

**PAWNEE COUNTY HEALTH DEPARTMENT  
NOTICE OF PRIVACY PRACTICES  
FOR PROTECTED HEALTH INFORMATION**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.** [45 CFR 164.520(b)(1)(i)]

PAWNEE COUNTY HEALTH DEPARTMENT is required by law to maintain the privacy of protected health information and to provide patients with notice of its legal duties and privacy practices of protected health information. [45 CFR 164.520(b)(1)(v)(A)]

**Use Or Disclosure Of Protected Health Information For Treatment, Payment And Health Care Operations.** PAWNEE COUNTY HEALTH DEPARTMENT may use or disclose your protected health information (information from your record) to provide treatment services to you, for payment purposes or for health care operations, without a written authorization from you. We may disclose protected health information for treatment services, to another health care provider for payment activities, or to another health care agency for health care operations activities. [45 CFR 164.520(b)(ii)(A) and 164.506(c)(1)-(4)]

*Treatment* means provision, coordination, or management of your care by a health care provider, including coordination or management of your care with another provider not in our clinic; consultation between health care providers about your care; or referring you to another provider. For example, PAWNEE COUNTY HEALTH DEPARTMENT may disclose protected health information to its own or other health care providers who need such information for your care. [definition taken from 45 CFR 164.501; the example includes an allowed disclosure under 45 CFR 164.506(c)(2);]

*Payment* means our activities to provide or receive reimbursement for health care services to a patient, including, for example, determinations of eligibility or coverage; billing, claims management, collection activities, and related health care data processing; review of health care services for medical necessity, coverage under a health plan, appropriateness of care, or justification of charges; utilization review activities; and certain reimbursement-related disclosures to consumer reporting agencies. For example, PAWNEE COUNTY HEALTH DEPARTMENT may send a bill to your insurance company that includes information that identifies you as our patient, your diagnosis, and procedures and supplies used. [definition taken from 45 CFR 164.501; the example includes an allowed disclosure under 45 CFR 164.506(c)(3); ]

*Health Care Operations* include activities such as conducting quality assessment and improvement of care; population-based activities relating to improvement of health care; reviewing the competence or qualifications of health care professionals; conducting training programs for health care providers and other staff; accreditation, certification, licensing, and credentialing activities; conducting or arranging for medical review, legal services, and auditing functions; business planning and development; and business management and general administrative activities. For example: PAWNEE COUNTY HEALTH DEPARTMENT's quality improvement team may use information in a patient's health record to assess the care and outcomes. PAWNEE COUNTY HEALTH DEPARTMENT may also disclose a patient's health record to another health care provider who treated the patient for quality assessment activities. [definition taken from 45 CFR 164.501; the second example is of an allowed disclosure under 45 CFR 164.506(c)(4)(i);]

*Appointment Reminders, Treatment Options, and Other Health-Related Services:* PAWNEE COUNTY HEALTH DEPARTMENT may contact you to remind you of appointments, information about treatment, or other health-related benefits and services that may be of interest to you. [45 CFR 164.520(b)(iii)(A)]

*Fund-Raising:* PAWNEE COUNTY HEALTH DEPARTMENT may contact you to raise funds for PAWNEE COUNTY HEALTH DEPARTMENT. [45 CFR 164.520(b)(iii)(B)]

**Other Permitted Or Required Uses And Disclosures.** PAWNEE COUNTY HEALTH DEPARTMENT may also use or disclose your protected health information without your written authorization if permitted or required by law. We will use our professional judgment and disclose your information with your best interest in mind whenever possible. These are described below. [45 CFR 164.520(b)(ii)(B)]

**Permitted Uses and Disclosures Where a Patient Has the Opportunity to Agree or Object.** While the uses and disclosures described below may be done without a patient's written authorization, the patient must usually be given an opportunity to agree or object. To get more information regarding this, see the contact information at the end of this Notice. [45 CFR 164.510]

*To Those Involved with a Patient's Care:* PAWNEE COUNTY HEALTH DEPARTMENT may disclose to a family member, other relative, close personal friend of a patient, or any other person identified by a patient, protected health information directly relevant to that person's involvement with the patient's care or payment related to the patient's care. [45 CFR 164.510(b)(1)(i)] (However, according to another law for family planning services, we must get your consent to release your information. [42 CFR 59.11])

*For Notification of a Patient's Location, General Condition, or Death:* PAWNEE COUNTY HEALTH DEPARTMENT may use or disclose protected health information to notify or assist in notifying a family member, a patient's personal representative, or another person responsible for a patient's care of a patient's location, general condition, or death. [45 CFR 164.510(b)(1)(ii)]

*For Disaster Relief Purposes:* PAWNEE COUNTY HEALTH DEPARTMENT may use or disclose protected health information to an organization authorized to assist in disaster relief efforts for the purpose of coordinating notification to a family member, a patient's personal representative, or another person responsible for a patient's care of a patient's location, general condition, or death. [45 CFR 164.510(b)(4)]

**Other Permitted or Required Uses and Disclosures.** So long as the privacy rule requirements are followed, the uses and disclosures described below may be done without your written authorization and without giving you an opportunity to agree or object. To obtain additional information on these uses and disclosures, see the contact information at the end of this Notice. [45 CFR 164.512]

*Required by Law:* PAWNEE COUNTY HEALTH DEPARTMENT may use or disclose protected health information to the extent as required by law, complies with the law, and is limited to the requirements of the law. [45 CFR 164.512(a)]

*Public Health Activities:* PAWNEE COUNTY HEALTH DEPARTMENT may disclose protected health information for public health activities. These include, for example, disclosure:

1. to a public health authority to collect or receive information for the prevention or control of disease, injury or disability or
2. to a public health or other authority to receive reports of child abuse or neglect [45 CFR 164.512(b)(i) and (ii)];
3. to a person under the jurisdiction of the Federal Drug Administration (FDA) regarding a regulated product or activity for which there is a responsibility related to the quality, safety, or effectiveness of the FDA product or activity [45 CFR 164.512(b)(iii)];
4. if authorized, to someone who may have been exposed to a communicable disease [45 CFR 164.512(b)(iv)];
5. or to an employer about an employee to whom PAWNEE COUNTY HEALTH DEPARTMENT provides health care at the employer's request to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether the employee has a work-related illness or injury. [45 CFR 164.512(b)(v)]

*Abuse, Neglect, or Domestic Violence:* PAWNEE COUNTY HEALTH DEPARTMENT may disclose protected health information about a patient whom we reasonably believe to be a victim of abuse, neglect, or domestic violence to a government authority as required by law; where the individual agrees to the disclosure; or where expressly authorized by law. [45 CFR 164.512(c)(iii)]

**Health Oversight Activities:** PAWNEE COUNTY HEALTH DEPARTMENT may disclose protected health information to a health oversight agency for activities, including audits; civil, administrative, or criminal investigations, proceedings, or actions; inspections; licensure or disciplinary actions; or other activities necessary for the oversight of the healthcare clinic, government benefit programs, or compliance with governmentally-regulated program standards or civil rights laws. Where the patient is the subject of the investigation or activity, there are restrictions on when such information may be used or disclosed. [45 CFR 164.512(d)]

**Judicial and Administrative Proceeding:** PAWNEE COUNTY HEALTH DEPARTMENT may disclose protected health information in a judicial or administrative proceeding in response to a court or administrative tribunal order, or a subpoena, discovery request, or other lawful process not accompanied by a court or tribunal order. [45 CFR 164.512(e)]

**Law Enforcement Purposes:** PAWNEE COUNTY HEALTH DEPARTMENT may disclose protected health information for a law enforcement purpose to an official. [45 CFR 164.512(f)]

**Coroners, Medical Examiners, and Funeral Directors:** PAWNEE COUNTY HEALTH DEPARTMENT may disclose protected health information to coroners or medical examiners for the purpose of determining a cause of death, or other duties as authorized by law. PAWNEE COUNTY HEALTH DEPARTMENT may also disclose protected health information to funeral directors as necessary to carry out their duties. [45 CFR 164.512(g)]

**Organ Donation:** PAWNEE COUNTY HEALTH DEPARTMENT may use or disclose protected health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs and tissue. [45 CFR 164.512(h)]

**Research:** PAWNEE COUNTY HEALTH DEPARTMENT may use or disclose your protected health information for research under certain conditions. [45 CFR 164.512(i)]

**Threat to Health or Safety:** PAWNEE COUNTY HEALTH DEPARTMENT may use or disclose protected health information to other organizations or individuals to prevent or lessen a serious and imminent threat to the health or safety of a person or the public; or to identify or apprehend someone who may have caused serious physical harm to another person or who appears to have escaped from custody. [45 CFR 164.512(j)]

**Other Specialized Government Functions:** PAWNEE COUNTY HEALTH DEPARTMENT may use or disclose protected health information related to military and other government functions, for example, for members of the armed forces. [45 CFR 164.512(k)]

**Workers' compensation:** PAWNEE COUNTY HEALTH DEPARTMENT may disclose protected health information as authorized by laws relating to workers' compensation. [45 CFR 164.512(l)]

**Mental Health, Psychotherapy and Marketing:** Uses and disclosures of psychotherapy notes, mental health care, treatment for substance abuse and marketing may be more protected than for other forms of health information. [45 CFR 164.508(a)(2) and (3).] 5

**Uses And Disclosures Requiring An Authorization.** Except as presented in this *Notice*, PAWNEE COUNTY HEALTH DEPARTMENT will use and disclose protected health information only with your written authorization. You may revoke an authorization at any time except to the extent PAWNEE COUNTY HEALTH DEPARTMENT has acted in reliance on the authorization. [45 CFR 164.520(b)(1)(ii)(E)]

**Patient Rights.** You have the following rights concerning your protected health information:

**Right to Request Restrictions:** You have the right to request restrictions on uses and disclosures of protected health information to carry out treatment, payment, or health care operations. You also have the right to restrict the notification of your location, general condition, or death. PAWNEE COUNTY HEALTH DEPARTMENT is not required to agree to the restriction. [45 CFR 164.520(b)(1)(iv)(A) and 164.522(a)]

**Right to Confidential Communications:** The patient has the right to receive confidential communications of protected health information from us. PAWNEE COUNTY HEALTH DEPARTMENT may not require an explanation from the patient as to the reason for the request. [45 CFR 164.520(b)(1)(iv)(B) and 164.522(b)]

**Right of Access:** You have the right of access your protected health information. [45 CFR 164.520(b)(1)(iv)(C) and 164.524]

**Right to Amend:** You have the right to amend your protected health information. PAWNEE COUNTY HEALTH DEPARTMENT may deny the request under certain circumstances, for example, if we determines that the information is accurate and complete. [45 CFR 164.520(b)(1)(iv)(D) and 164.526]

**Right to an Accounting:** With some exceptions, the patient has the right to receive an accounting of disclosures of protected health information. The right to an accounting does not include disclosures outlined in an authorization. [45 CFR 164.520(b)(1)(iv)(E) and 164.528]

**Right to Receive a Copy of this Notice:** The patient has the right, upon request, to obtain a paper copy of this *Notice* from PAWNEE COUNTY HEALTH DEPARTMENT. [45 CFR 164.520(b)(1)(iv)(F)]

**CHANGES TO THIS NOTICE.** PAWNEE COUNTY HEALTH DEPARTMENT is required to follow the terms of the current *Notice*. [45 CFR 164.520(b)(1)(v)(B)]

PAWNEE COUNTY HEALTH DEPARTMENT reserves the right to change this *Notice* and to make the new *Notice* provisions effective for all protected health information. Should PAWNEE COUNTY HEALTH DEPARTMENT's practices change, the revised *Notice* will be made available to you upon request and will be posted at our clinic (website: <http://www.kalhd.org/pawnee/>). [45 CFR 164.520(b)(1)(v)(C) and (c)(2)(iii)]

**FOR MORE INFORMATION, TO REVOKE AN AUTHORIZATION, OR TO REPORT A PROBLEM.**

To ensure that we comply with laws and regulations, for information and questions regarding this *Notice*, and your rights, you may contact [Mary Beth Herrmann RN, BS, Administrator @ 620-285-6963 or contact at PAWNEE COUNTY HEALTH DEPARTMENT, P.O. Box 150, 715 Broadway, Larned, Ks.]. [45 CFR 164.520(b)(1)(iv) and (vii) and 164.530(a)(1)(ii)]

If you want to revoke an existing authorization, you may contact Mary Beth Herrmann RN, BS, Administrator @ PCHD 715 Broadway, Larned, KS 67550 [45 CFR 164.508(c)(2)(i)(B) and 164.520(b)(iii)(E)]

If you have a complaint regarding your privacy rights, or believe a patient's privacy rights have been violated, you may file this with PAWNEE COUNTY HEALTH DEPARTMENT by contacting Mary Beth Herrmann @ PCHD, P.O. Box 150, 715 Broadway, Larned, KS 67550 or with the Secretary of the United States Department of Health and Human Services. To file a complaint with PAWNEE COUNTY HEALTH DEPARTMENT please contact Mary Beth Herrmann RN, BS, Administrator @ 620-285-6963 at PAWNEE COUNTY HEALTH DEPARTMENT. All complaints must be submitted in writing. There will be no retaliation against you for filing a complaint. [45 CFR 164.520(b)(1)(vi) and (vii)]

**EFFECTIVE DATE.** Updated – 10/12/2009 [45 CFR 164.520(b)(1)(viii)]