

SOUTHWEST UTAH PUBLIC HEALTH DEPARTMENT



NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

(Effective: April 14, 2003)

HIPAA: Health Insurance Portability
and Accountability Act of 1996

This Notice describes how medical information about **YOU** may be used, disclosed, and/or requested, and how **YOU** can get access to this information.

PLEASE REVIEW THIS NOTICE CAREFULLY.

OUR PRIVACY PROMISE TO YOU

The Southwest Utah Public Health Department (Health Department) understands that your medical and health information is personal. Protecting your health information is important. We follow strict federal and state laws that require us to maintain the confidentiality of your health information.

HOW WE USE YOUR HEALTH INFORMATION

When you receive care from the Health Department, we may use your health information for treating, billing, and normal health care business operations. Examples of how we use your information include:

- **TREATMENT** – We keep records of health care and related services we provide to you. We use these records (such as your history of immunizations) to document that we delivered quality care to you.
- **PAYMENT** – We keep billing records that include payment information and documentation of the services provided to you. Your in-

formation may be used to obtain payment from you, your insurance company, or another third party. We may also contact your insurance company to verify coverage for your care, or to notify them of upcoming services that may need prior notice or approval.

- **HEALTH CARE OPERATIONS** – We use health information to improve the quality of care, train staff and students, provide customer service, manage costs, conduct required business duties, and make plans to better serve our communities.

OTHER SERVICES WE PROVIDE

We may also use your health information to:

- Recommend treatment alternatives.
- Tell you about health services and products that may benefit you.
- Share information with third parties (such as our business associates) who assist us with treatment, payment, and health care operations (and who must also safeguard

your health information).

- Notify immediate family members and authorized personal representative(s) about certain health information that (in our professional judgment pertains to your best interests) is necessary for them to know and relevant to their involvement in your care (or at your option – respond to your request that we do not give such notifications).
- Remind you of an appointment (or at your option – respond to your request that we do not send such reminders to you).
- Contact you for fundraising purposes (or at your option – respond to your request that we do not contact you for fundraising purposes).

MORE PRIVACY RIGHTS INFORMATION

For more information about your privacy rights and to obtain copies of our easy-to-use request forms:

Contact our Health Department – Office of the Privacy Officer at the phone/fax numbers and address listed on the back of this notice.

SHARING YOUR HEALTH INFORMATION

There are limited situations when we are permitted or required to disclose health information about you without your signed authorization. These situations are:

- For public health purposes such as tracking diseases and injuries, reporting births and deaths, and reporting reactions to drugs and problems with medical devices, as required by law.
- To protect victims of abuse, neglect, or domestic violence, as required by law.
- For required state/federal health oversight activities such as investigations, audits, and inspections.
- For lawsuits and similar proceedings, as required by law or court order.
- When requested by law enforcement, as required by law or court order.
- For coroners, medical examiners, and funeral directors, as required by law.
- For organ and tissue donation, as required by law.
- For research approved by our review process and pursuant to strict federal guidelines.
- To reduce or prevent a serious threat to public health and safety, as required by law.
- For state required workers' compensation or other similar programs, if you are injured at work.
- For specialized government functions such as intelligence and national security, as required by law or court order.

[All other uses/disclosures, not described in this Notice, require a signed authorization from you. You may revoke (in writing) such authorization at any time (to the extent it has not been acted upon). If you would like to authorize us to act on a particular health information need that you have, please obtain/complete a copy of our easy-to-use authorization/revocation form from the Health Department Privacy Officer.]

OUR PRIVACY RESPONSIBILITIES

The Health Department is required by law to:

- Maintain the privacy of your health information,
- Provide this Notice that describes the ways we may use, share and request your health information,
- Follow the terms of our Notice currently in effect.

We reserve the right to make changes to this Notice at any time, and make the new privacy practices effective for all information we maintain. Current Notices are available at all Health Department facilities. You may obtain a copy of any previous edition of this Notice from the Health Department – Office of the Privacy Officer.

YOUR INDIVIDUAL PRIVACY RIGHTS

You have the right to:

- Request restrictions on how we use, share and/or request your health information. We will consider all requests carefully, but are not required to agree to restrictions. *
- Request that we use alternative means or alternative locations in our confidential communications to you. *
- Inspect and copy your health information, including medical and billing records. Fees may apply. Under limited circumstances, we may deny you access to a portion of your health records and you may request a review of the denial. *
- Request corrections or additions to your health information to ensure accuracy. *
- Request an accounting of certain disclosures of your health information made by us. The accounting does not include disclosures made for treatment, payment, health care operations, and some disclosures required by law. Your request must state the period of time desired for the accounting, which must be within the six years prior to your request, and excludes dates prior to April 14, 2003. The first accounting is free, but a fee will apply if more than one request is made in a 12-month period. *
- Request a paper copy of this Notice, even if you agree to receive it electronically.

** To ensure clarity, all requests must be submitted in writing. Easy-to-use request forms are available*

from the Health Department Privacy Officer.

OUR ORGANIZATION

This Notice describes the privacy practices of the Southwest Utah Public Health Department (“Health Department”) at all office locations and pertains to all Health Department employees and volunteers at such locations.

The Health Department may have affiliated health care providers and business associates (who are not employed by the Health Department, but are either authorized to assist or have a contractual relationship with the Health Department) who may have different privacy practices from those described in this Notice.

CONTACT US ABOUT YOUR PRIVACY RIGHTS

You have a right to further information about your privacy rights. If you are concerned about a privacy rights problem, wish to file a complaint or concern that your privacy rights have been violated, or disagree with any decision we made regarding your privacy rights or in the handling of your health information:

**Privacy Officer
Southwest Utah Public
Health Department**
620 South 400 East, Suite 400
St. George, Utah 84770
Phone - (435) 673-3528
Fax - (435) 628-6425

We will promptly and thoroughly investigate all complaints and concerns, and will not retaliate against you for filing a complaint or concern. Additionally, you have a right to file a written complaint with the Office of Civil Rights – U.S. Department of Health and Human Services.



The effective date of this Notice is April 14, 2003.

Reviewed 01/11/2017