

# Worcester County Health Department

## 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 CAREFULLY.**

### **Safeguarding Your Protected Health Information**

Worcester County Health Department (WCHD) is committed to protecting your health information. In order to provide treatment or to pay for your healthcare, WCHD will ask for certain health information and that health information will be put into your record. The record usually contains your symptoms, examination and test results, diagnoses, and treatment. That information, referred to as your health or medical record, and legally regulated as health information may be used for a variety of purposes. WCHD is required to follow the privacy practices described in this Notice, although WCHD reserves the right to change our privacy practices and the terms of this Notice at any time. You may request a copy of this notice from any WCHD site. It is also posted on our website at <http://www.worcesterhealth.org/>

### **How WCHD May Use and Disclose Your Protected Health Information**

WCHD employees will only use your health information when doing their jobs. For uses beyond what WCHD normally does, WCHD must have your written authorization unless the law permits or requires it. The following are some examples of our possible uses and disclosures of your health information.

### **Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations.**

**For treatment:** WCHD may use or share your health information to approve, deny treatment and to determine if your medical treatment is appropriate. For example, WCHD health care providers may need to review your treatment plan with your healthcare provider for medical necessity or for coordination of care.

**To obtain payment:** WCHD may use and share your health information in order to bill and collect payment for your health care services and to determine your eligibility to participate in our services. For example, your health care provider may send claims for payment of medical services provided to you.

**For health care operations:** WCHD may use and share your health information to evaluate the quality of services provided, or to our state or federal auditors.

### **Other Uses and Disclosures of health information required or allowed by law.**

**Information purposes:** Unless you provide us with alternative instructions, WCHD may send appointment reminders and other materials about the program to your home.

**Required by law:** WCHD may disclose health information when a law requires us to do so.

**Public health activities:** WCHD may disclose health information when WCHD is required to collect or report information about disease or injury, or to report vital statistics to public health authorities.

**Health oversight activities:** WCHD may disclose your health information to other agencies for oversight activities required by law. Examples of these oversight activities are audits, inspections, investigations, and licensure.

**Coroners, Medical Examiners, Funeral Directors and Organ Donations:** WCHD may disclose health information relating to a death to coroners, medical examiners or funeral directors, and to authorized organizations relating to organ, eye, or tissue donations or transplants.

**Research purposes:** In certain circumstances, WCHD may disclose health information to assist medical research.

**Avert threat to health or safety:** In order to avoid a serious threat to health or safety, WCHD may disclose health information as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.

**Abuse and Neglect:** WCHD will disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence, or some other crime. WCHD may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

**Specific government functions:** WCHD may disclose health information of military personnel and veterans in certain situations, to correctional facilities in certain situations, to government benefit programs relating to eligibility and enrollment, and for national security reasons, such as protection of the President.

**Families, friends or others involved in your care:** WCHD may share your health information with people as it is directly related to their involvement in your care or payment of your care. WCHD may also share health information with people to notify them about your location, general condition, or death.

**Worker's Compensation:** WCHD may disclose health information to worker's compensation programs that

provide benefits for work-related injuries or illnesses without regard to fault.

**Patient Directories:** The health plan under which you are enrolled does not maintain a directory for disclosure to callers or visitors who ask for you by name. You will not be identified to an unknown caller or visitor without authorization.

**Lawsuits, Disputes and Claims:** If you are involved in a lawsuit, a dispute, or a claim, WCHD may disclose your health information in response to a court or administrative order, subpoena, discovery request, investigation of a claim filed on your behalf, or other lawful process.

**Law Enforcement:** WCHD may disclose your health information to a law enforcement official for purposes that are required by law or in response to a subpoena or court order.

**You have a Right to:**

**Request restrictions:** You have a right to request a restriction or limitation on the health information WCHD uses or discloses about you. WCHD will accommodate your request if possible, but is not legally required to agree to the requested restriction. If WCHD agrees to a restriction, WCHD will follow it except in emergency situations.

**Request Confidential Communications:** You have the right to ask that WCHD send you information at an alternative address or by alternative means. WCHD must agree to your request as long as it is reasonably easy for us to do so.

**Inspect and copy:** You have a right to see your health information upon your written request. If you want copies of your health information, you may be charged a fee for copying, depending on your circumstances. You have a right to choose what portions of your information you want copied and to have prior information on the cost of copying.

**Request amendment:** You may request in writing that WCHD correct or add to your health record. WCHD may deny the request if WCHD determines that the health information is: (1) correct and complete; (2) not created by us and/or not part of our records; or (3) not permitted to be disclosed. If WCHD approves the request for amendment, WCHD will change the health information and inform you, and will tell others that need to know about the change in the health information.

**Accounting of disclosures:** You have a right to request a list of the disclosures made of your health information after April 14, 2003. Exceptions are health information that has been used for treatment, payment, and operations. In addition, WCHD does not have to list disclosures made to you, based on your written authorization, provided for national security, to law enforcement officials or correctional facilities. There will be no charge for up to one such list each year.

**Notice:** You have the right to receive a paper copy of this Notice and/or an electronic copy by email upon request.

**For More Information or To Report a Problem:**

If you have questions and would like more information, you may contact the Privacy Officer at Worcester County Health Department, P.O. Box 249, Snow Hill, MD. 21863.

If you believe your privacy rights have been violated, you may file a complaint.

- You can file a complaint with the Department of Health and Mental Hygiene by calling 1-866-770-7175.
- You can file a complaint with the Secretary of the U.S. Department of Health and Human Services, Office of Civil Rights at 1-800-368-1019.

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WCHD will take no retaliatory action against you if you make such complaints.

Effective Date: This notice is effective on April 14, 2003.

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(Provider programs must ensure that they try to get this acknowledgement signed)

Acknowledgement of receipt of this notice:

\_\_\_\_\_  
Patient or Authorized Representative

\_\_\_\_\_  
Date

If unable to get acknowledgement, specify why: