



Important Notice from the CHARTER COUNTY OF WAYNE Regarding HIPAA NOTICE OF PRIVACY PRACTICES

For Protected Health Information for Its Employee and Retiree Medical, Dental, Vision, Employee Reimbursement Account, and Employee Assistance Program Health Plans

This notice is available in other languages and alternate formats that meet the guidelines for the Americans with Disabilities Act (ADA). Contact us at (313) 224-7721 or fax (313) 967-6027.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION.

This is your Notice of Privacy Practices provided by the County of Wayne ("County"). This notice refers to the County by using the terms "us," "we," or "our."

The County must collect information about you to provide you with health insurance. We know that information we collect about you and your health is private. The County is required to protect this information by federal and state law.

This notice will tell you how we may use or disclose information about you. Not all situations will be described. The County is required to give you a notice of our privacy practices for the information we collect, keep and disclose about you. We are required to follow the terms of the notice currently in effect.

HOW WAYNE COUNTY MAY USE AND DISCLOSE INFORMATION WITHOUT YOUR AUTHORIZATION

- **For Payment:** We may use or disclose information to pay for the health care services you receive. For example, the County may receive and review health information contained on claims to reimburse providers for services rendered or to verify insurance enrollment and eligibility information with providers seeking to receive payment for healthcare services provided to you or your covered dependents.
- **For Health Care Operations:** We may use or disclose health information for our insurance operations or to manage our programs or activities. For example, we may use PHI to process transactions requested by you, to review the quality of services you receive or to audit the services for which our insurance carriers have been contracted to perform.
- **Where Required by Law or for Law Enforcement:** We will use and disclose information when required by law. Examples of such releases would be for law enforcement or national security purposes, subpoenas or other court orders, disaster relief, review of our activities by government agencies, to avert a serious

threat to health or safety or in other kinds of emergencies.

- **When Required for Public Health Activities:** We disclose information when required by federal, state or local law. Examples of such mandatory disclosures include notifying state or local health authorities about communicable diseases, or providing information to a coroner or medical examiner to assist in identifying a deceased individual or to determine the cause of death.
- **For Health-Related Benefits or Services:** We may use health information to provide you with information about benefits available to you under your current Insurance coverage and, in limited situations, about health-related products or services that may be of interest to you.
- **When Requested as Part of a Regulatory or Legal Proceeding:** If you or your estate are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may disclose Protected Health Information to any governmental agency or regulator with whom you have filed a complaint or as part of a regulatory agency examination.
- **For Government Programs:** We may use and disclose information for public benefits under other government programs. For example, we may disclose information for the determination of benefits under Medicare.
- **Disclosures to Family, Friends and Others:** We may disclose information to your family or other person(s) who are involved in your medical care or payment for your medical care. You have the right to object to the sharing of this information.
- **Other Uses of Health Information:** For other situations, the County will ask for your written authorization before using or disclosing information.

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YOUR PRIVACY RIGHTS

- **Right to See and Get Copies of Your Records:** In most cases, you have the right to look at or get copies of your records. You must make the request in writing. You may be charged a fee for the cost of copying your records.
- **Right to Amend Your Records:** You may ask the County to change or add missing information to your records if you think there is a mistake. You must make the request in writing and provide a reason for your request.
- **Right to Get a List of Disclosures:** You may request a list of disclosures made after April 14, 2003. You must make the request in writing. This list will not include the times that information was disclosed for payment or health care operations or releases required by law or for law enforcement. The list also will not include information provided directly to you or information that was sent with your authorization.
- **Right to Request Limits on Uses or Disclosures:** You may request that the County limit how information is used or disclosed. You must make the request in writing and tell us what information you want to limit and to whom you want the limits to apply. The County is not required to agree to the limitation. You can request, in writing, that the limitation be terminated or the County may terminate the limitation with advance notice to you.
- **Right to Request Confidential Communications:** You may request that we share information with you in a certain way or in a certain place. For example, you may ask us to send information to your work address instead of your home address. You must make this request in writing. You do not have to explain the reason for your request.
- **Right to Revoke Authorization:** If you are asked to sign an authorization to use or disclose information, you can cancel that authorization at any time. You must make the request in writing. This will not affect information that has already been disclosed under the authorization.
- **Right to File a Complaint:** You have the right to file a complaint if you do not agree with how the County has used or disclosed information 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.

COMMUNICATIONS ABOUT YOUR RIGHTS

You may contact the County to:

- Ask to look at or copy your records

- Ask to limit how information about you is used or disclosed
- Ask to cancel your authorization
- Ask to amend your records
- Ask for a list of the times the County disclosed information about you

The County may deny your request to look at, copy or amend your records. If the County denies your request, it will send you a letter that tells you why your request is being denied and how you can ask for a review of the denial. You will also receive information about how to file a complaint with the County or with the U.S. Department of Health and Human Services, Office of Civil Rights.

If you wish to ask questions about this notice, exercise your rights under this notice, communicate with us about privacy issues or file a complaint, you can contact us at:

Benefit Admin. Director / HIPAA Compliance
Wayne County Dept. of Personnel / HR
Benefit Administration Division
600 Randolph, Suite 171
Detroit, Michigan 48226
(313) 224-7721 or (800) 220-7721
(313) 967-6027 (FAX)
HIPAAPrivacyOfficer@co.wayne.mi.us

You may file a complaint with the federal government at:

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: We reserve the right to revise this notice at any time. The revised notice will be effective for health information we already have about you as well as any information we may receive in the future. We are required to comply with whatever notice is currently in effect. Any changes to our notice will be published on our website. Go to www.waynecounty.com and click on the HIPAA icon. A copy of the new notice will be posted at each County site and facility and provided as required by law. You may ask for a paper copy of the current notice anytime.

PLEASE SHARE THIS NOTICE WITH YOUR SPOUSE AND ADULT COVERED DEPENDENTS