

This notice is available in other languages and formats that meet the guidelines for the Americans with Disabilities Act (ADA). Contact us at (734) 727-7000 or fax (734) 727-7043.



Wayne County Department of Public Health

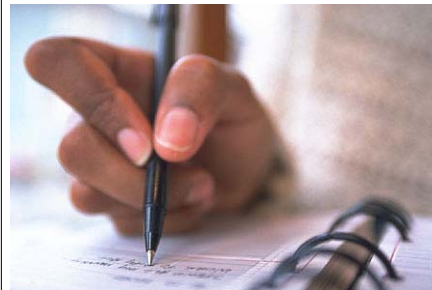
33030 Van Born Road
Wayne, MI 48184

Phone: (734) 727-7000
Fax: (734) 727-7043
www.waynecounty.com



**Health Insurance
Portability and
Accountability Act
(HIPAA)**

**Notice of Privacy
Practices for Your
Protected Health
Records**



Wayne County Department of Public Health

Tel: (734)727-7000

How to Contact Us

If you want to ask questions about this notice, ask us about privacy issues, or file a complaint, you can contact us at:

Deputy Privacy Officer/HIPAA Compliance
Wayne County Department of Public Health
33030 Van Born Road
Wayne, Michigan 48184
(734) 727-7000
(734) 727-7043 (FAX)
Email: HIPAAPrivacyOfficer@co.wayne.mi.us

You may file a complaint with the federal government at the U.S. Office of Civil Rights:

Medical Privacy, Complaint Division
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201
(866) 627-7748
TTY: (866) 788-4989
Email: ocrprivacy@hhs.gov



Changes to This Notice

This notice may change at any time. The new notice will apply to health records we already have about you, as well as any records we may get in the future. We must follow the rules of the most recent notice. Any changes to our notice will be posted on our website. To look at our privacy notice, go to www.3rdcc.org and click on "Notice of Privacy Practices." Or, you can ask us for a paper copy of the current notice any time.

Date Issued: April 14, 2003

THIS NOTICE DESCRIBES HOW YOUR HEALTH RECORDS MAY BE USED AND SHARED. THIS NOTICE EXPLAINS YOUR RIGHTS TO YOUR HEALTH RECORDS. PLEASE READ IT CAREFULLY.

In order to provide services to you, the Wayne County Department of Public Health must collect records about you. We know that the records we collect about you and your health are private. We must protect your health records by federal and state law. This notice will tell you how we may use or share your health records. This notice will also explain your rights to your health records.

HOW WE MAY USE AND SHARE YOUR HEALTH RECORDS WITHOUT YOUR OKAY

- ♦ **For Payment:** We may use or share records to pay for health care services. For example, we may submit claims to insurance companies.
- ♦ **For Treatment:** We may use or share records with health care workers who are part of your medical care. For example, we may share records to create and carry out a plan to treat you.
- ♦ **For Health Department Uses:** We may use or share records to run our programs and services. For example, we may use records to make sure you are getting high quality health care.
- ♦ **Appointments and Other Health Information:** We may send you reminders for medical care or checkups. We may send you mail about health services that might interest

- you.
- ♦ **Where Required by Law and for Law Enforcement:** We will use and share records when required by law. For example, records may be shared in emergencies or when a court order is issued.
 - ♦ **Public Health Activities:** We share records in order to protect the health of the public. For example, records may be shared to protect the public from diseases that may spread.
 - ♦ **When Needed as Part of an Investigation or Legal Action:** If you are involved in a lawsuit, we may share health records about you if a court order asks for them. If you have filed a complaint, we may share records to any governmental agency that is looking into that complaint.
 - ♦ **For Government Programs:** We may use and share records for public benefits under other government programs. For example, we may share records to find out if you qualify for Supplemental Security Income (SSI) benefits.
 - ♦ **Sharing with Family, Friends and Others:** We may share records with your family or others who are part of your medical care. You have the right to tell us if you do not want us to share your records with certain people or in certain ways.

SOME USES OF YOUR HEALTH RECORDS REQUIRE YOUR WRITTEN OKAY

Sometimes, the Wayne County Department of Public Health will ask you to sign your okay before using or sharing your private health records. You can change your mind at any time about records that are shared this way. You must tell us in writing. We cannot take back any records that have already been shared with your okay.

YOUR PRIVACY RIGHTS

- ♦ **Right to See and Get Copies of Your Health Records:** In most cases, you have the right to look at or get copies of your health records. You must ask us in writing. You may be charged a fee for the cost of copying your records.
- ♦ **Right to Change/Correct Your Health Records:** You may ask us to change or add missing records to your records if you think there is a mistake. You must ask us in writing and tell us why you want to change your records.
- ♦ **Right to Get a List of Shared Health Records:** You may ask us for a list of records that were shared after April 14, 2003. You must ask us in writing. This list will not include the times that records were shared for your treatment, payment or health care uses. The list will also not include records that were given to you or your family, or records that were sent with your okay.
- ♦ **Right to Ask for Limits on Uses or Sharing:** You may ask us to limit how your health records are used or shared. You must ask us in writing. You must tell us what records you do not want to share. You must also tell us who should not receive your shared records. We do not have to agree to these limits. To take away limits on sharing your records, you must tell us in writing. If we take away limits on your records, we will tell you first.
- ♦ **Right to Ask for Private Sharing of Records:** You may ask that we share records with you in a certain way or in a certain place. For example, you may ask us to send records to your work address instead of your home address. You must ask us in writing. You do not have to tell us why you want your records to be

shared this way.

- ♦ **Right to Cancel Your Okay:** If you are asked to sign your name to use or share records, you can change your mind at any time. You must tell us in writing. This will not apply to any records that were already shared with your okay.
- ♦ **Right to File a Complaint:** You have the right to file a complaint if you do not agree with how the Wayne County Department of Public Health has used or shared health records about you.
- ♦ **Right to Get a Paper Copy of this Notice:** You have the right to ask for a paper copy of this notice at any time.

You may contact us to:

- ♦ Look at or copy your records
- ♦ Limit how records about you are used or shared
- ♦ Cancel your okay to share records
- ♦ Correct or change your records
- ♦ Ask for a list of the times we have shared records about you

Sometimes, the Wayne County Department of Public Health may not let you look at, copy, or change your records. If this happens, we will send you a letter that tells you why you were not allowed to access your records. We will tell you how you can get a review your request. We will also tell you how to file a complaint with us, or with the U.S. Department of Health and Human Services, Office of Civil Rights.

Wayne County Department of Public Health

33030 Van Born Road
Wayne, MI 48184

Phone: (734) 727-7000
Fax: (734) 727-7043
www.waynecounty.com