



SAN JUAN COUNTY WASHINGTON

Department of Health & Community Services

NOTICE OF PRIVACY PRACTICES

Pursuant to Title I, Health Insurance Portability & Accountability Act of 1996

This notice describes how we may use and disclose medical information about you and how you can get access to this information. Please review it carefully. This notice is effective 2/17/2017.

OUR LEGAL DUTY

Federal law requires San Juan County to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices and our legal duties concerning your health information. We must follow the privacy practices described in this Notice while it is in effect and notify affected individuals following a breach of unsecured protected health information. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request. We reserve the right to change our privacy practices and the terms of this Notice at any time. Changes will be available from the County office that provides your service. Any changes in our privacy practices and the new terms of our Notice will be effective for all health information that we maintain, including health information we created or received before we made the changes. You may request a paper copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION (PHI)

We may use and disclose your protected health information according to law for:

Medical treatment provided to you by San Juan County employees: We will use or disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the management of your health care to a third party. For example, we may provide your PHI to a physician to whom you have been referred to ensure that the health care provider has the necessary information to diagnose or treat you.

Payment: Your PHI will be used, as needed, to obtain payment for your health care services. For example, if an insurance company pays for your service, it may be necessary to disclose your health information to that company. You may restrict disclosure of your health information to any health plan if the services are paid for in full by you.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. These 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. We may disclose limited PHI to contact you to remind you of an appointment, and inform you about treatment alternatives or other health-related services that may be of interest to you.

Persons Involved in Your Care: We may use or disclose health information to notify (or assist in the notification of) a family member or personal representative of your location, your 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. In the event of your incapacity or emergency circumstances, we may disclose information that is directly relevant to the person's involvement in your healthcare, if we determine that it is in your best interest to do so.

OTHER USES AND DISCLOSURES

We may disclose your health information when we are required to do so by federal, state or local law, or in the following circumstances:

Business Associates: We may disclose health information to third party business associates who perform various activities for the County involving your health information, e.g. claims payment or case management services. The County will implement written contracts to ensure the business associates will appropriately safeguard the information and limit the use or disclosure of PHI.

Public Health and Public Safety: We may disclose medical information about you to public health or legal authorities charged with preventing or controlling disease, injury, or disability. For example, we will report births and deaths, as well as notify appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence or other crimes. We will disclose your information to the extent necessary to avert a serious threat to your health or safety, or the health or safety of others.

Health Oversight Activities: We may disclose health information to a health oversight agency for activities authorized by law.

Judicial and Administrative Proceedings: We may disclose health information about you in response to a court or administrative order in response to a valid subpoena, discovery request, or other lawful process, 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 disclose health information for law enforcement purposes as required by law.

Funeral Directors, Coroners and Medical Examiners: We may disclose health information to these individuals consistent with applicable law.

Workers' Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law.

National Security and Similar Government Functions: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose health information required for lawful intelligence, counterintelligence, and other national security activities to authorized federal officials.

Correctional Institutions: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Organ Procurement Organizations: Consistent with applicable law, for the purpose of tissue donation and transplant, we may disclose health information to organ procurement organizations or other entities engaged in procurement, banking, or transplantation of organs.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

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 or disclosures permitted by your authorization while it was in effect. Without your authorization, we are expressly prohibited to use or disclose your PHI for marketing purposes. We may not sell your PHI without your authorization. We may not use or disclose most psychotherapy notes contained in your protected health information. We will not use or disclose any of your PHI that contains genetic information that will be used for underwriting purposes. We may contact you if we intend to use your PHI for fundraising purposes; however, you may opt out of receiving fundraising requests.

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of the institution, i.e. San Juan County, that compiled it, the information belongs to you. You have a right to:

Access: You have the right to inspect or get copies of your health information, with limited exceptions. You may make your request for access to your medical records orally, in writing by using forms we provide, or by sending us a letter. If you request copies, we will charge you \$0.25 for each page if your request is for more than one hundred pages of records. If you would like copies mailed to you, we would also charge the cost of postage.

Disclosure Accounting: You have the right to receive 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 of time up to six years. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for providing the list.

Request Restrictions: You have the right to request that we restrict how we use or disclose your health information for treatment, payment, or health care operations or the disclosures we make to someone who is involved in your care or the payment for your care. We are not required to agree to these additional restrictions, except if the disclosure is to a health plan and is either related to carrying out payment or health care operations and is not required by law or pertains solely to an item or service for which payment in full has been made.

Confidential Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. You must make your request in

writing and may use forms we provide. Your request must specify the alternative means or location, and provide satisfactory explanation of how payments will be handled.

Amendments: You have the right to request that we amend your health information. Your request must be in writing, and it must give a reason for your request. We may deny your request if you ask us to amend information that was not created by us, is not part of the information kept by the County, is not part of the information you would be permitted to inspect and copy, or is accurate and complete. Any denial will be in writing and state the reason for the denial.

For More Information or to Report a Problem:

If you have questions and would like more information, or if you have concerns, please contact us. If you believe your privacy rights have been violated or if you disagree with a decision we made about use or disclosure of your personal health information, you may express your concern to us using the contact information listed here. You may also submit a written complaint with the Secretary of the U.S. Department of Health and Human Services, There will be no retaliation for filing a complaint.

Contact Officer: HIPAA Privacy Officer

Telephone: (360) 378-3870

E-mail: hipaaprivacy@sanjuanco.com

Address: SJC Administrative Services, 350 Court St., No. 5, Friday Harbor, WA 98250