

**Notice of Privacy Practices**  
**Douglas County Public Health**  
**Effective Date: April 14, 2003**

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**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.**

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**OUR LEGAL DUTY**

**You have privacy rights under the Minnesota Government Data Practices Act and the federal Health Insurance Portability and Accountability Act (HIPAA).** These laws protect your privacy but also let us give information about you to others if the law requires it. As a recipient of services from Douglas County Public Health, you have the right to know the purpose and intended use of personal health information that we collect from you or about you. You have a right to know whether you may refuse or are legally required to supply the personal health information requested and any known consequences arising from supplying or refusing to supply private or confidential information. You also have a right to know the identify of other persons or entities authorized by state or federal law to receive the personal health information.

**We are required by law to maintain the privacy of your personal health information.** We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your personal health information. We must follow the privacy practices that are described in this Notice while it is in effect.

**Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available to you.** We reserve the right to change our privacy practices and the terms of this Notice at any time. Changes will be available from the Public Health Office. Any changes in our privacy practices and the new terms of our Notice will be effective for all personal health information that we maintain, including personal health information we created or received before we made the changes.

**You may request a copy of our Notice at any time.** For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

**USES AND DISCLOSURES OF PERSONAL HEALTH INFORMATION**

We use or disclose your personal health information only for the purposes listed below. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose your personal health information will fall within one of these categories.

**For your treatment, for payment of services provided to you, or for healthcare operations of Douglas County Public Health.**

Treatment: We may use or disclose your personal health information as necessary for your effective care and treatment by Douglas County Public Health, such as providing information to a physician or to other healthcare providers who are also providing or coordinating treatment for you. We may use your personal health care information to determine the type and amount of services provided by Douglas County Public Health for which you may be eligible.

Payment: We may use and disclose your personal health information to obtain payment for services we provide to you. This personal health information may enable us to collect federal, state, local, and other sources of funds for the services provided to you and your family. For

example, your insurance may need personal health information about you so it can make a determination of eligibility and/or coverage of insurance. Personal health information may also be used to determine your ability to personally finance the services you or your family may receive.

Healthcare Operations: We may use and disclose your personal health information in connection with our healthcare operations. Healthcare operations include but are not limited to quality assessment and improvement activities, employee review activities, preparation of statistical and evaluative reports, training of employees and nursing students, licensing or credentialing activities, marketing activities and conducting or arranging for other business activities. We may also call you by name in the Public Health reception area. We may disclose limited personal health information to provide you with appointment reminders such as voice mail messages, postcards, or letters. We will share personal health information with third party "Business Associates". Whenever an arrangement between our agency and a business associate involves the use or disclosure of your personal health information, we will have a written contract that contains terms and conditions that will protect the privacy of your personal health information. We may use or disclose your personal health information as necessary to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**To persons involved in your care:** We may use or disclose personal health information to notify or assist in the notification of a family member or a personal representative as authorized and determined necessary to inform them of your location, your general condition, or your death. If you are present, we will provide you with an opportunity to object to such uses or disclosures before they are made. In the event of your incapacity or in emergency circumstances, we may disclose information that is directly relevant to the family member's or personal representative's involvement in your healthcare, if we determine that it is in your best interest to do so.

**As required by law:** We may disclose your personal health information when we are required to do so by federal, state or local law.

**For public health activities:** We may use and disclose personal health information about you for public health activities, including reporting births and deaths and notifying appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or other crimes. We may disclose your personal health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others. This includes information which we may be required to disclose to the Minnesota Department of Health if you or your family have any communicable disease or to determine compliance with treatment standards.

**For health oversight activities:** We may disclose personal health information to a health oversight agency for activities authorized by law.

**For judicial and administrative proceedings:** We may disclose personal health information about you in response to a court or administrative order. We may disclose personal health information in response to a subpoena, discovery request, or other lawful process, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**For law enforcement purposes:** We may disclose personal health information to law enforcement officials when certain conditions are met.

**For workers' compensation:** We may release personal health information about you for workers' compensation or similar programs.

**For national security and similar government functions:** We may disclose to military authorities the personal health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials personal health information required for lawful intelligence, counterintelligence, and other national security activities. If you are an inmate of a correctional institution or under custody of a law enforcement official, we may disclose personal health information about you to the institution or official under certain circumstances.

**For organ and tissue donation:** If you are an organ donor, we may release personal 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.

**Research:** We may disclose personal health information to research institutions, but only if efforts have been made to tell you about the request or obtain an order protecting the information requested. Should we receive such a request for research, every effort will be made to disclose information that does not contain individually identifiable information.

**With your authorization:** Other uses and disclosures of personal health information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect.

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## **YOUR RIGHTS**

**Access:** You have the right to request a responsible authority to inform you whether you are the subject of stored personal health data and whether that data is classified as public, private, or confidential. Upon further request, as a subject of stored personal health data, you shall be shown the data without any charge and, if desired, shall be informed of the content and meaning of the data.

You have the right to look at or get copies of your personal health information, with limited exceptions. You must make your request for access to your personal health information in writing by using forms we provide or by sending us a letter to the address at the end of this Notice. Copies will be provided to you as soon as possible, but not longer than ten days of the date of the request, excluding Saturdays, Sundays, and holidays. If you request copies, we will charge you a reasonable amount for each page plus postage if you want the copies mailed.

We may deny your request in certain very limited circumstances. If you are denied access to personal health information, you may request that the denial be reviewed. Another licensed health care professional not directly involved in the decision to deny your request will review your request and the denial. We will abide by the outcome of that review.

**Disclosure accounting:** You have the right to receive a list of disclosures we or our business associates made of your personal health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for a period of time up to six years, but not including dates before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for providing the list.

**Request restrictions:** You have the right to request that we restrict how we use or disclose

your personal health information for treatment, payment, or health care operations or the disclosures we make to someone who is involved in your care or the payment for your care, such as a family member or friend. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

**Confidential communication:** You have the right to request that we communicate with you about your personal health information by alternative means or to alternative locations. For instance, you may request that we only conduct communications pertaining to your health information with you privately with no other family members present. You must make your request in writing and may use forms we provide. While we will not require that you provide any reasons for your request, your request must specify the alternative means or location, and provide satisfactory explanation of how payments will be handled under the alternative means or location you request. We will, within reason, attempt to honor your request.

**Amendment:** You have the right to request that we amend your personal health information. Your request must be in writing, and it must give a reason for your request. Within 30 days, we shall either (1) correct the data found to be inaccurate or incomplete and attempt to notify past recipients of inaccurate or incomplete data, or (2) deny your request if you ask us to amend information that was not created by us, is not part of the information kept by Douglas County Public Health, or is not part of the information you would be permitted to inspect and copy, or (3) deny your request if, in the opinion of Douglas County Public Health, the record containing your personal health information is accurate and complete. Any denial will be in writing and state the reason for the denial.

## **QUESTIONS AND COMPLAINTS**

For more information about our privacy practices or for questions or concerns, please contact:  
Director  
Douglas County Public Health  
725 Elm Street, Suite 1200  
Alexandria, MN 56308  
Phone: 320-763-6018

If you are concerned that we may have violated your privacy rights or if you disagree with a decision we made about use or disclosure of your personal health information, you may register a complaint using the contact information listed here. We cannot deny you service or discriminate against you because you have filed a complaint against us.

HIPAA Compliance Official for Douglas County  
Douglas County Human Resource Department  
Courthouse, 305 8<sup>th</sup> Avenue West  
Alexandria, Minnesota 56308  
Phone: 320-762-3858

Office of 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  
Phone: 866-627-7748