

Dear Client:

Maintaining the privacy of your health information is very important to us. Attached to this letter is our Notice of Privacy Practices. We are required by law to provide this notice to you and have you sign a statement that you received it before providing any services to you.

The following is a brief summary of the contents of the Notice. We encourage you to read the entire Notice and ask any questions you may have concerning its contents.

**Uses of Health Information Requiring Your Authorization.** This section states that, except as presented in this Notice, uses or disclosures of your health information will be made only with your written authorization.

**How We May Use and Disclose Health Information About You Without Your Specific Authorization.** This section describes the different ways we may use or disclose your health information without first obtaining from you a specific authorization. These types of uses and disclosures are specifically permitted by federal law because it is assumed you would want us to use or disclose your information for these purposes, or because such use or disclosure is recognized as critical to the proper functioning of our health care system.

**Your Rights Regarding Your Health Information.** This section describes the rights you have with respect to your health information and tells you how you may exercise these rights.

**How To File Complaints Concerning Our Privacy Practices.** This section tells you what you can do if you believe any of your rights have been violated. You will not be penalized for filing any complaint.

You will be asked to sign a statement that you received this Notice. The statement will be maintained at the Lawrence-Douglas County Health Department. You should keep this copy of the Notice. Another copy of this Notice will not be provided automatically at any later visit, but you may request a copy of the Notice at any time. Also, the Notice is at our facility, or service locations outside the Health Department, in a notebook clearly labeled "Notice of Privacy Practices" for your review. If there is a significant change to the Notice at some later date, you again will be provided with a copy of the Notice and asked to sign a statement.

If you have any questions concerning the attached Notice, please do not hesitate to ask.

200 Maine, Suite B  
Lawrence, KS 66044-1357

OFFICE: 785/843-3060 FAX: 785/843-3161  
CLINIC: 785/843-0721 FAX: 785/843-2930

Lawrence-Douglas County Health Department

NOTICE OF PRIVACY PRACTICES

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.*

If you have any questions about this notice, please contact

*Charlotte Marthaler  
Privacy Officer  
200 Maine Street, Suite B  
Lawrence, Kansas 66044  
785-843-3060  
Fax: 785-843-3161*

OUR PLEDGE REGARDING YOUR HEALTH INFORMATION.

We are committed to protecting the confidentiality of our records containing information about you. This Notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of health information.

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for your future care or treatment, and billing-related information. Such records are necessary for the health care provider to provide you with quality care and to comply with certain legal requirements.

This Notice applies to all records of your care created or received by the Lawrence-Douglas County Health Department. Other healthcare providers from whom you obtain care and treatment may have different policies or notices regarding the use and disclosure of your health information created or received by that provider. Also, health plans in which you participate may have different policies or notices concerning information they receive about you.

We are required by law to maintain the privacy of your health information; give you this notice of our legal duties and privacy practices and make a good faith effort to obtain your written statement that you received this Notice; and follow the terms of the Notice that is currently in effect.

## USES OF HEALTH INFORMATION REQUIRING AUTHORIZATION.

Except as presented in this Notice, uses and disclosures of health information will be made only with your written authorization. If you provide us authorization to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization. Of course, we are unable to take back any disclosures we have already made with your permission, and that we are required to retain in our records.

## HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU WITHOUT YOUR SPECIFIC AUTHORIZATION.

The following categories describe different ways that we are permitted to use and disclose health information without a specific authorization from you. If you desire to restrict our use of your health information for any of these purposes, you need to submit a request for restrictions as described in this Notice.

**For Treatment.** We may use and disclose information about you to provide, coordinate or manage your health care and related services. Different programs of the Lawrence-Douglas County Health Department may share health information about you in order to coordinate the different services you need. We may disclose health information about you to other health providers for purposes of providing health care to you.

We may also disclose health information about you to people outside the Lawrence-Douglas County Health Department identified by you who are involved in your health care. We will give you an opportunity, however, to restrict such communications.

**For Payment.** We may use and disclose health information about you so that the treatment and services you receive at the Lawrence-Douglas County Health Department may be billed to and payment may be collected from you, an insurance company, or other third party you identify to help pay for your care. For example, we may need to give your health plan information about treatment you received so your health plan will pay us or reimburse you for the treatment.

We also may provide information about you to other health care providers to assist them in obtaining payment for treatment and service provided to you by that provider.

**For Health Care Operations.** We may use and disclose health information about you for our internal operations. These uses and disclosures are necessary to run the Lawrence-Douglas County Health Department and make sure that all of our clients receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in providing services to you. We may also combine health information about many clients to decide what additional services we should offer and what services are not needed.

We may disclose health information about you to another health care provider or health plan with which you also have had a relationship for purposes of that provider's or plan's internal operations.

**Appointment Reminders.** We may use and disclose health information to remind you that you are due for services or have an appointment. Unless you direct us to do otherwise, we may send a letter or leave appointment reminder messages for these services on your telephone answering machine identifying the Lawrence-Douglas County Health Department. No appointment reminders are sent for HIV/AIDS, sexually transmitted disease, or family planning services.

**As Required By Law.** We will disclose health information about you when required to do so by federal, state, or local law.

**Public Health Risks.** We may disclose health information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- 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;
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Business Associates.** There are some services provided in our agency through contracts or arrangements with business associates. For example, we may contract with a copy service to make copies of your health record. When these services are contracted, we may disclose your health information to our business associate so they can perform the job we have asked them to do. To protect your health information, however, we require our business associates to appropriately safeguard your information.

**Surveys.** We may use and disclose health information to contact you to assess your satisfaction with our services.

**Treatment Alternatives.** We may use and disclose health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health-Related Benefits and Services.** We may use and disclose health information to tell you about health-related benefits or services that may be of interest to you.

**Law Enforcement.** We may release health information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;

- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the Lawrence-Douglas County Health Department; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

**Disaster Relief.** We may disclose health information about you to an organization assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

**Research.** Under certain circumstances, we may use and disclose health information about you for research purposes. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of health information, trying to balance the research needs with clients' need for privacy of their health information.

**Organ and Tissue Donation.** If you are an organ donor, we may use or disclose 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.

**Employers.** We may release health information about you to your employer if we provide health care services to you at the request of your employer, and the health care services are provided either to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether you have a work-related illness or injury. In such circumstances, we will give you written notice of such release of information to your employer. Any other disclosures to your employer will be made only if you execute a specific authorization for the release of that information to your employer.

**Workers' Compensation.** We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Health Oversight Activities.** We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose 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.

**Coroners, Medical Examiners and Funeral Directors.** We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about clients of the Lawrence-Douglas County Health Department to funeral directors as necessary for them to carry out their duties.

**Inmates/Persons In Custody.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

**Military and Veterans.** If you are a member of the armed forces, we may release health information about you as required by military command authorities.

**Other Special Government Functions.** We may disclose health information about you related to military and other government functions, for example, for members of the armed forces.

## **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION.**

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone you have identified who is involved in your care or the payment for your care, like a family member or close personal friend. For example, you could ask that we not use or disclose information about services we provided.

*We are not required to agree to your request.* If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must complete a specific form providing information we need to process your request. To obtain this form, ask the nurse, nutritionist or case manager working with you or contact the person identified on the first page of this Notice.

**Right to Request Confidential Communication.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request an alternative method of communications, you must complete a specific form providing information we need to process your request. To obtain this form, ask the nurse, nutritionist or case manager working with you. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right To Inspect and Copy.** You have the right to inspect and copy health information that may be used to make decisions about your care. Usually, this includes health and billing records, but does not include psychotherapy notes.

To inspect and copy your health information, we may require you to complete a specific form providing information we need to process your request. To obtain this form, contact the

receptionist or the person identified on the first page of this Notice. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies and services associated with your request. We may require that you pay such fee prior to receiving the requested copies.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. A licensed health care professional chosen by the Lawrence-Douglas County Health Department will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Right To Request Amendment.** If you believe our records contain information about you that is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Lawrence-Douglas County Health Department.

To request an amendment, you must complete a specific form providing information we need to process your request, including the reason that supports your request. To obtain this form, contact the person identified on the first page of this Notice.

We may deny your request for an amendment if you fail to complete the required form in its entirety. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the health information kept by or for the Lawrence-Douglas County Health Department;
- Is not part of the information that you would be permitted to inspect and copy; or
- Is accurate and complete.

If your request is denied, you will be informed of the reason for the denial and will have an opportunity to submit a statement of disagreement to be maintained with your records.

**Right to an Accounting of Disclosures.** You have the right to get a list of persons or agencies to which your health information was disclosed after April 14, 2003. The list will not include disclosures of health information made for the purpose of treatment, payment, or health care operations as described in this Notice. The list will not include information provided directly to you or people identified by you who are involved in your health care, or information that was sent with your written authorization.

To request this list of disclosures, you must complete a specific form providing information we need to process your request. To obtain this form, contact the person identified on the first page of this Notice.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

To obtain a paper copy of this Notice, contact the receptionist or person identified on the first page of this Notice.

### **COMPLAINTS.**

If you believe your rights with respect to health information about you have been violated by the Lawrence-Douglas County Health Department, you may file a complaint with the Lawrence-Douglas County Health Department or with the Secretary of the Department of Health and Human Services. To file a complaint with the Lawrence-Douglas County Health Department, contact the person identified on the first page of this Notice. All complaints must be submitted in writing.

**You will not be penalized for filing a complaint.**

### **CHANGES TO THIS NOTICE.**

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice at our facility. The Notice will have the effective date on the first page.

### **NOTICE OF PRIVACY PRACTICES STATEMENT.**

You will be asked to provide a written statement that you received this Notice. We are required by law to make a good faith effort to provide you with our Notice and obtain such a statement from you. However, your receipt of health services from the Lawrence-Douglas County Health Department is not conditioned upon your providing the written statement.