

## NOTICE OF PRIVACY PRACTICES

### PURPOSE:

The purpose of this policy is to ensure Crawford County Health Department makes available its Notice of Privacy Practices to patients as required by the HIPAA Privacy Rule.

### POLICY STATEMENT:

Crawford County Health Department shall make available the current version of its Notice of Privacy Practices pursuant to the requirements of the HIPAA Privacy Rule and the Kansas Health Information and Technology Act.

References to the Privacy Officer include his or her designee. References to an individual include his or her personal representative as authorized by law.

### PROCEDURE:

- [1. Crawford County Health Department participates in [*Kansas Health Information Network/Lewis & Clark Information Exchange*] (“KHIN/LACIE”) under the terms of a written Participation Agreement (“Agreement”). Pursuant to the terms of the Agreement, Crawford County Health Department is required to incorporate into its HIPAA Notice of Privacy Practices a notice regarding electronic health information (“HIE”) at least thirty (30) days prior to the date on which Crawford County Health Department first participates in electronic health information exchange through KHIN/LACIE. ]
2. A copy of the current version of Crawford County Health Department’s Notice of Privacy Practices (“the Notice”) effective September 25, 2013 is attached as **Exhibit A**.
3. The Privacy Officer shall have overall responsibility for ensuring proper distribution of the Notice as required by the HIPAA Privacy Rule.
4. Crawford County Health Department shall give copy of the current Notice and obtain a written acknowledgement of receipt of the Notice from each new patient. It is not necessary for the Department to give the current Notice to a patient from whom a written acknowledgement of receipt has been previously obtained even if the patient acknowledged receipt of a prior version of the Notice.
5. Each time a patient is seen at Crawford County Health Department’s facility, the workforce member responsible for registering the patient shall review the patient’s record to determine whether the patient previously has provided a written acknowledgement of receipt of the Notice. If the patient has not provided such acknowledgement, the workforce member shall give the patient (or patient representative) a copy of the current Notice, and obtain the signature of the patient on the acknowledgement form, a copy of which is attached as **Exhibit B**. The workforce member then shall place the signed acknowledgement in the patient’s medical record. If the patient refuses to sign the acknowledgement, or the workforce member otherwise is unable to obtain an acknowledgement from the patient, the workforce member shall document in the record

the good faith efforts to obtain the acknowledgement on the form attached hereto as **Exhibit C**.

6. If the process outlined in the preceding section cannot be completed prior to treating the patient due to an emergency situation, that process shall be completed as soon as possible.
7. The Privacy Officer shall ensure either (a) a full copy of the current Notice is posted in a clear and prominent location in the reception area, or (b) a summary of the Notice is posted in such location *and* a copy of the current Notice is maintained in Department's facility in a notebook clearly labeled "Notice of Privacy Practices" available to any visitor to Department's facility.
8. The Privacy Officer shall ensure that the current version of the Notice is posted on Crawford County Health Department's website available from a link appearing on the home page of such website.
9. Any member of Crawford County Health Department's workforce who receives an inquiry concerning the Notice shall direct such inquiry to the Privacy Officer. The Privacy Officer shall be responsible for handling all such inquiries. Upon request, the Privacy Officer shall provide a copy of the current Notice to any person who requests a copy of the document.

## **NOTICE OF PRIVACY PRACTICES**

**EFFECTIVE September 25, 2013**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.** You have the right to a paper copy of this Notice; you may request a copy at any time.

Crawford County Health Department is required by law to maintain the privacy of protected health information, to provide individuals with notice of its legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information.

Crawford County Health Department provides health care to patients in partnership with physicians and other professionals and organizations. The information in this Notice of Privacy Practices will be followed by all the following entities, sites, and locations of Crawford County Health Department:

- All individuals employed by Crawford County Health Department
- All Crawford County Health Department inpatient and outpatient departments
- Volunteers working at any Crawford County Health Department facility
- Medical, nursing, and other students present at any Crawford County Health Department facility
- Any health care professional who treats you at any Crawford County Health Department facility

**HOW CRAWFORD COUNTY HEALTH DEPARTMENT MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU.**

Crawford County Health Department may use and disclose your health information for the following purposes without your express consent or authorization.

***Treatment.*** We may use your health information to provide you with medical treatment. We may disclose information to doctors, nurses, technicians, medical students, or other personnel involved in your care. We also may disclose information to persons outside Crawford County Health Department involved in your treatment, such as other health care provider.

We may use and disclose health information to discuss with you treatment options or health-related benefits or services or to provide you with promotional gifts of nominal value. We may use and disclose your health information to remind you of upcoming appointments. Unless you direct us otherwise, we may leave messages on your telephone answering machine identifying Crawford County Health Department and asking for you to return our call. We will not disclose any health information to any person other than you except to leave a message for you to return the call.

***Payment.*** We may use and disclose your health information as necessary to collect payment for services we provide to you. We also may provide information to other health care providers to assist them in obtaining payment for services they provide to you. 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.

***Business Associates.*** Crawford County Health Department provides some services through contracts or arrangements with business associates. We require our business associates to appropriately safeguard your information.

***Creation of de-identified health information.*** We may use your health information to create de-identified health information. This means that all data items that would help identify you are removed or modified.

***Uses and disclosures required by law.*** We will use and/or disclose your information when required by law to do so.

***Disclosures for public health activities.*** We may disclose your health information to a government agency authorized (a) to collect data for the purpose of preventing or control disease, injury, or disability; or (b) to receive reports of child abuse or neglect. We also may disclose such information to a person who may have been exposed to a communicable disease if permitted by law.

***Disclosures about victims of abuse, neglect, or domestic violence.*** Crawford County Health Department may disclose your health information to a government authority if we reasonably believe you are a victim of abuse, neglect, or domestic violence.

***Disclosures for judicial and administrative proceedings.*** Your protected health information may be disclosed in response to a court order or in response to a subpoena, discovery request, or other lawful process if certain legal requirements are satisfied.

***Disclosures for law enforcement purposes.*** We may disclose your health information to a law enforcement official as required by law or in compliance with a court order, court-ordered warrant, a subpoena, or summons issued by a judicial officer; a grand jury subpoena; or an administrative request related to a legitimate law enforcement inquiry.

***Disclosures regarding victims of a crime.*** In response to a law enforcement official's request, we may disclose information about you with your approval. We may also disclose information in an emergency situation or if you are incapacitated if it appears you were the victim of a crime.

***Disclosures to avert a serious threat to health or safety.*** We may disclose information to prevent or lessen a serious threat to the health and safety of a person or the public or as necessary for law enforcement authorities to identify or apprehend an individual.

***Disclosures for specialized government functions.*** We may disclose your protected health information as required to comply with governmental requirements for national security reasons or for protection of certain government personnel or foreign dignitaries.

## **OTHER USES AND DISCLOSURES**

***Health Care Operations.*** We may use and disclose your health information for our internal operations. These uses and disclosures are necessary for our day-to-day operation. We will obtain your express written authorization before using or disclosing your information for any other purpose not described in this notice. For example, authorizations are required for use and disclosure of psychotherapy notes, certain types of marketing arrangements, and certain instances involving the sale of your information. You may revoke such authorization, in writing, at any time to the extent Crawford County Health Department has not relied on it.

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

**Right to Inspect and Copy.** You have the right to inspect and copy health information maintained by Crawford County Health Department. To do so, you must complete a specific form providing information needed to process your request. If you request copies, we may charge a reasonable fee. We may deny you access in certain limited circumstances. If we deny access, you may request review of that decision by a third party and we will comply with the outcome of the review.

**Right To Request Amendment.** If you believe your records contain inaccurate or incomplete information, you may ask us to amend the information. 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.

**Right to an Accounting of Disclosures and Access Report.** You have the right to request a list of disclosures of your health information we have made, with certain exceptions defined by law. To request an accounting or an access report, you must complete a specific written form providing information we need to process your request.

**Right to Request Restrictions.** You have the right to request a restriction on our uses and disclosures of your health information for treatment, payment, or health care operations. You must complete a specific written form providing information we need to process your request. Crawford County Health Department's Privacy Officer is the only person who has the authority to approve such a request. Crawford County Health Department is not required to honor your request for restrictions, except if (a) the disclosure is for purposes of carrying out payment or health care operations and is not otherwise required by law, and (2) the protected health information pertains solely to a health care item or services for which you or any person (other than a health plan on your behalf) has paid Crawford County Health Department in full.

**Right to Request Alternative Methods of Communication.** You have the right to request that we communicate with you in a certain way or at a certain location. You must complete a specific form providing information needed to process your request. Crawford County Health Department's Privacy Officer is the only person who has the authority to act on such a request. We will not ask you the reason for your request, and we will accommodate all reasonable requests.

**Rights Relating to Electronic Health Information Exchange.** Crawford County Health Department participates in electronic health information exchange, or HIE. New technology allows a provider or a health plan to make a single request through a health information organization, or HIO, to obtain electronic records for a specific patient from other HIE participants for purposes of treatment, payment, or health care operations.

You have two options with respect to HIE. First, you can permit authorized individuals to access your electronic health information through an HIO. If you choose this option, you do not have to do anything. Second, you can restrict access to all of your electronic health information (except access by properly authorized individuals as needed to report specific information as required by law). If you wish to restrict access, you must complete and submit a specific form available at <http://www.khie.org>. You operations and to make sure patients receive cannot restrict access to certain information only; your choice is to permit or restrict access to all of your information.

If you have questions regarding HIE or HIOs, please visit <http://www.khie.org> for additional information. Your decision to restrict access through an HIO does not impact other disclosures of your health information. Providers and health plans may share your information directly through other means (e.g., facsimile or secure e-mail) without your specific written authorization.

If you receive health care services in a state other than Kansas, different rules may apply regarding restrictions on access to your electronic health information. Please communicate directly with your out-of-state health care provider about what action, if any, you need to take to restrict access.

### **COMPLAINTS**

If you believe your rights with respect to health information have been violated, you may file a complaint with Crawford County Health Department or with the Secretary of the Department of Health and Human Services. To file a complaint with Crawford County Health Department, please contact Privacy Officer, Hope Harmon. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

Crawford County Health Department reserves the right to change the terms of this Notice and to make the revised Notice effective with respect to all protected health information regardless of when the information was created.

**ACKNOWLEDGEMENT OF  
RECEIPT OF REVISED NOTICE OF PRIVACY PRACTICES**

I acknowledge that I have received a copy of Crawford County Health Department's Notice of Privacy Practices effective September 25, 2013.

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Signature of Patient/Patient Representative

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Date

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Relationship to Patient

**Original to be maintained in Patient's permanent medical record.**

**DOCUMENTATION OF GOOD FAITH EFFORTS**

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

The patient presented to the facility on this date and was provided with a copy of Crawford County Health Department's Notice of Privacy Practices. A good faith effort was made to obtain from the patient (or the patient's representative) a written acknowledgement of his/her receipt of the Notice. However, such acknowledgement was not obtained because:

- Patient/patient representative refused to sign.
- Patient/patient representative was unable to sign because:  
\_\_\_\_\_  
\_\_\_\_\_
- Patient had a medical emergency, and an attempt to obtain the acknowledgement will be made at the next available opportunity.
- Other reason (describe below):  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Employee Completing Form: \_\_\_\_\_

**Original to be maintained in Patient's permanent medical record.**



