Wayne County Department of Public Health

Health Insurance Portability and Accountability Act [HIPAA]

Notice of Privacy Practices for Your Protected Health Information

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Wayne County Department of Public Health
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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

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.waynecounty.com or you can ask us for a paper copy of the current notice any time.

Effective Date: 4/14/2003
Updated: 8/1/2013
In order to provide services to you, 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. These records contain what is known as protected health information, or PHI. We must protect your health records by federal and state law. This notice will tell you how we may use or share your PHI. This notice will also explain your rights to your PHI.

**HOW WE MAY USE AND SHARE YOUR PROTECTED HEALTH INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION**

**For Payment:** We may use or share PHI to pay for health care services. For example, we may submit claims to insurance companies.

**For Treatment:** We may use or share PHI 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 Operations:** We may use or share PHI to run our program and services. For example, we may use PHI 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.

**To Our Business Associates:** We may share PHI with our business associates. Business associates are third parties under contract to perform services for us. We will have a contract with that third party to protect the privacy and security of your PHI. For example, we may share your PHI with business associates who process claims for us.

**SOME USES OF YOUR PROTECTED HEALTH INFORMATION REQUIRE YOUR WRITTEN AUTHORIZATION**

Sometimes, Wayne County Department of Public Health will ask you to sign your written authorization before using or sharing your protected health information. Examples of uses and disclosures that require your authorization include those involving psychotherapy notes, uses and disclosures of PHI for marketing purposes, and disclosures that constitute a sale of PHI. Other uses and disclosures not described in this NPP will be made only with your authorization. In addition, you may instruct us, by giving your written authorization, to disclose your PHI to another party for any purpose. We may require your authorization to be on our standard format. 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 written authorization.

**YOUR PRIVACY RIGHTS**

**Right to Access and Get Copies of Your Health Records:** In most cases, you have the right to look at or get copies of your health records. If your health records are maintained electronically, you have the right to obtain a copy in an electronic format. You must ask us in writing. You may be charged a fee for the cost of copying your records.

**Right to Amend/Correct Your Health Records:** You may ask us to amend your records if you feel they are inaccurate or incomplete. You must ask us in writing. If we deny your request, you may have a statement added to your health record. If we accept your request to amend, we will make reasonable efforts to inform others who might rely on the record, as well as individuals you may name.

**Right to a Disclosure Accounting of PHI:** You may ask us for a list of records that were shared after April 14, 2003. You must ask us in writing. This list may not include the times that records were shared for your treatment, payment or health care operations. If your health records are maintained electronically, disclosures made for treatment, payment and health care operations that were made via that electronic health record will be included subject to a three year limit. The list may also not include records that were given to you or your family, or records that were sent with your written authorization.

**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. We may approve requested restrictions on disclosures of PHI if the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for treatment purposes) and the PHI pertains solely to a health care item or service for which the health care provider involved was paid out of pocket in full. 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 in writing. You do not have to tell us why you want your records to be shared this way.

**Right to Cancel Your Written Authorization:** 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 written authorization.

**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. We will not take action or retaliate in any way against you if you file a complaint with us or with the U.S. Department of Health and Human Services.

**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.

**Right to Opt Out of Fundraising Communications:** You have the right to opt out of receiving fundraising communications made by the Wayne County Department of Public Health.

**Right to Receive Breach Notification:** In the event of a breach of unsecured Protected Health Information, affected individuals have the right to be notified of such breach.

You may contact us to:

- Access your records
- Limit how records about you are used or shared
- Cancel your written authorization to share records
- Amend your records
- Ask for a disclosure accounting of the times we have shared records about you

Sometimes the Wayne County Department of Public Health may not let you access, copy, or amend 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 of 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.

To ask questions or to 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@waynecounty.com

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) 677-7748
  TTY: (866) 788-4989
  Email: OCRMail@hhs.gov