

## NOTICE OF PRIVACY PRACTICES

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.

Washington County Department of Health & Human Services (HHS) is required by law to protect the privacy of your medical information. This Notice tells you of the ways we may use and share medical information about you. It describes your rights regarding the use and sharing of your medical information. We call this information "**Protected Health Information**" (PHI). The law requires us to give you this Notice. This Notice is effective on April 14, 2003.

This Notice is available in other languages and alternate formats for persons with disabilities. Contact the Department of Health & Human Services at (503) 846-4402 for more information.

### **HHS MAY USE OR SHARE "PROTECTED HEALTH INFORMATION" (PHI) ABOUT YOU IN THE FOLLOWING WAYS WITHOUT YOUR AUTHORIZATION.**

[In all other situations, HHS will ask you for written authorization before disclosing information.]

For Treatment. HHS may use and share PHI with health care providers involved in your health care. For example, we may share it with other providers to carry out a plan of treatment.

For Payment. HHS may use and share PHI about you to bill and receive payment for services you receive. For example, HHS may use and share PHI about you to collect payment from your health plan.

For Health Care Operations. HHS may use and share PHI about you to help us with services we provide to you. For example, HHS may use PHI to review the quality of the services you receive.

Appointments. HHS may contact you by telephone or mail to remind you of an upcoming appointment for services. For example, we may call you at home to remind you of an appointment.

Treatment Choices/Health-Related Benefits and Services. HHS may tell you about or recommend possible treatment choices or health-related services. For example, we might send you information on low cost services in the community.

As You Permit. HHS may use and share PHI if you give us permission. You may be asked to sign a form giving us permission to use and share this information.

To You or Your Personal Representative, Family and Friends. HHS may release PHI about you to your personal representative, a family member or friend who assists with your medical care. You have the right to object to the sharing of this information.

To Business Associates. These are contractors that help us provide services or perform our business activities.

Public Health. HHS is a public health agency that collects vital records such as birth and death certificates. HHS also reports and investigates certain diseases to prevent their spread.

Coroners, Medical Examiners, and Funeral Directors. HHS may use and share PHI about you to coroners, medical examiners, and funeral directors as allowed by law.

Abuse, Neglect, or Domestic Violence. HHS may use and share PHI to report abuse, neglect, or domestic violence.

Legal Proceedings. HHS will use and share PHI about you if a court or an administrative agency orders us to do so. We also may disclose such information in response to a subpoena.

Law Enforcement. HHS will use and share PHI about you with law enforcement as required by law or court order.

Workers' Compensation. HHS may use and share PHI about you to cooperate with state workers' compensation laws and other programs that provide benefits to you for work-related injuries or illnesses.

Research. HHS may use and share PHI about you to perform studies and develop reports. These reports do not identify you by name.

Incidental Disclosures. Routine communication in HHS involves the discussion of PHI. For example, we may call out your name in the waiting room.

## **YOUR RIGHTS REGARDING YOUR "PROTECTED HEALTH INFORMATION" (PHI).**

Right to Cancel Your Authorization. You have the right to cancel your authorization in writing at any time. If you cancel, it will only stop future uses and disclosures. We cannot take back information that has been used or shared based on your prior approval.

Right to See and Get Copies. You have the right to see and get a copy of your records. You must make your request in writing and you may be charged a reasonable fee for the copying of your records. We may deny your request under certain limited circumstances. This decision may be appealed to the Privacy Official.

Right to Change or Add Information. You may ask HHS to change or add to the information in your record. You must make the request in writing and provide a reason for your request. In certain cases, the request may be denied.

Right to Request Limits. You have the right to request restrictions on how your information is used or shared. For example, you may ask us to limit sharing certain health information with a friend or family member. Your request must be made in writing. *We are not required to honor your request.* Even if we agree to honor your request, we may use and share the PHI under certain circumstances.

Right to a List of Disclosures. You have the right to ask HHS for a list of disclosures of your PHI made after April 14, 2003. The request must be made in writing. HHS will charge you a fee if you request a list more than once in a 12 month period.

Right to Request Choose How HHS Communicates With You. You have the right to ask that HHS communicates with you in a certain manner or place. For example, you have the right to ask us to contact you only at home by telephone. Your request must be made in writing. HHS will accommodate any reasonable request.

Right to a Paper Copy of this Notice. You have the right to receive a paper copy of the current Notice at any time. A copy of the current Notice will also be posted.

Right to File a Complaint. You have the right to file a complaint if you do not agree with how HHS has used or disclosed information about your PHI. *You will not be retaliated against for filing a complaint.*

For More Information. Contact HHS staff to get further information on how to receive a copy, amend, or limit your PHI.

### **CHANGES TO THIS NOTICE**

HHS is required by law to comply with this Notice. In the future, HHS may change this Notice. Any changes will apply to information HHS already has as well as any information HHS received in the future. You may ask for a copy anytime from HHS or get it on-line at [www.co.washington.or.us](http://www.co.washington.or.us). If any changes are made, a copy of the changed Notice will be posted.

### **COMPLAINTS**

To file a complaint or get any additional information, contact Washington County HHS Privacy Officer at:

Washington County  
HHS Privacy Officer  
155 N. First Avenue, MS 5  
Hillsboro, OR 97124-3072

Phone: (503) 846-4402  
TTY: (503) 846-8601  
email: [www.co.washington.or.us](http://www.co.washington.or.us)

You may also file a complaint with the Office of Civil Rights, U.S. Department of Health & Human Services at:

Office of Civil Rights  
Medical Privacy, Complaint Division  
US Department of Health & Human Services  
200 Independence Avenue, SW, HHH Building  
Room 509H  
Washington, DC 20201

Phone: (866) 627-7748  
TTY: (866) 788-4989  
email: [www.hhs.gov/ocr](http://www.hhs.gov/ocr)