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## Your Rights

**Access** With a few exceptions, you have the right to read and obtain a copy of your health information. You must make your request to access your health information in writing. If copies are requested, we will charge \$0.25 for each page plus any postage if applicable.

If we deny your request to review or obtain a copy of your health information, you may submit a written request for a review of that decision.

**Correction** If you believe there is an error in your health information or something has been left out, you have the right to ask us to correct the information. You must make the request in writing and give the reason why your health information should be changed. If we did not create the information you believe is incorrect, or if we disagree with you and believe your health information is correct, your request will be denied. You may appeal the denial by writing to the address at the end of this form.

**Request Restriction(s)** You have the right to ask that we restrict how we use or disclose your health information for treatment, payment, or healthcare 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. *Under the law, we are not required to agree to your request.*

**Record of Disclosure** You have the right to ask in writing for a list of disclosures we made of your health information for purposes other than treatment, payment, healthcare operations, and certain other activities for a period up to six years but not prior to April 14, 2003. If you request this record more than once per year, we may charge you a reasonable, cost-based fee for providing the list.

**Confidential Communications** You have the right to ask that we send information to you in different ways or at different places. *For example*, you may wish to receive a test result at an address other than your home address. We will grant reasonable requests.

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## Other Restrictions

Some state and federal laws have more strict privacy requirements than HIPAA as to how we use and disclose your health information. PHDM will abide by whichever privacy laws are most strict. *For example*, we will not disclose your HIV test results without obtaining your written permission, except as permitted by state law. We may also be required by law to obtain your written permission to use and disclose your information related to treatment for a mental illness, developmental disability, or alcohol or drug abuse.

## Questions, Complaints & Requests

Any questions, complaints, appeals, or requests for information may be addressed to:

**Privacy Officer  
Public Health, Delta & Menominee Counties  
2920 College Avenue  
Escanaba, MI 49829  
(906) 786-4111**

For a copy of PHDM's Client (Patient) Complaint / Grievance Policy, go to [www.phdm.org/phs.php](http://www.phdm.org/phs.php) and click on the policy located under Quick Links.

You may also submit a written complaint to the U.S. Department of Health & Human Services. You will not be penalized for filing a complaint.

**This notice is effective on and after April 14, 2003.** This notice is in effect for all PHDM-employed staff and business associates with whom we share health information and who agree to be bound by this notice.

phdm:7/14:HIPAA-2

# Notice of Privacy Practices



## Public Health Delta & Menominee Counties

As required by the federal Health Insurance Portability & Accountability Act of 1996 (HIPAA), we are providing you with this notice which 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

We are required by law to maintain the privacy of your health information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your health information. We reserve the right to make changes to this notice as allowed by law. Current Notice of Privacy Practices can be obtained at any Public Health, Delta & Menominee Counties (PHDM) office or from our website ([www.phdm.org](http://www.phdm.org)).

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## Uses & Disclosures of Health Information

We may use your health information and disclose it to appropriate persons, authorities, and agencies as allowed by federal and state law. We may do this without your written permission for the following purposes:

**Treatment** We may use and disclose your health information to a physician or other healthcare provider providing treatment to you. *For example*, if we refer you to a physician for a service we cannot provide, your health information will be disclosed to that office.

**Payment** We may use and disclose your health information to obtain payment for services we provide to you. *For example*, if an insurance company pays for your service, it may be necessary to disclose your health information to that company in order for us to receive payment.

**Healthcare Operations** We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities. *For example*, chart audits evaluate the performance levels of nursing staff.

**Appointment Reminders** We may disclose limited health information to provide you with appointment reminders such as telephone voice messages, postcards, or letters.

## Other Uses & Disclosures Not Requiring Written Permission

**Family & Friends for Care & Payment** Unless you request otherwise and in emergency situations, we may disclose information to your family members, relatives, close friends, or others who are helping care for you or helping pay your medical bills. *For example*, we may tell these persons of your location, general condition, or death. If you are present, we will provide you with an opportunity to object to such uses or disclosures before they are made.

**Death** We may disclose your health information to coroners, medical examiners (*for example*, to determine the cause of death) and funeral directors so they can carry out their duties.

**Public Health Activities** We may use and disclose your health information with authorities to help prevent or control disease, injury, or disability. *For example*, we are required to report certain diseases, injuries, birth or death information to the Michigan Department of Community Health. Appropriate authorities will be notified if we reasonably believe you are a possible victim of abuse, neglect, domestic violence, or other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or that of others.

**Required By Law** We may disclose your health information when we are required to do so by federal, state, or local law.

**Law Enforcement** We may disclose your health information to law enforcement officials for specific purposes. *For example*, we may disclose your health information when required by law to report certain injuries.

**Legal Proceedings** We may disclose your health information in the course of certain legal proceedings. *For example*, we may disclose your information in response to a court order.

**Workers' Compensation** We may disclose your health information in order to comply with the laws related to workers' compensation or similar programs.

**Military, National Security, Law Enforcement Custody** We may disclose your health information with the proper authorities so they may carry out their duties under the law. This applies if you are or were involved in the military, national security or intelligence activities. It also applies if you are in the custody of law enforcement officials or an inmate in a correctional institution.

**Health Oversight Activities** We may disclose your health information to authorities and agencies for oversight activities allowed by law, including audits, investigations, inspections, licensing, disciplinary actions, or legal proceedings. These activities are necessary for oversight of the public health system, government programs, and civil rights laws.

**Organ & Tissue Donation** If you are an organ donor, we may disclose your 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 your health information to research institutions. Should we receive a request for research, every effort will be made to disclose information that does not contain individually identifiable information, except as allowed by law.

**With Your Authorization** Other uses and disclosures of 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 of disclosures permitted by your authorization.