



Effective: Oct. 1, 2013

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.

FWACDOH has designated itself as a hybrid entity under the Health Information Portability and Accountability Act of 1996 (HIPAA) and these are the programs to which this notice applies: Clinical Services, Immunization Services, HIV/STD Prevention, Community Health & Case Management Services and Childhood Lead Poisoning Prevention & Healthy Homes Program.

Understanding the Type of Information We Have

We get information about you when you utilize our services. It includes your name, date of birth, sex, financial information, insurance information and other personal information. We also may get enrollment information from your health insurers and medical information from your other health care providers. When you see us, we also collect information about your condition, diagnosis and treatment. This information is your "protected health information", it relates to your past, present or future physical or mental health or condition; the provision of health care to you; or the payment for your health care.

Our Privacy Commitment to You

The information we collect about you is private. We are required by law to maintain the privacy of protected health information, to provide you with notice of our legal duties and privacy practices with respect to your protected health information, and to notify you of a breach of unsecured protected health information about you. Only people who have both the need and the legal right may see your information. Unless you give us permission in writing, we will only disclose your information for purposes of treatment, payment, health care operations, when we are required by law to do so, or for the other reasons listed below. The following categories describe different ways we use and disclose your protected health information. Not every possible use or disclosure will be listed. However, all the different ways we are permitted to use and disclose information will fall within one of these categories.

- **Treatment:** We may use and disclose protected health information about you to provide, coordinate and manage your health care and related services. For example, we may notify your regular doctor about the services you receive and consult with other health care providers concerning your treatment. Similarly, we

may refer you to another health care provider and as part of that referral, share protected health information about you with that provider. Additional examples of health care providers to whom we may disclose your protected health information for your treatment include hospitals, nurses, dentists, pharmacies, laboratories, and technicians.

- **Payment:** We may use and disclose information so the care you get can be properly billed and paid for. For example, we may send your health insurer a bill for our services that explains what treatment we gave you and why.
- **Health Care Operations:** We may use and disclose your protected health information for our business activities and to evaluate and maintain quality health care services for you. For example, we sometimes arrange for auditors or other consultants to review our practice, evaluate our operations and tell us how to improve the quality, efficiency and cost of care that we provide to you. We may also use your protected health information to review the competence of our health care professionals and evaluate their performance, conduct training, resolve internal grievances, arrange for legal, accounting or consulting services, and for certain management and administrative activities.
- **Appointment Reminders:** We may contact you to give you appointment reminders or information about treatment alternatives or other services that may be relevant to your healthcare.
- **Business Associates:** We sometimes share your protected health information with third parties referred to as “business associates,” to perform certain services for or on our behalf such as transcription services. We have written contracts with our business associates to protect the privacy of your protected health information.
- **Family and Friends:** Unless you indicate otherwise, we may disclose your information to family members, friends or others you identify to the extent it is relevant to their involvement with your care or payment for your care, or to let them know about where you are and your condition. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary for your healthcare if, based on our professional judgment, we determine that it is in your best interest. We may also use or disclose your health information to an authorized public or private entity to assist in disaster-relief efforts.
- **Required by Law.** We may use and disclose protected health information when we are required by law to do so including, by federal, state or local law.
- **Public Health Activities.** We are a public health authority and may use your health information for public health activities including to prevent or control disease, injury or disability, and the conduct of public health surveillance, public health investigations, and public health interventions. We may also disclose your health information to other public health authorities for these purposes. For

example, we may need to use and disclose information regarding communicable disease and other conditions or services which have caused you to visit our office or to be served by us. We may use or disclose our health information to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and to comply with state-mandatory disease and immunization reporting requirements.

We may disclose to a school proof of immunization about an individual who is a student or prospective student if the school is required by law to have such proof of immunization prior to admitting the individual and we obtain agreement to the disclosure from (i) a parent, guardian or other person with legal authority to consent if the individual is an unemancipated minor or, (ii) the individual, if the individual is an adult or emancipated minor.

- Abuse or Neglect. We may disclose health information to a public health authority or other appropriate government authority authorized to by law to receive reports of child abuse or neglect. We may also disclose health information to a government authority about an individual if we believe the individual is a victim of abuse, neglect or domestic violence when required or authorized by law.
- Health Oversight Activities. We may disclose health information to a health oversight agency for activities authorized by law such as audits, investigations, licensure actions or other activities necessary for appropriate oversight of the health care system, government benefit programs or compliance with government regulatory programs or civil rights laws.
- Judicial and Administrative Proceedings. We may disclose health information in the course of a judicial or administrative proceeding as required by a court or administrative order and in some cases, in response to a subpoena, discovery request or other legal process.
- Law Enforcement. We may disclose health information for law enforcement purposes as required by law including laws that require the reporting of certain types of wounds or other physical injuries, in compliance with a court order, warrant, subpoena or administrative request, or certain information if requested by a law enforcement official to identify or locate a suspect, fugitive, witness or missing person. We may also disclose information for identification and location purposes about a suspected victim of a crime, if under certain limited circumstances, we are unable to obtain the person's agreement or about a death we believe may be the result of criminal conduct.
- After Death: We may disclose your information to coroners or medical examiners and funeral homes after you are deceased. We may also disclose to a family member or other person involved in your care or payment for your care prior to your death, PHI relevant to such person's involvement, unless doing so is inconsistent with your prior expressed preference known to us.

- **Organ and Tissue Donation.** We may use or disclose your health information to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ-donation bank as necessary to facilitate organ or tissue donation and transplantation.
- **For Research:** We may use or disclose health information about you for research purposes. We will either ask for your permission or obtain documentation from an Institutional Review Board or Privacy Board that it has determined your privacy interests will be adequately protected in the study.
- **Threat to Health or Safety.** We may use or disclose information about you as necessary to prevent or reduce a serious threat to the health or safety of a person or the public if disclosure is to a person or persons reasonably able to prevent or lessen the threat, including the target of threat, or if necessary for law enforcement to identify or apprehend an individual under certain circumstances.
- **Military Activity and National Security.** We may use or disclose health information about a member of the Armed Forces as deemed necessary by military command authorities. We may release PHI about foreign military personnel to the appropriate foreign military authority. We may disclose PHI for national security and lawful intelligence activities, and for the provision of protective services to the President of the United States and other officials or foreign heads of state.
- **Inmates.** We may disclose to a correctional institution or law enforcement official having custody of an inmate or other individual health information about that individual if necessary for the institution to provide the individual with health care, for the health and safety of the individual, others at the institution or the administration and maintenance of safety and security at the institution.
- **Workers Compensation Purposes.** We may disclose your health information for workers' compensation purposes that provide benefits for work-related injuries or illnesses, in compliance with workers' compensation laws.
- **With Your Authorization:** If you give us authorization in writing, we may use and disclose your personal information for purposes you list. We must obtain your written authorization for most uses and disclosures of psychotherapy notes, for disclosures that would constitute a sale of your health information, for most uses and disclosures of your health information for marketing purposes, and for other uses and disclosures of your health information not described in this notice. If you give us authorization, you have the right to change your mind and revoke it. This must be in writing and submitted to the Privacy Officer at the address listed below. We cannot take back any uses or disclosures already made with your authorization.

- In addition, our use and disclosure of your personal health information must comply not only with federal privacy regulations but also with certain other federal and state laws that may be involved and provide additional protections to your health information. For example, Indiana state law provides certain protections for mental health information which, depending on the circumstances, may require your written authorization for disclosure. Additionally, Indiana state law (including IC 16-41-8-1 and 410 IAC 1-2.3-50) provides extra protection for communicable disease information and the Department will only use or disclose your information as permitted by law.

Your Privacy Rights

You have the following rights regarding the health information that we have about you. To exercise your rights, make your request in writing to us at the Fort Wayne-Allen County Department of Health, ATTN: Privacy Officer, 200 E. Berry St., 3rd Floor, Fort Wayne, Indiana 46802.

- **Your Right to Inspect and Copy:** In most cases, you have the right to look at and obtain a paper or electronic copy, if maintained in electronic form, of your protected health information that may be used to make decisions about your care. You may be charged a fee for the cost of copying, mailing and other supplies associated with your request. You may need to make an appointment to look at your record to assure that we will have it available for you. We may deny your request to inspect and copy in some limited circumstances. If you are denied access to protected health information, we will notify you in writing and let you know your appeal rights.
- **Your Right to Amend:** You may ask us to amend your records if you feel that a record is inaccurate or incomplete. Your written request must include a reason for the request. We may deny your request if, among other reasons, the information was not created by us, is not included in records used to make decisions about your care, or is otherwise accurate and complete. If we deny your request we will notify you in writing of the reason for our denial.
- **Your Right to a List of Disclosures:** You have the right to ask for a list of certain disclosures made in the six (6) years prior to the date on which the accounting is requested. The list will not include the times that information was disclosed for treatment, payment, or health care operations. The list will not include, among other disclosures, information provided directly to you or your family, or information that was sent with your written authorization. It will not include information released without your name and certain other information that would identify you. If you request an accounting more than once in a twelve (12) month period, we may charge you a fee. You will be notified in advance of the cost so that

you may choose to withdraw or modify your request before incurring a cost.

- **Your Right to Request Restrictions on Our Use or Disclosure of Information:** You can ask for limits on how your information is used or disclosed. We are not required to agree to your request unless it is to restrict disclosure of your information to a health plan for payment or health care operations, disclosure is not otherwise required by law, and pertains solely to a health care item or service for which you have paid in full out of pocket. If we agree to your request, we will comply with your request unless the information is needed to provide you emergency treatment or until the restriction is terminated by either you or us.

Include in your written request submitted to the Privacy Officer what information you want to limit, whether you want to limit use, disclosure or both, and to whom you want the limits to apply – for example, disclosures to your spouse.

- **Your Right to Request Confidential Communications:** You have the right to ask that we share information with you in a certain way or in a certain place. Such requests should be made to the Privacy Officer and specify how or where you wish to be contact. For example, you may ask us to send information to your work address instead of your home address. We will accommodate all reasonable requests.
- **Your Right to Be Notified Following a Breach of Unsecured Protected Health Information:** You have the right to receive, and we will provide you with, written notification in the event your unsecured protected health information is breached.

Copies and Changes to this Notice

You have the right to receive a paper copy of this notice upon request, even if you have agreed to receive this notice electronically, and may ask us for a copy at any time.

We reserve the right to revise this notice at any time. A revised notice will be effective for all protected health information we already have about you as well as any information we may receive in the future. We are required by law to comply with whatever notice is currently in effect. The revised notice will be posted on our Web site at www.allencountyhealth.com and posted in our facilities where health care services are provided. You may request that a copy of the revised notice be mailed to you or obtain one at your next appointment. If the changes are material, a new notice will be posted in our facilities before it takes effect.

Additional Information

To obtain additional information about matters covered in this notice, you may call or write to us at:

Privacy Officer
Fort Wayne-Allen County Department of Health
200 E. Berry St., Suite 360
Fort Wayne, Indiana 46802.
(260) 449-7561

Complaints

If you believe that your privacy rights have been violated, you have the right to file a complaint with us and the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint. To file a complaint with us, submit your complaint in writing to the Privacy Officer at the address listed above.

You may also file a complaint with the federal government by contacting:

Office for Civil Rights
U.S. Department of Health and Human Services
233 N. Michigan Ave., Suite 240
Chicago, Ill 60601
Voice Phone (800) 368-1019
Fax (312) 886-1807
TDD (800) 537-7697
E-mail OCRComplaint@hhs.gov