

Linn County 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 READ IT CAREFULLY.

Linn County has adopted the following policies and procedures for protecting the individually identifiable health information of the people we serve.

Our Obligation to You

Linn County is a “hybrid entity.” This means that, under federal law, some departments are considered to be either a health care plan or a health care provider (the Linn County Health Care Component) while other departments are neither. The Linn County Board of Supervisors has taken steps to ensure that all employees of Linn County understand and respect your privacy rights. Departments within the Linn County Health Care Component are required by law to maintain the privacy of “protected health information” about you, to notify you of our legal duties and your legal rights, and to follow the privacy policies described in this notice. “Protected health information” (PHI) means any information that we create or receive that identifies you and relates to your health or payment for services to you.

Linn County Departments Covered by this Notice

This notice applies to Linn County departments within the Linn County Health Care Component. These departments may share your information with each other as needed for the purposes of providing treatment, for payment activities, or for health care operations relating to the Linn County Health Care Component. Please refer to Appendix “A” found at the end of this notice for a listing of Linn County departments included in the Linn County Health Care Component.

Use and Disclosure of Information about You

Use and disclosure for treatment, payment and health care operations.

Health care plans will use and disclose PHI for payment and health care operations while health care providers will, in addition, use and disclose PHI for treatment.

We will use your PHI and disclose it to others as necessary to provide treatment to you. Treatment means to provide, coordinate, or manage your health care and any related services. Here are some examples:

- Various Linn County employees may see your medical records in the course of providing services to you. This includes case managers, program managers, clinical staff, or any other employee providing direct services to you.
- We may provide information to third parties such as medicaid or another treatment provider in order to arrange for a referral or to provide in-home services to you.
- We may disclose information to a physician to which you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

We will use or disclose your PHI as needed to arrange for payment for service to you. For example, information about your diagnosis and the service we render is included in the bills that we submit to your health insurance plan. Your health plan may require health information in order to confirm that the service rendered is covered by your benefit program and medically necessary. A health care provider that delivers service to you, such as a clinical laboratory, may need information about you in order to arrange for payment for its services.

It may also be necessary to use or disclose PHI for our health care operations or those of another organization that has a relationship with you. Health care operations include any activity necessary to maintain and administer the program. For example, we may use your PHI in the process of negotiating a contract with a service provider network or internally as part of our quality assurance program.

We will share your PHI with third party “business associates” that perform various activities (e.g. billing, claim payment, direct services) for us. Whenever an arrangement between Linn County and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your protected health information.

Our Policy:

It is our policy to obtain a general written permission to use and disclose your protected health information for treatment, payment or health care operations purposes. You will be asked to sign a Consent form to permit all such uses and disclosures of your information and your signature is necessary before we can provide services to you.

Emergencies. If there is an emergency, we will disclose your PHI as needed to enable people to care for you.

Disclosure to your family and friends. If you are an adult, you have the right to control disclosure of information about you to any other person, including family members or friends. If you ask us to keep your information confidential, we will respect your wishes. But if you don't object, we will share information with family members or friends involved in your care as needed to enable them to help you.

Disclosure to health oversight agencies. We are legally obligated to disclose protected health information to certain government agencies, including the federal Department of Health and Human Services.

Disclosures to child or dependent adult protection agencies. We will disclose protected health information as needed to comply with state law requiring reports of suspected incidents of child or dependent adult abuse or neglect.

Other disclosures without written permission. There are other circumstances in which we may be required by law to disclose protected health information without your permission. They include disclosures made:

- Pursuant to court order;
- To public health authorities;
- To law enforcement officials in some circumstances;

- To correctional institutions regarding inmates;
- To federal officials for lawful military or intelligence activities;
- To coroners, medical examiners and funeral directors;
- To researchers involved in approved research projects; and
- As otherwise required by law.

Disclosures with your permission. No other disclosure of PHI will be made unless you give written Authorization for the specific disclosure.

Your Legal Rights

Right to request confidential communications. You may request that communications to you, such as appointment reminders, bills, or explanations of health benefits be made in a confidential manner. We will accommodate any such request, as long as you provide a means for us to process payment transactions.

Right to request restrictions on use and disclosure of your information. You have the right to request restrictions on our use of your PHI for particular purposes, or our disclosure of that information to certain third parties. We are not obligated to agree to a requested restriction, but we will consider your request.

Right to revoke a Consent or Authorization. You may revoke a written Consent or Authorization for us to use or disclose your PHI. The revocation will not affect any previous use or disclosure of your information.

Right to review and copy record. You have the right to see records used to make decisions about you. We will allow you to review your record unless a clinical professional determines that would create a substantial risk of physical harm to you or someone else. If another person provided information about to our clinical staff in confidence, that information may be removed from the record before it is shared with you. We will also delete any PHI about other people.

At your request, we will make a copy of your record for you. We will charge a reasonable fee for this service.

Right to "amend" record. If you believe your records contains an error, you may ask us to amend it. If there is a mistake, a note will be entered in the record to correct the error. If not, you will be told and allowed the opportunity to add a short statement to the record explaining why you believe the record is inaccurate. This information will be included as part of the total record and shared with others if it might affect decisions they make about you.

Right to an accounting. You have the right to an accounting of some disclosures of your PHI to third parties. This does not include disclosures that you authorize, or disclosures that occur in the context of treatment, payment or health care operations. We will provide an accounting of other disclosures made in the preceding six years. If requested by law enforcement authorities that are conducting a criminal investigation, we will suspend accounting of disclosures made to them.

Right to a paper copy of this Notice. A copy of this Notice is posted on our web site at www.linncounty.org. You have the right to a paper copy of any Notice of Privacy Practices posted on our web site.

How to Exercise Your Rights

Questions about our policies and procedures, requests to exercise individual rights, and complaints should be directed to our Contact Office.

Our Contact Office is the Linn County Attorney's Office, Civil Division. The Contact Office can be reached by phone at (319) 892-6340 or by e-mail at hippa_contact@linncounty.org.

Personal representatives. A "personal representative" of a patient may act on their behalf in exercising their privacy rights. This includes the parent or legal guardian of a minor. In some cases, where provided by law, minors can make their own decisions about receiving health treatment and disclosing PHI about them. If an adult is incapable of acting on his or her own behalf, the personal representative would ordinarily be his or her spouse or another member of the immediate family. An individual can also grant another person the right to act as his or her personal representative in an advance directive (such as a Power of Attorney) a voluntary guardianship or a living will.

Disclosure of PHI to personal representatives may be limited in cases of domestic or child abuse.

Additional Information about this Notice

Departments functioning as health care plans will mail a copy of this notice to all individuals currently enrolled and will provide a copy to new enrollees at the time of enrollment. Departments functioning as health care providers will provide a copy of this notice to all individuals requesting treatment at the time they initially present themselves for treatment. Individuals presenting themselves for treatment will be asked to sign a consent form as well as an acknowledgment that they have received a copy of this Notice.

Linn County reserves the right to change their privacy practices and the terms of this Notice at any time and will provide an updated Notice as set out in the preceding paragraph.

If a use or disclosure for any purpose described in this Notice is prohibited or materially limited by applicable state privacy law, we will generally comply with state law, unless it conflicts with your right to access and control disclosure of your PHI under federal law.

Complaints

If you have any complaints or concerns about our privacy policies or practices, please submit a complaint to our Contact Office. If you wish, the Contact Office will give you a form that you can use to submit a complaint. You can also submit a complaint to the United States Department of Health and Human Services. The Contact Office can assist you in contacting them.

We will never retaliate against you for filing a complaint.

Effective Date

These policies and procedures were approved by the Linn County Board of Supervisors on February 19, 2003. They are effective April 14, 2003.

APPENDIX "A"

The following departments are included in the Linn County Health Care Component:

- Linn Health Services
- Linn County MHDD Services
- Linn County Central Point of Coordination
- Linn County Community Services, CORE Division
- Options of Linn County
- Linn County Group Health Plan
- Linn County Group Dental Plan
- Linn County Flexible Benefits Plan
- Linn County Employee Assistance Program