

STATE OF IDAHO
COUNTY OF TWIN FALLS

Notice of Privacy Practices for Protected Health Information

**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 us by telephone during business hours or in writing:

County Privacy Officer

Privacy Officer: Human Resource Director
425 Shoshone St. North; 4th Floor
P. O. Box 126
Twin Falls, Idaho 83303
Phone: (208) 736-4083
Fax: (208) 736-4176

We understand your medical information is personal and we are committed to protecting your privacy as required by Federal and State law. We are permitted by certain privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations. "Protected health information" is the information we create and obtain in providing our services to you. Such information may include documentation of your symptoms, examination and test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services. This notice will explain many of the ways in which we may legally use and disclose this information as well as your privacy rights in this regard.

Examples of uses of your health information without your authorization

- **FOR TREATMENT:** We may use or disclose medical information about you to facilitate medical treatment or services by providers. We may disclose medical information about you to providers; including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you.
- **FOR PAYMENT:** In submitting requests for payment, your health insurance company or another third party payer may require limited health care information on what services you received. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary or to determine whether the county will cover the medical treatment. We may also share medical information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

- **FOR HEALTH CARE OPERATIONS:** In order to manage our programs, we may obtain services from business associates to provide quality assessment, quality improvement, training programs, credentials, medical review, legal services, copy services, testing facilities, and others. Information about you may be provided as necessary to obtain these services, and these associates are required to appropriately safeguard your information.

OTHER USES AND DISCLOSURES PERMITTED OR REQUIRED BY LAW

VICTIMS OF ABUSE, NEGLECT, OR DOMESTIC VIOLENCE

We can disclose protected health information to governmental authorities to the extent that the disclosure is authorized by statute or regulation and in the exercise of professional judgment if a county employee believes the disclosure is necessary to prevent serious harm to someone. Particular County agencies are required by law to receive and investigate such reports.

OVERSIGHT AGENCIES

Federal law allows us to release your protected health information to appropriate health oversight agencies or for health oversight activities to include audits, civil, administrative or criminal investigations: inspections; licensures or disciplinary actions, and for similar reasons related to the administration of healthcare, government regulations, and civil rights.

JUDICIAL/ADMINISTRATIVE PROCEEDINGS

We may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, or as directed by a proper court order or administrative tribunal. Disclosure will be made provided that only the protected health information released is expressly authorized by such order, or in response to a subpoena, discovery request or other lawful process.

LAW ENFORCEMENT

We may disclose your protected health information for law enforcement purposes as required by law, such as when required by court order, including laws that require reporting of certain types of wounds or other physical injury.

CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS

We may disclose your protected health information to funeral directors or coroners consistent with applicable law to allow them to carry out their duties.

ORGAN PROCUREMENT ORGANIZATIONS

Consistent with applicable law, we may disclose your protected health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs, eyes, or tissue for the purpose of donation and transplant.

RESEARCH

We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

THREAT TO HEALTH AND SAFETY

To avert a serious threat to health or safety, we may disclose your protected health information consistent with applicable law to prevent or lessen a serious, imminent threat to the health or safety of a person or the public. This includes medical emergencies, serious risk of disease, injury or disability, emergency disaster relief.

FOR SPECIALIZED GOVERNMENTAL FUNCTIONS

We may disclose your protected health information for specialized government functions as authorized by law such as to Armed Forces personnel, for national security purposes, intelligence or to public assistance program personnel.

WORKERS COMPENSATION

If you are seeking compensation through Workers Compensation, we may disclose your protected health information to the extent necessary to comply with laws relating to Workers Compensation.

CORRECTIONAL INSTITUTIONS

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. The 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.

PUBLIC HEALTH ACTIVITIES

Controlling Disease - As required by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability, including reporting of vital statistics.

Food and Drug Administration (FDA) - We may disclose to the FDA your protected health information relating to adverse events with respect to food, supplements, products and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacements.

Other uses and disclosures not permitted by law will be made only with your written authorization, which may be revoked at any time, except to the extent that (1) action has already taken place, or (2) if the authorization was obtained as a condition of obtaining insurance coverage.

Your Health Information Rights

The health and billing records we maintain are the property of the County. You have the following rights with respect to your Protected Health Information

1. Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to our office listed below. We are not required to grant the request but we will comply with any request that is granted;

2. Obtain another paper copy of the Notice of Privacy Practices for Protected Health Information ("Notice") by making a request at our office listed below;
3. (In most cases) right to inspect and copy your health record and billing record—you may exercise this right by delivering the request in writing to our office listed below. You may be charged the cost of copying the records. You may appeal a denial of access to your protected health information except in certain circumstances.
4. Right to request a correction or amendment to your health care record by delivering a written request to our office listed below. If the amendment is not made, you may file a statement of disagreement, which will be attached in all future disclosures of your protected health information.
5. Right to receive a list of disclosures of your health information after 4/14/04 by delivering a request in writing to our office listed below. The accounting will not include internal uses of information for treatment, payment, or operations, disclosures made at your request, or those to family members or friends in the course of providing care;
6. Right to ask that communication of your health information be made by alternative means or at an alternative location by delivering a written request to our office listed below.

If you want to exercise any of the above rights, please contact:

County Privacy Officer

Privacy Officer: Human Resource Director
425 Shoshone St. North; 4th Floor
P. O. Box 126
Twin Falls, Idaho 83303
Phone: (208) 736-4083
Fax: (208) 736-4176

by calling during normal business hours or in writing. You will be provided with assistance on the steps necessary to exercise your rights.

Our Responsibilities

We are required to:

- Maintain the privacy of your health information as required by law;
- Provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you upon your request;
- Abide by the terms of this Notice;
- Notify you if we cannot accommodate a requested restriction or request;
- Accommodate your reasonable requests regarding methods to communicate health information with you;
- Accommodate your request for an accounting of disclosures.

- Notify you of any changes in the privacy practices provisions, post the new notice at each county facility and provide you with a revised copy upon your request.

To Request Information or File a Complaint

Contact Person:

County Privacy Officer

Privacy Officer: Human Resource Director
425 Shoshone St. North; 4th Floor
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Twin Falls, Idaho 83303
Phone: (208) 736-4083
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If you have questions, would like additional information, or wish to have someone review a request that has been denied regarding your records, you may contact the Privacy Officer by phone during regular business hours or in writing.

If you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint to the Privacy Officer. You may also file a complaint by mailing it or e-mailing it to:

OFFICE FOR 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
Telephone: 866-627-7748 - TTY: 886-788-4989 - email: www.hh.gov/ocr

Your benefits will not be affected by any complaints you make. We cannot, and will not, retaliate against you for filing a complaint.

Effective Date: *April 14, 2004*