

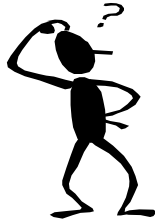
# WHITMAN COUNTY NOTICE OF PRIVACY PRACTICES

400 N. Main Street • Colfax, WA 99111 • (509) 397-5240 • FAX (509) 397-6355

## Uses and Disclosures of Your Personal Health Information

**Effective Date: April 14, 2003**

**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.**



## QUESTIONS & ANSWERS

### 1. **What is the Notice of Privacy Practices?**

The Notice of Privacy Practices is designed to inform you about how your "Protected Health Information" (PHI) used by the health plans and programs sponsored by Whitman County may be used and disclosed. It also describes your rights regarding that information.

Your PHI includes medical/health, demographic, social and financial data used in relation to medical care. Such information may be used in writing, orally or electronically. Such protection is in accordance with the Health Insurance Portability & Accountability Act (HIPAA).

Each health plan and program is required to maintain the privacy of your PHI. They are also required to provide you with notice of their legal duties and practices concerning your protected health information. The health plan's responsibilities and your rights are more fully set forth in 45 C.F.R. part 164.

The health plans and programs include the following Whitman County sponsored benefits: all medical, dental and vision plans; counseling programs; Flexible Spending Account administration; medical related treatment/testing; Third Party Administrators and voluntary benefits involving medical information.

Please contact Human Resources for specific information about health plans and programs covered under HIPAA's Privacy Rule.

### 2. **How can I gain access to the notice?**

The notice is posted for viewing in each Whitman County Building. You may also obtain a copy through the Whitman County Human Resources Department or whitmancounty.org. The Whitman County Human Resources Department may be reached by calling (509) 397-6205 or visiting N. 400 Main, Colfax, WA 99111.

### 3. **Who can we contact if we have questions about this notice?**

If you have questions or would like a copy of this notice please contact the County's Privacy Officer:

Kelli Campbell  
N. 400 Main  
Colfax, WA 99111  
(509) 397-6205

### 4. **Where can I go if I believe my rights have been violated?**

If you have a complaint regarding the way your private information has been used, please contact Kelli Campbell at the address and phone number above or the U.S. Department of Health & Human Services. The complaint must be in writing with a valid date and signature.

**You will not be penalized for filing a complaint regarding privacy practices.**

### 5. **Could the County's privacy practices change?**

Whitman County reserves the right to change its policies and practices at any time. If changes occur we will post a revised notice in all Whitman County buildings and at whitmancounty.org.

## YOUR RIGHTS IN REGARDS TO YOUR PROTECTED HEALTH INFORMATION (PHI)

In regards to the use of your PHI you have the right to the following actions. Please make all requests in writing to the County's Privacy Officer.

#### 1. **Request the Restriction of Your PHI.**

You may request that there be limited use and/or disclosure of your PHI. Please be aware that the health plan/program is not required to comply.

#### 2. **Request Alternate Means of Communication.**

You may request in writing that information is sent to you or another party via the mail, email or fax. You may also ask the health plan/program to send your information to a specific address other than your own. The plan/program will make every effort to comply with reasonable requests.

#### 3. **Request a Copy of Your PHI.**

You may make a written request for a copy of specific PHI. The health plan/program reserves the right to charge you a copy fee. The health plan/program must then respond to your request within 30 days. If a copy request is denied, we will communicate to you why. In some cases you may be able to appeal that denial.

#### 4. **Request That We Amend Your PHI.**

You may make a written request to have specific PHI amended. The request must refer to specific PHI data and/or documents and state the reasons why you want the information amended.

A response to your request will be made in writing within 60 days. If the request is denied, you may write a statement of protest and request that it be placed with your PHI.

## 5. Request Information Regarding Disclosures of Your PHI.

You may request a list of your PHI disclosures for a period of up to six years prior to your request date. The request must be in writing and specific to the data you are seeking. This right does not extend to disclosures made to you; for any permitted purpose including treatment, payment or health care operations; to family members or others involved in your health care or payment; for notification purposes; or pursuant to a written authorization for disclosure.

The health plan/program may charge you a copy fee for each list you request. You may receive the first accounting within a twelve month period free of charge.

## 6. Request a paper or electronic copy of this notice at any time.

### WHITMAN COUNTY'S RESPONSIBILITIES

Under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), Whitman County must strive to protect your "Protected Health Information" (PHI).

Please keep in mind that Whitman County is a public entity. Certain pieces of information are considered public data. The nature of this information may vary from department to department. Please contact the Whitman County Human Resources Department if you have any questions about what data may be public versus private.

Under HIPAA Whitman County is required to:

1. Reasonably protect the confidentiality of your PHI;
2. Provide PHI privacy training to its employees;
3. Post this notice of privacy practices; and
4. Follow the practices set forth in this document in accordance with HIPAA.

### USES OF PHI THAT REQUIRE YOUR AUTHORIZATION

Except for the reasons set forth in the following section, Whitman County will require written authorization to release your PHI. Again, please keep in mind that Whitman County is a public entity. This means that some normally private information may be public.

If the County does not receive your written authorization with the information request provided, we will contact you as soon as possible. It is your responsibility to keep us updated on any change in your contact information. No PHI, outside of the public data or for the reasons listed, will be released without your written authorization.

You may revoke your authorization in writing at any time. PHI will stop being disclosed upon receipt of your request. The revocation will not affect PHI already released under your original authorization.

Please contact Whitman County Human Resources at (509) 397-6205 for an authorization form.

### USES OF PHI THAT DO NOT REQUIRE YOUR AUTHORIZATION

In order to provide you with the best service possible, HIPAA allows the health plan/program certain conditions in which it may disclose your PHI without your authorization. Those conditions include:

1. Private data that has legally been determined to be **public information**. Such information shall be stored, disclosed and destroyed according to law.
2. Organizations/individuals that handle **treatment, payment, or healthcare operations** involving PHI. Such disclosures shall be on a need-to-know basis and only through the normal course of business. This may include contacting the Third Party Administrator or plan sponsor for purposes of administering the plan. Such disclosures may be through a Business Associate Contract.
3. A **family member** or another person who you identify to be directly involved in your health care when you are not present or unable to make health care decisions.
4. **Correctional facilities**, if you are an inmate or juvenile detainee, may need PHI to provide you with health care as well as protect the safety of yourself and others.
5. Using PHI to contact you to **provide information about treatment alternatives** or other health-related benefits and services that may be of interest to you.
6. **Disaster relief** in order to help notify family members of your location and general condition. This may include disclosures to coroners, medical examiners, organ procurement organizations and funeral directors.
7. When we are required to do so **by state or federal law**.
8. State or federal requests such as **Worker's Compensation, Social Security and Medicare**. This information may be used to determine eligibility, provide treatment and/or research existing problems related to care or payment.
9. In response to any **legal proceeding**. This may include an order of court or administrative agency, subpoena, discovery request or other lawful process.
10. **Law enforcement officials** under certain circumstances such as locating a suspect, witness or missing person; reporting a crime; or information regarding victims of crimes.
11. The **military and authorized federal officials** for national security, intelligence or protective services purposes.
12. **To protect public health and safety**. Information may be disclosed to an authorized public health authority or individual in order to protect public safety.