



Notice of Privacy Practices

Effective: April 14, 2003

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.

We understand that medical information about you and your health is private. Protecting your private medical information is a responsibility we take seriously. This notice describes the type of information we gather about you, with whom that information may be shared, and the safeguards we have in place to protect it. You have the right to the confidentiality of your medical information and the right to approve or refuse the release of specific information except when the release is required by law.

In addition, this notice will tell you how to file a complaint with us if you believe we have violated your privacy rights. If the practices described in this brochure meet your expectations, there is nothing you need to do. If you have any questions about this notice, please contact the Privacy Officer at the address at the end of this notice.

WHO WILL FOLLOW THIS NOTICE

The privacy practices described in this notice cover the Marshall County departments of the Attorney, Auditor's Accounting, Board of Supervisors, Central Point of Coordination (CPC), Information Services, and the Personnel Committee, the Employee Medical and Prescription Drug Benefit Plan and the Employee Dental Benefit Plan.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

We may use and disclose protected medical information about you for a number of different purposes. Your mental health diagnosis or what you say to your counselor, physician, or therapist will not be given out without a more complete release of information as required by law. Other purposes permitted without a specific authorization are described below:

For Treatment

Your protected medical information may be used to provide, coordinate or manage your health care and related services by us and by health care providers. For example, if we refer you to a specialized service provider, we may share your protected medical information with them to determine how to best manage your care.

For Payment

We may use and disclose protected medical information about you so we can be paid for services we provide to you. This can include billing you, your insurance company, or a third party. We may contact your insurance company, Medicare or Medicaid with information about your medical condition and the health care you need to determine if you are covered by that insurance or program.

For Health Care Operations

We may use and disclose your protected medical information to operate our health plan. These uses and disclosures may be necessary for internal operations such as training, planning, screening, or coordination. Protected medical information may be used in determining your eligibility and coordination of your services.

Appointment Reminders, Treatment Alternatives, Health Related Benefits and Services

Unless you inform us by written notice, we may use your medical information when we contact you by either telephone or by mail with a reminder that you have an appointment for treatment or services at a healthcare facility. If you want to request that we communicate to you in a certain way or at a certain location, see Right to Receive Confidential Communications on page 4 of this notice.

Family and Friends Involved in Your Care

If you do not object, we may disclose to a family member or another person designated by you, medical information that is directly involved with your care or payment for your care. We may also disclose your medical information to an entity assisting in disaster relief efforts so that your family or individual responsible for your care may be notified of your location and general condition.

Required by Law

We may use or disclose your protected medical information when we are required to do so by federal, state or local law. We will notify you of these uses and disclosures if notice is required by law.

Public Health

We may disclose your protected medical information to public health authorities to: prevent or control disease, injury or disability; report births or deaths, child or elder abuse and/or neglect, and domestic violence; or to notify a person who may be at risk for contracting or spreading a disease or condition.

This will occur to the extent the disclosure is: (a) required by law; (b) agreed to by you; or (c) authorized by law and we believe the disclosure is necessary to prevent serious harm to you or to other potential victims.

Health Oversight Activities

We may disclose protected medical information about you to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, granting licenses or disciplinary actions. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Court System

We may disclose your protected medical information to the court system or a private attorney in the course of any judicial or administrative proceeding. We also may disclose medical information about you in response to a subpoena, discovery request, or other legal process. Before we disclose any of your medical information, every effort will be made to tell you about the request or to obtain an order protecting the information to be disclosed.

Disclosures for Law Enforcement Purposes

We may disclose your protected medical information to law enforcement officials for any of the following reasons: (a) to comply with court orders, warrants, subpoenas or as required by law; (b) to identify or locate a suspect, fugitive, material witness or missing person; (c) pertaining to victims of a crime; (d) to alert law enforcement officials of a death if we suspect the death may have resulted from criminal conduct; (e) in the event that a crime occurs on county premises; and (f) to report a crime discovered during an offsite medical emergency.

Coroners, Medical Examiners and Funeral Directors

We may disclose your protected medical information to a coroner, medical examiner or funeral director as necessary for purposes such as identifying a deceased person, determining cause of death or carrying out their duties as authorized by law.

Research

We may disclose your protected medical information to researchers when an institutional review board that has established protocols to ensure the privacy of your protected medical information has approved the research.

To Avoid a Serious Threat to Public Health or Safety

Under certain circumstances, we may use or disclose your protected medical information if we believe the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public. We also may disclose medical information about you if we believe the disclosure is necessary for law enforcement authorities to identify or apprehend an individual who admitted participation in a violent crime or

who is an escapee from a correctional institution or from lawful custody.

Military

If you are a member of the Armed Forces, we may use and disclose protected medical information about you to military authorities under certain circumstances.

Inmates and Persons in Custody

We have the right to disclose your protected medical information to a healthcare provider or any correctional institution or law enforcement official having custody of you without providing you this notice. The disclosure will be made if it is necessary: (a) to provide health care to you; (b) for the health and safety of others; or (c) for the safety, security and good order of the correctional institution. Once you are released from custody or from your inmate status, your full rights to your protected medical information are restored.

Workers' Compensation

We may disclose your protected medical information to the extent necessary to comply with workers compensation and similar laws that provide benefits for work-related injuries or illness without regard to fault.

YOUR RIGHTS REGARDING YOUR PROTECTED MEDICAL INFORMATION

You have the following rights with respect to medical information that we maintain about you:

Access to Your Medical Information

You have the right to inspect or get copies of your medical information, with limited exceptions. Under federal law, we may deny your request to inspect and copy the following types of medical information:

- a. psychotherapy notes;
- b. information compiled in anticipation of, or use in, a civil, criminal or administrative action or proceeding; and
- c. any information that is subject to any federal or state law prohibiting access to protected medical information.

To inspect or obtain a copy of the medical information we maintain about you, you must submit your request in writing to the Privacy Officer of Marshall County at the address below.

We will act on your request within thirty (30) calendar days after we receive your request. If we grant your request, in whole or in part, we will inform you of our acceptance of your request and provide access and copying.

If we deny your request, we will inform you of the basis for the denial, how you may have the denial reviewed, and how you may file a complaint. If you request a review of the denial, it will be conducted by a licensed health care professional designated by us who was not directly involved in the denial. We will comply with the outcome of that review.

Right to Revoke Authorizations

You may revoke any written authorization you have given us that allows us to use or disclose health information that is not otherwise covered by this notice or applicable law. If you give us such an authorization, you may revoke it in writing at any time by notifying the Privacy Officer of Marshall County at the address below. However, if you revoke your authorization, it will not affect any use or disclosures permitted by the authorization while it was in effect.

Right to Request Restrictions

You have the right to request a restriction on how we use and disclose your medical information for treatment, payment, or health care operations. You also have the right to request that we restrict the uses or disclosures we make to certain family members or any other persons identified by you who are involved in your care.

To request a restriction, you must make a written request to the Privacy Officer of Marshall County which states the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to any requested restriction and will notify you if we are unable to meet your request.

Right to Receive Confidential Communications

You have the right to request that we communicate information about your health services and/or related appointments in a way that is more confidential for you or if our normal channels of communication could endanger you. We will accommodate reasonable requests regarding how or where you should be contacted. We will not require you to tell us why you are asking for the confidential communication.

Right to Amend

This means you may request an amendment of your protected medical information as long as we maintain this information. In certain cases, we may deny your request for an amendment. To request an amendment, you must submit your request in writing to the Privacy Officer of Marshall County at the address below. Your request must state the amendment desired and provide a reason in support of that amendment.

We will act on your request within sixty (60) calendar days after we receive your request. If we grant your request, in whole or in part, we will inform you of our acceptance of your request and provide access and copying. If we grant the request, in whole or in part, we will seek your identification of and agreement to share the amendment with relevant persons.

If we deny your request, we will inform you of the basis for the denial. You will have the right to file a statement of disagreement, which we will review and get back to you. Please contact the Privacy Officer if you have any questions about amending your protected medical information.

Right to an Accounting of Disclosures

You have the right to receive an accounting (a list) of certain disclosures of your protected medical information we have made, if any. The accounting may be for up to six (6) years prior to the date on which you request the accounting, but not before April 14, 2003.

Certain types of disclosures are NOT included in such an accounting:

- a. disclosures to carry out treatment, payment and health care operations;
- b. disclosures of your medical information made to you or family and friends involved in your care; and
- c. disclosures to correctional institutions or law enforcement officials;

To request an accounting of disclosures, you must submit your request in writing to the Privacy Officer of Marshall County at the address below. Generally, we will act on your request within sixty (60) calendar days after we receive your request.

Right to Copy of this Notice

You have the right to obtain a paper copy of our Notice of Privacy Practices at any time. You may obtain a paper copy even though you agreed to receive the notice electronically.

You may obtain a copy of our Notice of Privacy Practices over the Internet on the home page of our web site, www.co.marshall.ia.us. You may also obtain a paper copy of this notice by contacting the Privacy Officer of Marshall County at (641) 754-6320 or stopping by the Auditor's Office at the Courthouse.

OUR DUTIES REGARDING YOUR PROTECTED MEDICAL INFORMATION

Generally

We are required by law to maintain the privacy of medical information about you and to provide you with notice of our legal duties and privacy practices with respect to medical information. We are required to abide by the terms of the Notice of Privacy Practices in effect at the time. A copy of the current Notice of Privacy Practices will be posted in each Marshall County Department routinely affected by these regulations. A copy of the current notice will also be posted on the home page of our web site, www.co.marshall.ia.us.

Our Right to Change Notice of Privacy Practices

We reserve the right to change this Notice of Privacy Practices. We reserve the right to apply the changed notice to medical information we receive about you in the future. The revised notice will be posted on the home page of

our web site at www.co.marshall.ia.us.

Complaints

If you have concerns about our privacy practices or believe that your privacy rights have been violated, you may file a complaint with Marshall County or with the United States Secretary of Health and Human Services.

To file a complaint with Marshall County, contact the Privacy Officer of Marshall County at the address and phone number below. All complaints should be submitted in writing.

To file a complaint with the United States Secretary of Health and Human Services, send your written complaint to: Region VII, Office for Civil Rights, U.S. Department of Health & Human Services, 601 East 12th Street--Room 248, Kansas City, MO 64106.

You will not be penalized for filing a complaint.

Questions and Contact Information

If you have any questions or want more information concerning this Notice of Privacy Practices, please contact:

Privacy Officer of Marshall County
Auditor's Office
1 East Main Street
Marshalltown, IA 50158
(641) 754-6320