

Siouxland District Health Department  
Notice of Privacy Practices  
Effective Date: 4/14/03  
Revised Date (s): 6/1/09, 9/13/13

**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.**

If you have any questions about this notice or the need to write to the Privacy Officer please use the following contact information:

**Siouxland District Health Department Privacy Officer  
1014 Nebraska Street  
Sioux City, Iowa 51105  
Business Phone: (712) 279-6119 Ext. 2825**

**SIouxLAND DISTRICT HEALTH DEPARTMENT (SDHD) OBLIGATIONS:**

SDHD is required by law to:

- Maintain the privacy of your Protected Health Information (PHI)
- Provide you with this notice of our legal duties and SDHD privacy practices regarding your Protected Health Information
- Abide by the terms of this notice

**USE AND DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION:**

The following describes the ways SDHD may use and disclose Protected Health Information without your authorization.

***For Treatment.*** SDHD may use and disclose Protected Health Information for your treatment and to provide you with treatment-related health care services. For example, SDHD staff may disclose PHI to doctors, nurses, clinical laboratory scientists, or other personnel, including people outside our office who are involved in your medical care and need the information to provide you with the highest quality of care possible.

***For Payment.*** SDHD may use and disclose Protected Health Information so that we or others may bill and receive payment from you, an insurance company, or a third party for the treatment and services you received. For example, we may give your health plan information about you so they will approve payment for your treatment.

***For Health Care Operations.*** SDHD may use and disclose Protected Health Information to carry out health care operations. These uses and disclosures are

necessary to ensure that our clients receive quality care and to operate and manage the SDHD. For example, we may use and disclose information to perform chart audits, improve our health services, or for oversight training of students. We also may share information with other entities that have a relationship with you such as your health plan for their health care operation activities.

***Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services.*** SDHD may use and disclose Protected Health Information to contact you to remind you of an appointment with us, the need to change an appointment, or return your phone call. We also may use and disclose PHI to provide test results, inform you about treatment alternatives, or advise about health-related benefits and services that may be of interest.

***Individuals Involved in Your Care or Payment for Your Care.*** When appropriate, we may share Protected Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity such as the Federal Emergency Management Agency or Red Cross assisting in a disaster relief effort.

***Research.*** Under certain circumstances, we may use and disclose Protected Health Information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another for the same condition. All research projects which use protected health information are subject to a special approval process, which will among other things evaluate the precautions used to protect client medical information. In most cases, information which identifies you as the client will be removed.

### **SPECIAL SITUATIONS:**

***As Required by Law.*** SDHD will disclose Protected Health Information when required to do so by international, federal, state or local law.

***To Avert a Serious Threat to Health or Safety.*** SDHD may use and disclose Protected Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. However, disclosures will be made only to those who may be able to prevent the threat.

***Business Associates.*** SDHD may disclose Protected Health Information to business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

***Organ and Tissue Donation.*** If you are an organ donor, SDHD may use or release Protected Health Information to organizations that handle organ procurement or other

entities engaged in procurement, banking or transportation of organs, eyes or tissues to facilitate organ, eye or tissue donation and transplantation.

***Military and Veterans.*** If you are a member of the armed forces, SDHD may release Protected Health Information as required by military command authorities. We also may release PHI to the appropriate foreign military authority if you are a member of a foreign military.

***Workers' Compensation.*** SDHD may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

***Public Health Risks.*** SDHD may disclose Protected Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

***Health Oversight Activities.*** SDHD may disclose Protected Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

***Data Breach Notification Purposes.*** SDHD may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your PHI.

***Lawsuits and Disputes.*** If you are involved in a lawsuit or a dispute, SDHD may disclose Protected Health Information in response to a court or administrative order. We also may disclose PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, 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 release Protected Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors.** We may release Protected Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release PHI to funeral directors as necessary for their duties.

**National Security and Intelligence Activities.** SHD may release Protected Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

**Inmates or Individuals in Custody.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, SDHD may release Protected Health Information to the correctional institution or law enforcement official. This release would be if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

### **USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT OUT**

**Individuals Involved in Your Care or Payment for Your Care.** Unless you object, SDHD may disclose to a member of your family, a relative, a close friend or any other person you identify your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

**Disaster Relief.** SDHD may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever it is practical to do so.

### **YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES**

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Uses and disclosures of Protected Health Information for marketing purposes; and
2. Disclosures that constitute a sale of your Protected Health Information

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Protected Health Information under the authorization. However, disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

## **YOUR RIGHTS:**

You have rights related to the use and disclosure of your Protected Health Information. To exercise your rights, you must make your request in writing to:

**Siouxland District Health Department Privacy Officer  
1014 Nebraska Street  
Sioux City, Iowa 51105**

***Right to Inspect and Copy.*** You have a right to inspect and copy Protected Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records. This right does not include inspection and copying of psychotherapy notes. We have up to 30 days to make your Protected Health Information available to you and may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. SDHD may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and SDHD will comply with the outcome of the review.

***Right to an Electronic Copy of Electronic Medical Records.*** If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

***Right to Amend.*** If you feel that the Protected Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office.

***Right to an Accounting of Disclosures.*** You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment and health care operations or for which you provided written authorization.

***Right to Request Restrictions.*** You have the right to request a restriction or limitation on the Protected Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the PHI we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment. However, we are not required to agree to your request unless you are asking us to

restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and the information you wish to restrict pertains solely to a health care item or service for which you have paid us “out-of-pocket” in full.

***Out-of-Pocket-Payments.*** If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and SDHD will honor that request.

***Right to Request Confidential Communications.*** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. Your request must specify how or where you wish to be contacted. SDHD will accommodate reasonable requests.

***Right to a Paper Copy of This Notice.*** You may obtain a copy of this notice at our web site [www.sioxlanddistricthealth.org](http://www.sioxlanddistricthealth.org) You also have the right to a paper copy of this notice and may request one at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy.

## **USES AND DISCLOSURES INCONSISTENT WITH SIOUXLAND DISTRICT HEALTH PRIVACY PRACTICES**

***Right to Get Notice of a Breach.*** SDHD will notify you upon a breach of any of your unsecured Protected Health Information.

## **CHANGES TO THIS NOTICE:**

SDHD reserves the right to change this notice and make the new notice apply to Protected Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office and on our website. The notice will contain the effective date on the first page.

## **COMPLAINTS:**

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services (HHS). All complaints must be made in writing. **You will not be penalized for filing a complaint.** To file a complaint with our office, write to:

Siouxland District Health Department Privacy Officer  
1014 Nebraska Street  
Sioux City, Iowa 51105

To file a complaint with the Secretary of HHS, write to:

Director of the Office of Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Ave., S.W.  
Room 506-F  
Washington D.C. 20201