

Notice of Privacy Practices

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.

Pottawattamie County is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about the privacy practices at Pottawattamie County please contact:

Pottawattamie County Privacy Official
227 South 6th Street
Council Bluffs, IA 51501
712-328-5700

Effective Date of This Notice: 4/14/2003

I. How Pottawattamie County may Use or Disclose Your Health Information

Pottawattamie County collects health information from you and stores it in a chart and on a computer. This is your medical record. The medical record is the property of Pottawattamie County, but the information in the medical record belongs to you. Pottawattamie County protects the privacy of your health information. The law permits Pottawattamie County to use or disclose your health information for the following purposes:

1. Treatment. We may use medical information about you to provide, coordinate, or manage your medical treatment or services. We may disclose medical information about you to physicians or health care providers who are or will be involved in taking care of you. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. Another example is that your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.
2. Payment. We may use and disclose medical information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company, or a third party. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, to determine whether your plan will cover the treatment, and for undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.
3. Regular Health Care Operations. We may use or disclose, as-needed, your protected health information in order to support the business activities of our organization. These activities include, but are not limited to, quality assessment activities, employee review activities, and conducting or arranging for other business activities. For example, we may call you by name in the waiting area when we are ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.
4. Information provided to you.
5. Notification and communication with family. We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our professionals will use their best judgment in communication with your family and others.
6. Required by law. As required by law, we may use and disclose your health information.
7. Public health. As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.

Notice of Privacy Practices

8. Health oversight activities. We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.
9. Judicial and administrative proceedings. We may disclose your health information in the course of any administrative or judicial proceeding.
10. Law enforcement. We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.
11. Deceased person information. We may disclose your health information to coroners, medical examiners and funeral directors.
12. Organ donation. We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.
13. Research. We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board or Pottawattamie County's privacy board.
14. Public safety. We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
15. Specialized government functions. We may disclose your health information for military, national security, prisoner and government benefits purposes.
16. Worker's compensation. We may disclose your health information as necessary to comply with worker's compensation laws.
17. Marketing. We may contact you to provide appointment reminders or to give you information about other treatments or health-related benefits and services that may be of interest to you.
18. Fund-raising. We may contact you to participate in fund-raising activities for Pottawattamie County.
19. Health plan. We may disclose your health information to the sponsor of your health plan.

II. When Pottawattamie County May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, Pottawattamie County will not use or disclose your health information without your written authorization. If you do authorize Pottawattamie County to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

III. Your Health Information Rights

1. You have the right to request restrictions on certain uses and disclosures of your health information. Pottawattamie County is not required to agree to the restriction that you requested.
2. You have the right to receive your health information through a reasonable alternative means or at an alternative location. All requests must be made in writing.
3. You have the right to inspect and copy your health information.
4. You have a right to request that Pottawattamie County amend your health information that is incorrect or incomplete. Pottawattamie County is not required to change your health information and will provide you with information about Pottawattamie County's denial and how you can disagree with the denial.
5. You have a right to receive an accounting of disclosures of your health information made by Pottawattamie County, except that Pottawattamie County does not have to account for the disclosures described in parts 1

Notice of Privacy Practices

(treatment), 2 (payment), 3 (health care operations), 4 (information provided to you), and 15 (certain government functions) of section I of this Notice of Privacy Practices.

6. You have a right to a paper copy of this Notice of Privacy Practices.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact

Pottawattamie County Privacy Official
227 South 6th Street
Council Bluffs, IA 51501

IV. Changes to this Notice of Privacy Practices

Pottawattamie County reserves the right to amend this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendment. Until such amendment is made, Pottawattamie County is required by law to comply with this Notice.

V. Complaints

Complaints about this Notice of Privacy Practices or how Pottawattamie County handles your health information should be directed to:

Pottawattamie County Privacy Official
227 South 6th Street
Council Bluffs, IA 51501

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Department of Health and Human Services
Office of Civil Rights
601 East 12th Street--Room 248
Kansas City, Missouri 64106

You may also file complaints by e-mail at: OCRCComplaint@hhs.gov.