

**Genesee County Health Department
Notice of Information 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. Effective: 04/14/2003**

We reserve the right to change our practices and to make the new provisions effective for all individually identifiable health information that we maintain. If we change our information practices, we will give you a new copy of the notice the next time you receive services from us.

Your health information will not be shared and/or disclosed without your permission except as described in this notice or as required by law. You may authorize other disclosures by completing an authorization form. You may also cancel (in writing) an authorization at any time except to the extent that we have taken action in reliance on the authorization.

YOUR RIGHTS TO PRIVACY

Although your health records are the physical property of the healthcare provider who created them, you have certain rights with regard to the information in that record. Any requests to exercise your rights listed below **must** be made in writing. The Health Department can provide you with forms to make these requests. You have the right to ask the Health Department to:

- Limit uses and disclosures of your health information for treatment, payment, and health care operations. We do not, however, have to agree to your request. The right to request a restriction of use does not extend to permitted disclosures to you and uses and disclosures not requiring an authorization, such as those disclosures required by law.
- Communicate with you by another method (for example, use a different phone number or address), and if the request is reasonable, we will grant your request.
- Give you another copy of this Notice of Information Practices. Notices will be distributed when you first receive services (after April 14, 2003). We have also posted this notice on our website at www.gchd.us or you can contact us for additional copies.
- Allow you to look at or give you a copy of your health information. If we agree to your request, we will tell you what, if anything, you have to do to get access. We reserve the right to charge a reasonable, cost-based fee for making copies. For certain types of information, we can deny access. You may not look at or get a copy of the following:
 - Information compiled for use in civil, criminal, or administrative actions or proceedings.
 - Information that is subject to the Clinical Laboratory Improvement Amendments of 1988 ("CLIA"), 42 U.S.C. § 263a, to the extent that giving you access would not be allowed by law.
 - Information that was obtained from someone other than a health care provider under a promise of confidentiality and giving you the information would be likely to reveal the source of the information.

In some situations, if your request is denied, you may ask that the denial be reviewed. Another licensed professional will review our decision within 60 days. The "reviewable" grounds for denial include the following:

- It has been determined, in the exercise of professional judgment, that the access is reasonably likely to put in danger the physical safety of yourself or another person.
- The protected health information makes reference to another person (other than a health care provider) and it has been determined, in the exercise of professional judgment, that the access is reasonably likely to cause harm to the other person.
- The request is made by your personal representative and it has been determined, in the exercise of professional judgment, that giving access to this person is reasonably likely to cause harm to you or another person.
- Make changes to or correct your health information. We do not have to grant the request. If we deny your request to make changes to or correct your information, we will tell you why, how you can attach a statement of disagreement to your records, and how you can complain. If we grant the request, we will make the correction and distribute the correction to those who need it and those whom you identify to us that you want to receive the corrected information.
- Give you an accounting of disclosures of your information so you will be aware of who, outside of our organization, has seen your information. Not every disclosure that we make will be listed in the accounting including:
 - Disclosures made to you.
 - Disclosures that you authorized in writing.
 - Disclosures made to receive payment.
 - Disclosures made to persons involved in your care or for other notification purposes.
 - Disclosures to correctional institutions or law enforcement officials under §164.512(k)(5) of the federal privacy regulations.
 - Disclosures that were made before April 14, 2003.The accounting will give you the date of disclosure, who received your information, a description of the information disclosed, the reason for the disclosure, and/or a copy of the written request for disclosure. The first accounting in any 12-month period is free. After that, we will charge a fee.

THIS NOTICE IS AVAILABLE IN LARGER PRINT UPON REQUEST.

Genesee County Health Department Notice of Information Practices

Our Responsibilities under the Federal Privacy Standard

We have the following responsibilities with regard to your health information:

- Maintain the privacy of your health information.
- Provide you this notice as to our legal duties and privacy practices with respect to individually identifiable health information that we collect and keep about you and make an effort to obtain your written acknowledgement of the receipt of this notice.
- Follow the terms of this notice.
- Train our personnel concerning privacy and confidentiality.

How to Get More Information or to Report a Problem

If you have questions or concerns and/or would like additional information, you may contact the Health Department's Privacy Officer at 810-257-3612.

If you feel that your privacy rights have been violated, you have the right to complain to both the Genesee County Health Department and the Secretary of Health and Human Services. All complaints to the Genesee County Health Department must be submitted in writing to the Privacy Officer. The complaint must describe the violation of your privacy rights and the date on which you believe the violation to have occurred. The complaint must be signed and include your name, address, and telephone number so that we may contact you. All complaints will be answered in writing within 10 business days of receipt. You may drop off your complaint at the Health Department or mail it to:

Genesee County Health Department
Attn: Privacy Officer
630 S. Saginaw Street
Flint, MI 48502

Individuals may file a complaint without fear of retaliation or decrease in the quality of services received from the Genesee County Health Department.

Disclosures for Treatment, Payment, and Health Care Operations

We are allowed to use your health information for treatment, payment, and other healthcare operations. The following are examples of how your information could be used for each of these purposes.

- **Treatment. Example:** A physician, nurse, or another member of your health care team will write down information in your record about your diagnosis and treatment. This record may be shared with other members of your health care team so that they can treat you. With your permission, we can give other physicians or health care professionals copies of your records to assist them in treating you.
- **Payment. Example:** We may send a bill to you or your insurance company.
- **Health care operations. Example:** Clinic staff or members of an accreditation team may use information in your health record to evaluate the care you received and the competence of the staff. We will use this information in an effort to continually improve the quality and effectiveness of the health care and services that we provide.
- **Business associates. Example:** We provide some services, such as certain diagnostic tests and lab services, through outside contracts. When we use these services, we may disclose your health information to the contractor so that they can perform the function(s)

that we have contracted with them to do and bill you or your insurance company for services provided. In some cases, our business associates may collect your health information on our behalf. We require the business associates to appropriately safeguard your information.

Examples of Other Uses of Information

In certain other circumstances, we are also permitted to disclose your health information without written authorization. In some of these cases, you can object to the disclosure. If this release of information is required by law, you may not object to the release of your information. The following are examples of how your information could be used:

- **Notification:** We may use or disclose information to notify or assist in notifying a family member, a personal representative, or another person responsible for your care, of your location and general condition, unless otherwise prohibited by law.
- **Communication with family:** Unless you object, Health Department staff, using their best judgment, may give information to a family member, a close personal friend, or any other person that you identify, that is important to that person's involvement in your care or payment related to your care, unless otherwise prohibited by law.
- **Research:** We may give information to researchers when their research has been approved by an institutional review board that has established rules to ensure the privacy of your health information.
- **Funeral directors:** As allowed by law, we may give health information to funeral directors to enable them to carry out their duties.
- **Continuity of care:** We may contact you to provide appointment reminders or information.
- **Food and Drug Administration ("FDA"):** We may disclose to the FDA health information relative to adverse effects/events with respect to food, drugs, supplements, product or product defects, or postmarketing surveillance information to enable product recalls, repairs, or replacement.
- **Workers compensation:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.
- **Public health:** As required by law, we may disclose your health information to public health or legal authorities (e.g., the Michigan Department of Community Health).
- **Correctional institution:** If you are an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals, unless otherwise prohibited by law.
- **Law enforcement:** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena, consistent with applicable law.
- **Health oversight agencies and public health authorities:** If a member of our work force or a business associate believes in good faith that we have engaged in unlawful conduct or otherwise violated professional or clinical standards and are potentially endangering others, they may disclose your health information to health oversight agencies and/or public health authorities.
- **The Federal Department of Health and Human Services ("DHHS"):** Under the privacy standards, we must disclose your health information to DHHS as necessary to determine our compliance with those standards.