your Consent, Authorization or Opportunity to object unless required by law.

**You may revoke this authorization**, at any time, in writing, except to the extent that the district health department has taken an action in reliance on the use or disclosure indicated in the authorization.

**Your Rights:** Following is a statement of your rights with respect to your protected health information:

**You have the right to inspect and copy your protected health information (fees may apply).** Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled for use in civil, criminal, or administrative action or proceeding; if under the direction of a correctional institution; if personal health information (PHI) is contained in records that are subject to the Privacy Act (not HIPAA Privacy); if PHI was obtained from someone other than a health care provider under a promise of confidentiality; if PHI is subject to the Clinical Laboratory Improvement Amendments of 1988; and if access is likely to cause substantial harm to another person.

**You have the right to request a restriction of your protected health information.** This means you may ask us not to use and disclose any part of your protected health information. By law, you **may not** request that we restrict the disclosure of your protected health information for treatment purposes. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must be in writing and state the specific restriction requested and to whom you want the restriction to apply.

**You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us,** upon request, even if you have agreed to accept this notice alternatively i.e. electronically.

**You may have the right to have us amend your protected health information.** If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.** Exceptions: Disclosures with individual authorization, disclosures related to providers for treatment, payment and health-care operations.

We reserve the right to change the terms of this notice and will inform you, either by mail or at your next visit, of any changes. You then have the right to object or withdraw as provided in this notice.

### **Complaints**

You may complain to the Office for Civil Rights (OCR) if you believe your privacy rights have been violated. This can be done by calling 800-368-1019. Any alleged violation must have occurred on or after April 14, 2003 for the OCR to have authority to investigate. You may also file a complaint with the health department by notifying our privacy officer at (269) 621-3143, ext 500.

**We will not retaliate against you for filing a complaint.**

**This notice was revised on April 1, 2010.**