

ELKHORN LOGAN VALLEY PUBLIC HEALTH DEPARTMENT

Serving the communities in Madison, Stanton, Cuming and Burt Counties since 2002

NOTICE OF PRIVACY PRACTICES FOR PUBLIC HEALTH

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please read it carefully.

OUR PLEDGE REGARDING MEDICAL INFORMATION:

This notice describes the privacy practices of the Health Department. During an encounter, a staff member may gather necessary data about your medical history and your current health. We have always regarded medical and personal information as completely confidential. As a result, many of the new federal mandates have not changed the way we handle your information other than to tell you how we protect it. Every ELVPHD employee is provided with privacy training yearly to make sure they understand the most current policies for protecting PHI.

OUR PRIVACY OBLIGATIONS:

We are required by law to maintain the privacy of medical information about you and to provide you with this Notice of our legal duties and privacy practices with respect to your **Protected Health Information (PHI)**. When we use or disclose PHI, we are required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure). We may change the terms of our Notice at any time. In all cases where PHI is shared, only the minimally necessary information will be released.

All PHI kept by ELVPHD is kept locked with only necessary staff being allowed access. Each program determines the number of years PHI must be kept on file. At the end of that time, all PHI will be carefully destroyed by following department and program policy. No PH is transmitted via electronic means without appropriate security measures in place such as firewalls, passwords and/or encryption.

PERMISSIBLE USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION:

In certain situations we must obtain your written authorization in order to use and/or disclose your PHI. However, we do not need any type of authorization from you for the following uses and disclosures.

Treatment. We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your PHI. For example, we would disclose your PHI, as necessary, to a physician that provides care to you. We will also disclose PHI to other providers involved in your treatment.

Healthcare Operations. We may use and disclose your PHI for our healthcare operation, which include, but are not limited to, internal administration and planning and various activities that improve the quality and cost effectiveness of care that we deliver to you. For example, we may use PHI to evaluate the quality and competence of our Public Health Nurses.

Business Associates. We may provide PHI to other persons or organizations, known as business associates, who provide services for us under contract. Sharing PHI will only occur as needed to meet program requirements and to ensure the provision of safe and timely medical care, treatment and follow-up services. We require our business associates to protect the provided information just as we would, and agreements will be signed yearly to make sure that everyone involved understands and follows the policies necessary for the protection of health information.

Appointment Reminders and Other Health Information. We may use your medical information to send you appointment reminders or call you on the phone. Your medical information may also be used to provide you with information about new or alternative treatments or other health care services.

Others Involved In Your Healthcare. We may disclose information to people who are taking care of you or helping to pay your medical bills, such as family members or close friends. We will only disclose information that they need to know. We may also use your PHI to let family members or other responsible people know where you are and what your general medical condition is. If you are able to make your own healthcare decisions, we will attempt to get your medical information if we feel it is in your best interest to do so. For example, we may provide limited medical information to allow a family member to assist in our follow up process. Finally, we may disclose information to an authorized public or private entity to assist in disaster relief efforts.

Emergencies. If you are unable to agree or object to a disclosure due to your incapacity in an emergency situation, we may exercise our professional judgment to determine whether a disclosure is in your best interest.

Public Policy. We may use or disclose PHI without your permission for specified public policy purposes including:

Public Health Activities. We may disclose your PHI for public health activities. These activities may include disclosures:

- To a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury or disability;
- To appropriate authorities authorized to receive reports of child abuse and neglect;
- To FDA-regulated entities for purposes of monitoring or reporting the quality, safety or effectiveness of FDA regulated products; or
- 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.

Required by Law. We will use and disclose your PHI as required by federal, State or local law.

Abuse and Neglect or Domestic Violence. We may notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. Unless law requires such disclosure, we will only make this disclosure if you agree.

Health Oversight Activities. We may disclose your PHI to an 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.

Judicial and Administrative Proceedings. If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if reasonable efforts have been made to notify you of the request or to obtain an order from the court protecting the information requested.

Threats to Health or Safety. Under certain circumstances, we may use or disclose your PHI to avert a serious threat to health and safety if we, in good faith, believe the use or disclosure is necessary to prevent or lessen the threat and is to a person reasonably able to prevent or lessen the threat (including the target) or is necessary for law enforcement authorities to identify or apprehend an individual involved in a crime.

Specialized Government Functions. We may use and disclose your PHI for national security and intelligence activities authorized by law or for protective services of the President. If you are a military member, we may disclose to military authorities under certain circumstances. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose to the institution, its agents or the law enforcement official your medical information necessary for your health and the health and safety of other individuals.

Other uses and Disclosures. Other uses and disclosures of your PHI not covered above will be made only with your written permission. If you authorized us to use and disclose your information, you may revoke that authorization at any time. Such revocation will not affect any action we have taken in reliance on your authorization.

INDIVIDUAL RIGHTS

Request for Voluntary Restrictions. You have the right to request a restriction on how we use and disclose your PHI for treatment, payment and health care operation, or to certain family members or friends identified by you who are involved in your care or the payment for your care. We are not required to agree to your request, and will notify you if we are unable to agree. You have the right to request a list showing with whom we share your medical information.

Access to Medical information. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may request that we only contact you at work or by mail. We will not ask you the reason for your request. We will respect all reasonable requests. Your request must specify how or where you wish to be contacted.

You may request to inspect and copy much of the medical information we maintain about you, with some exceptions. If you request copies, we may charge you a copying fee plus postage. If we agree to prepare a summary of your medical information, we will charge a fee to prepare the summary.

All clients can review the health information contents of their own personnel chart, or in the case of a dependent child, can be viewed by the legal guardian. If the client/guardian feels that any of the PHI is not accurate, they can request to have the information changed. However, it is up to the program staff to determine if that requested change is appropriate. If the employee decides that the change should not occur, this would be explained to the client/guardian. The client/guardian then has the right to visit with the Program Director or the Privacy Officer about the requested change.

How to Exercise These Rights. All requests to exercise these rights must be in writing. We will follow written policies to handle requests and notify you of our decision or actions and your rights. Contact the Privacy Officer at the address listed below.

ABOUT THIS NOTICE

We are required to follow the terms of this Notice currently in effect. We reserve the right to change our practices and the terms of this Notice and to make the new practices and notice provisions effective for all PHI that we maintain. Before we make such changes effective, we will make available the revised notice by posting it at the Elkhorn Logan Valley Public Health Department (ELVPHD) office where copies will also be available. You are entitled to receive this Notice in written form.

COMPLAINTS

The ELVPHD Privacy Officer shall make sure employees follow the policies put in place. If you have concerns about any of our privacy practices or believe that your privacy rights have been violated, you may file a complaint with ELVPHD using the contact information at the end of this Notice. You may also submit a written complaint to the U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint.

CONTACT INFORMATION

Elkhorn Logan Valley Public Health Department 2104 21st Circle St – PO Box 779, Wisner, NE 68791 (402) 529-2233