NOTICE OF PRIVACY PRACTICES

EFFECTIVE DATE: May 1, 2014

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION

ABOUT YOU MAY BE USED AND DISCLOSED AND

HOW YOU CAN ACCESS THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

YOUR RIGHTS

Your Rights Regarding Medical Information About You

You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy:** You have the right to inspect and copy medical information that may be used to make decisions about your care. This includes medical and billing records, but does not include mental health, psychotherapy, or substance abuse records. If your medical information is in electronic format, you have the right to receive an e-copy of your records and may direct that copy to a third party, if you so choose. To inspect and copy medical information that may be used to make decisions about you, submit your request in writing to the **JCPH Executive Director, 645 Parfet Street, Lakewood, CO 80215.** If you request a copy of the information, we may charge a fee for the costs of copying, mailing and other supplies related to your request. In certain limited circumstances, we may deny your request to inspect and copy. If you are denied access to this medical information you may request a review of the denial. A review of the denial must be sent to the **JCPH Executive Director**. Another licensed health care professional will be appointed by JCPH and will review your request. We will comply with the outcome of this review.
- **Right to Amend:** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by or for JCPH. To request an amendment your request must be made in writing and submitted to **JCPH Executive Director, 645 Parfet Street, Lakewood, CO 80215.** You must provide a reason that supports your request. We may deny your request if it is not in writing or does not include a reason for the request. In addition, we may deny your request if you ask us to amend information that:
    1. was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
    2. is not part of the medical information kept by or for JCPH;

3. is not part of the information which you would be permitted to inspect and copy; or
4. is accurate and complete.

- **Right to an Accounting of Disclosures:** You have the right to request an "accounting of disclosures" we made of medical information about you for purposes other than treatment, payment and health care operations or disclosures made with your authorization. In order to request this list of accountings of disclosures, submit your request in writing to **JCPH Supervisor of Medical Records, 645 Parfet Street, Lakewood, CO 80215.** Your request must state a time period, which may not be longer than six years and may not include dates before March 6, 2003. Your request should tell us in what form you want the list, for example, either paper or electronically. The first request in a 12-month period is free. For additional lists, we will charge you for the cost of providing the list. We will notify you of the fee and you may decide to change your request.
- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. **We are not required to agree to your request.** If we do agree, we will comply with your request unless the information is needed to provide emergency treatment to you. To request restrictions, submit a request in writing to **JCPH Supervisor of Medical Records, 645 Parfet Street, Lakewood, CO 80215.** In the request tell us what information you want to limit, whether you want to limit our use, disclosure or both, and to whom you want the limits to apply (for example, a spouse).
- **Right to Restrict Disclosures to Health Plans of Services Paid in Full:** You have the right to request that we restrict disclosures to health plans of treatment or services if the treatment or services have been **paid in full out of pocket**. To request restrictions, submit a request in writing to **JCPH Supervisor of Medical Records, 645 Parfet Street, Lakewood, CO 80215.** In the request, please indicate what information you want to limit and provide documentation that your treatment and services have been paid in full.
- **Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications submit your request in writing to **JCPH Supervisor of Medical Records, 645 Parfet Street, Lakewood, CO 80215.** We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must tell us how or where you wish to be contacted.
- **Right to a Paper Copy of this Notice:** You have the right to a copy of this notice. You may ask us to give you a copy at any time.
- **Right to File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint with JCPH or with the Secretary of the Department of Health and Human Services. To file a complaint with JCPH, contact the **JCPH Executive Director, 645 Parfet Street, Lakewood, CO 80215.** All complaints must be in writing. **You will not be penalized for filing a complaint.**

To file a complaint with the Department of Health and Human Services contact:

Region VIII, Office of Civil Rights
U.S. Department of Health and Human Services
999 18th Street, Suite 417
Denver, CO 80202
Phone (800) 368-1019
Fax (303) 844-2025
TDD (800) 537-7697

If you need help filing a complaint or would like more information, please e-mail the Office of Civil Rights at OCRComplaint@hhs.gov or visit OCR's website at http://www.hhs.gov/ocr/.

YOUR CHOICES

For certain types of health information, you can tell us your choices about what we share. If you have a clear preference, talk to us and we will follow your instructions unless an exemption applies. For more information about how we use and disclose your health information and special situations that may apply, please see the "Our Uses and Disclosures" section below.

- **Uses and Disclosures that Require Authorization:** Certain types of health information require your authorization before it can be used or disclosed. These situations include most uses and disclosures of mental health records, psychotherapy notes, substance abuse records, health information for marketing purposes, and any disclosure that constitutes a sale of protected information. Additionally, in order for us to disclose student immunization records to your child's school, JCPH must receive a parent or guardian's written or oral authorization. Other uses and disclosures not described in this document will be made only with your authorization.

OUR USES AND DISCLOSURES

How we may use and disclose medical information about you:

The following items describe different ways that we use and disclose medical information. For each of the uses or disclosures we will explain what we mean. Not every use or disclosure will be listed. However, all of the ways we are permitted to use and disclose information will be covered.

- **For Treatment:** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, or other personnel who are involved in taking care of you through JCPH. Different clinics and departments may share medical information about you to coordinate the different services you need. We also may disclose medical information about you to people outside JCPH who may be involved in your medical care unless you have specifically requested the restriction of this type of disclosure.
- **For Payment:** We may use and disclose medical information about you so that the treatment and services you receive through JCPH may be billed and payment may be collected from you, an insurance company or a third party.
- **For Health Care Operations:** We may use and disclose medical information about you for JCPH operations. These uses and disclosures are necessary to run the department and be certain that all

of our clients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many clients to decide what services are needed. We may also disclose information to doctors, nurses, technicians, and other personnel for review and learning purposes. We may also combine the medical information we have with medical information from other health care providers to compare how we are doing and see where we can make improvements in the care and services we offer. We remove information that identifies you from this medical information so that others may use it to study health care and health care delivery without identifying specific clients.

Special situations when your permission is not required:

We may use or disclose health information about you without your permission for the following purposes, subject to all applicable legal requirements and limitations. **In each situation, JCPH will use discretion to ensure that the use or disclosure only contains the minimum amount of information necessary.**

- **Appointment Reminders:** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care.
- **Individuals Involved in Your Care or Payment for Your Care:** We may release medical information about you to a friend or family member who is actively involved in your medical care.
- **Research:** Under certain circumstances, we may use and disclose medical information about you for research purposes. All research projects are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, attempting to balance the research needs with clients' need for privacy of their medical information. Before we use or disclose medical information for research the project must be approved through this process. We may disclose medical information about you to people preparing to conduct a research project. An example of this would be to help them look for clients with specific medical needs with the restriction that the information cannot be removed from JCPH. We will ask for your permission if the research has access to your name, address or other information that identifies you.
- **As Required by Law:** We will disclose medical information about you when required to do so by federal, state, or local law.
- **To Avert a Serious Threat to Health and Safety:** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- **Workers' Compensation:** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks:** We may disclose medical information about you, including HIV/AIDS-related information (unless prohibited by state law), for public health activities. Those activities generally include the following:
    1. to prevent or control disease, injury or disability;
    2. to report births and deaths;
    3. to report child abuse or neglect;

4. to report elder abuse or neglect;
5. to report reactions to medications, vaccines, or problems with products;
6. to notify people of recalls of products they may be using;
7. to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
8. to notify the appropriate government authority if we believe a client has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

- **Health Oversight Activities:** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities can include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement:** We may release medical information if asked to do so by a law enforcement official;

  1. in response to a court order, subpoena, warrant, summons, or similar process;
  2. to identify or locate a suspect, fugitive, material witness, or missing person;
  3. about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
  4. about a death we believe may be the result of criminal conduct;
  5. in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

- **Coroners, Medical Examiners, and Funeral Directors:** We may disclose medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.
- **National Security and Intelligence Activities:** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others:** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- **Inmates:** 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. This release is necessary for the institution to provide you with health care, to protect your health and safety or the health and safety of others or for the safety and security of the correctional institution.

- **Decedent Information:** Decedent health information is no longer considered protected after 50 years following the individual's death. In certain situations, we may disclose health information to family and others caring for the decedent unless the individual has restricted access to their health information prior to his/her death.
- **Other Uses of Medical Information:** Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you that permission can be revoked, in writing, at any time. If you revoke your permission we will no longer use or disclose medical information about you for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your permission and we are required to retain our records of the care that we have provided to you.

OUR RESPONSIBILITIES

Who will follow this notice?

This notice describes the privacy practices of Jefferson County Public Health (JCPH) and of:

- any health care professional authorized to enter information into your medical record.
- all clinics and units of JCPH.
- any member of a volunteer group we allow to help you while you are being treated by JCPH.
- all employees, staff and other JCPH personnel.
- all independent contractors providing services to JCPH and generating, reviewing, or maintaining medical records of clients.
- all of our clinic sites and locations follow the terms of this notice. In addition, these clinic sites and locations may share medical information between them for treatment, payment, or JCPH operations purposes.

Our promise regarding medical information:

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive through JCPH. We use this record to provide you with quality care and to meet certain legal requirements. This notice applies to all the records of your care generated by JCPH, whether made by JCPH personnel or your personal health care provider. Your personal health care provider may have different policies or notices regarding the provider's use and disclosure of your medical information created in your personal provider's office or clinic.

This notice tells you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- make certain that medical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices related to medical information about you; and

- follow the terms of the notice that is currently effective.

Breaches of Health Information

In the event that there is an unauthorized release of your information, JCPH is required by law to notify each affected individual no later than 60 days following the discovery of the breach. If over 500 individuals are affected by the breach, JCPH is also required to provide notice to prominent media outlets serving Jefferson County.

Changes to This Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice at JCPH clinic sites. The notice will contain on the first page, the effective date. Each time you register at JCPH for treatment or health care services we will review your record to see if you have received a copy of the most recent notice.

QUESTIONS?

If you have any questions about this notice, please contact either of these individuals:

Jeanne Erly
JCPH Supervisor of Medical Records
645 Parfet Street
Lakewood, CO 80215
303-239-7030

Mark B. Johnson, MD, MPH
JCPH Executive Director
645 Parfet Street
Lakewood, CO 80215
303-232-6301