

EASTERN IDAHO PUBLIC HEALTH DISTRICT'S NOTICE OF PRIVACY PRACTICES (En Español) Effective Date 04/14/03

This Notice of Privacy Practices describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

This Notice of Privacy Practices describes how Eastern Idaho Public Health District may use your protected health information to carry out treatment, payment, or health care operations and for other purposes permitted or required by law. Protected Health information is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services. We are committed to protecting your health information and abiding by all state and federal laws regarding the protection of your health information.

Your Health Information Rights

You have the following rights regarding the health information that Eastern Idaho Public Health District has about you:

Right to Inspect and Copy: You have the right to inspect and obtain a copy of your health information. This request may include your medical, billing, or health care payment information. You may make the request in writing. You may be charged a fee for the cost of copying, mailing or other supplies associated with your request.

Right to Amend: If you feel the information that the Eastern Idaho Public Health District has created about you is incorrect or incomplete, you may ask us to amend that information. The Health District may deny your request if you ask to amend information that: 1) was not created by the Health District; 2) is not part of the health information kept by the Health District; 3) is not part of the information which you would be permitted to inspect or copy; or 4) the information is determined to be accurate and complete.

Right to Accounting of Health Information Releases: You have a right to request a list of information releases that the Department has made of your health information. The list will not include: 1) health information releases for providing treatment to you, obtaining payment for services or releases made for administrative or operational purposes 2) health information releases for national security; 3) health information releases to correctional institutions and other law enforcement custodial situations; 4) releases that are made based upon your written authorization; 5) health information releases to persons who are involved in your care; or 6) health information releases made prior to April 16, 2003.

Right to Request Restrictions: You have the right to request a restriction or limitation of the health care information the Health District uses or releases for treatment, payment or operational purposes. The Health District is not legally required to the requested restriction or limitation.

Right to Request Confidential Communication: You have the right to receive confidential communication from us by an alternate means or at an alternate location. We will accommodate reasonable requests. You must make this request in writing. You do not have to explain the basis for your request.

Right to a Paper Copy of this Notice: You have the right to request a paper copy of this notice from the Health District at any time.

All requests for inspecting, copying, amending, making restrictions, or obtaining an accounting of your health information must be made in writing to : Eastern Idaho Public Health District, Privacy Officer, 1250 Hollipark Drive, Idaho Falls, ID 83401. Please call (208) 522-0310 to request the appropriate form for your request.

How Eastern Idaho Public Health District Uses and Releases Health Care Information

For Treatment: Caregivers such as Doctors, Nurse Practitioners, Physician Assistants, Nurses, Dietitians and Social Workers may use your health information to determine your plan of care. Individuals and programs within the Health District may share information about you to coordinate the services you may need, such as clinical examinations, nutritional services, immunizations, referrals and follow-up care. We may also use your health information to determine if your treatment is medically necessary or to ensure that proper treatment is being given.

For Payment: The Health District may release information about you to your health plan or health insurance carrier to obtain payment for our services. For example, we may need to give your health plan information about a clinical exam or vaccinations that you or your child received so your health plan will pay us or reimburse you for treatment or services provided by the Health District. We may also share your information, when appropriate, with other government programs such as Worker's Compensation, Medicaid, Medicare, or Indian Health Services in order to coordinate your benefits and payments. We may also tell your health plan about a treatment you are going to receive to determine whether your plan will cover the treatment.

For Operations: The Health District may use and release information about you to ensure that the services and benefits provided to you are appropriate and are high quality. For example, we may use your information to evaluate our treatment and service programs or to evaluate the services by our providers. We may use your health information to assist in tracking health trends and communicable disease reporting. We may share your health information with business partners who perform functions on behalf of the Health District. The Health District requires that our business partners abide by the same level of confidentiality and security as our Health District in handling your health information.

To Other Government Agencies Providing Benefits or Services: The Health District may release your health information to other government agencies that are providing you with benefits or services when the information is necessary for you to receive those benefits and services.

To Keep You Informed: The Health District may contact you about reminders for treatment, medical care or immunizations.

For Public Health: The Health District may release your health information, subject to applicable state and federal law, for the following activities: **1)** To prevent or control disease, injury or disability or to keep vital statistics records such as births and deaths; **2)** To notify social service agencies that are authorized to receive reports of abuse, neglect, or domestic violence; **3)** To report reactions to medications or problems with products to the Food and Drug Administration (FDA).

For Health Oversight Activities: The Health District may share your health information with other agencies for oversight activities as required by law. Examples of these include audits, inspections, investigations and licensure.

For Law Enforcement: The Health District may release health information to a law enforcement official, subject to applicable federal and state law regulations, for purposes that are required by law or in response to a court order or subpoena.

For Research: The Health District may release your health information for research projects that have been reviewed and approved by an institutional review board or privacy board to ensure continued privacy and protection of health information.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, the Health District may release health information about you in response to a court or administrative order. We may also release health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

To Coroners, Medical Examiners and Funeral Directors: The Health District may release health information to a coroner, medical examiner or funeral director, as necessary to carry out duties as authorized by law.

Organ Donations: If you are an organ donor, the Health District may release your health information to an organization that procures, banks, or transplants organs for the purpose of an organ, eye or tissue donation and transplantation.

To Avert a Serious Threat to Health or Safety: The Health District may release your health information if it is necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person.

For National Security and Protection of the President: The Health District may release your health information to an authorized federal official or other authorized persons for purposes of national security, for providing protection to the President, or to conduct special investigations, as authorized by law.

To a Correctional Institution: If you are an inmate of a correctional institution or under the custody of a law enforcement officer, the Health District may release your health information to the correctional institution of law enforcement officer. The information

releases must be necessary for the institution to provide you with health care, protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

To the Military: If you are a veteran or a current member of the armed forces, the Health District may release your health information as required by military command or veteran administration authorities.

Other Permitted Uses and Disclosures that may be made with you Consent, Authorization or Opportunity to Object

Others Involved in Your Healthcare: The Health District may release your health information to a family member, other relative, friend or other person whom you have identified to be involved in your healthcare or the payment of your healthcare.

To Family: The Health District may use your information to notify a family member, personal representative or a person responsible for your care of your location and general condition in case of an emergency.

To Disaster Relief Agencies: The Health District may release your health information to an agency authorized by law to assist in disaster relief efforts.

How to File a Complaint or Report a Problem

You may contact the Eastern Idaho Public Health District or the Secretary of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint with us by notifying the Privacy Officer of your complaint. The Health District can not retaliate against you for filing a complaint, cooperating in an investigation, or refusing to agree to something you believe to be unlawful.

Send your written complaint to:

Eastern Idaho Public Health District Privacy Officer 1250 Hollipark Drive Idaho Falls, Id 83401
208-522-0310

You may also file a complaint with the Secretary of Health and Human Services by contacting:
Office of Civil Rights Medical Privacy, Complaint Division U.S. Department of Health and Human Services 200 Independence Avenue, SW, HHH Building, Room 509H Washington, D.C. 20201
866-627-7748 TTY: 886-788-4989 www.hhs.gov/ocr

A complaint filed with either the Health Department or the Secretary of Health and Human Services must be filed within 180 days of when the complainant knew or should have known that the act or omission complained or occurred. This time limit for complaints may be waived for good cause shown.

For More Information

In the future, the Health District may change its Notice of Privacy Practices. Any changes apply to information the Health District already has, as well as information the Health District receives in the future. A copy of the new Notice will be posted at each Health District's office and provided as required by law. You may ask for a copy of the current notice anytime you visit a Health District's office, or get it on-line at www.idaho.gov/phd7.