



Public Health

Notice of Privacy Practices

Effective Date: April 14, 2003

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully. If you have questions, please contact our Privacy Officer at 303-413-7569.

Who Will Follow This Notice?

This Notice of Privacy Practices describes the privacy practices of Boulder County Public Health (BCPH), our legal duties, and your rights concerning your health information. It applies to health care services you receive at Boulder County Public Health and will be followed by BCPH staff, volunteers/interns, and business associates or partners with whom we share health information.

Our Confidentiality Pledge

Boulder County Public Health is committed to the protection of your privacy and to enforcement of your rights under the Health Insurance Portability and Accountability Act (HIPAA). Federal and state laws require that we maintain the privacy of your "protected health information" (PHI). PHI includes information we have either created or received regarding your health, your health care, and payment for your health care. When we use or disclose (share) your PHI, we are required to follow the terms of this Notice. By law, we must:

- ❖ Keep your medical records private.
- ❖ Give you a copy of our Notice of Privacy Practices.
- ❖ Follow the terms of the Notice of Privacy Practices currently in effect.

Changes to this Notice

We reserve the right to change the terms of this Notice at any time. If we make changes, the revised Notice will be posted at all BCPH sites. Copies of revised Notices will be available at all Boulder County Public Health sites and on our Web site at www.co.boulder.co.us/health. We also reserve the right to apply these changes to PHI we already have about you as well as any medical information we receive in the future. The effective date of revised Notices will be displayed on Page 1 below the document title.

How We May Use/Disclose Medical Information About You

Boulder County Public Health will not use or disclose your PHI without your written authorization, except as provided for in this Notice or as required by law. Following are examples of how your PHI may be used or disclosed:

Treatment: We may share information about your health with doctors, nurses, counselors, and other health care providers who also provide health services to you, both at BCPH and outside our organization. This is done to improve coordination of services on your behalf.

Payment: We may use or share your health information with others to request payment for treatment provided to you by BCPH. This could include Medicare or Medicaid and other third party payers.

Health Care Operations: We may use or disclose your health information to manage our programs and activities and improve the quality of care you receive at BCPH. For example, we may use your PHI to review employee performance, conduct training activities, complete record audits, evaluate the effectiveness of program services, and similar administrative functions. We may also use and disclose your health information to contact you by telephone, mail, or E-mail in order to remind you of an appointment or to inform you of test results.

Special Situations: There are special situations when we may disclose your PHI because of legal requirements or for the protection of others. Examples of these situations are:

- ❖ ***As Required by Law:*** We may disclose health information about you when required to do so by federal, state, or local law.
- ❖ ***To Prevent a Serious Threat to Health or Safety:*** We may disclose your health information to the appropriate authorities if we suspect you are a possible victim of abuse, neglect, or domestic violence, or are a possible victim of other crimes. We may also disclose your health information to avert serious threat to your health or safety, or to the health and safety of others.
- ❖ ***For Public Health Risks:*** We may disclose health information about you for public health activities which may include:
 - Preventing or controlling disease, injury, or disability.
 - Reporting births or deaths.
 - Reporting child abuse or neglect.
 - Notifying a person who may have been exposed to a communicable disease or may be at risk for contracting or spreading a disease or condition.
 - Reporting information about products and services under the jurisdiction of the U.S. Food and Drug Administration.
 - Assisting in disaster relief efforts.
- ❖ ***For Judicial and Administrative Proceedings:*** We may disclose your health information in the course of a judicial or administrative proceeding in response to a legal order, such as a court order or subpoena, or for other lawful processes.
- ❖ ***For Law Enforcement:*** We may disclose health information with the police or other law enforcement officials as required or permitted by law.
- ❖ ***To Coroners and Funeral Directors:*** We may disclose health information to a coroner or medical examiner, or funeral director to allow them to carry out their duties.
- ❖ ***For National Security:*** We may disclose your health information to authorized government officials for intelligence, counterintelligence, or other national security activities.
- ❖ ***For Health Oversight Activities:*** We may disclose your health information to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, licensing functions, and compliance with civil rights laws.
- ❖ ***For Research:*** We may use and disclose health information about you for research purposes. All research projects are subject to a special approval process. This process evaluates a proposed research project and its use of health information, while balancing research needs with the client's need for privacy of their health information.
- ❖ ***To Relatives, Close Friends, or Other Caregivers:*** With your approval, we may disclose your health information to a family member, friend, or other person involved in your health care or who helps pay for your care. If you want this information restricted, please follow the procedures outlined below under "Right to Restriction."
- ❖ ***For Military or Veterans:*** If you are a member of the Armed Forces, we may disclose your health information as required by military command authorities.
- ❖ ***For Workers' Compensation:*** We may disclose health information about you for workers' compensation or similar programs that provide benefits for work-related injury or illness.
- ❖ ***For Inmates:*** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your health information to that correctional institution.
- ❖ ***For Fundraising:*** We may contact you to participate in fundraising activities that benefit BCPH clients and services.

Uses/Disclosures Requiring Your Written Permission (Authorization)

Uses or disclosures of your health information not covered by this Notice will be made only as provided by law or with your written permission (authorization). At any time, you may revoke (cancel) your authorization for us to use or disclose your protected health information. Please refer to "Right to Revoke Your Written Permission" below.

Your Rights Regarding Your Protected Health Information

Although your health record is the physical property of Boulder County Public Health, the information belongs to you and you have the following rights concerning your health information:

Right to Revoke Your Written Permission (Authorization): You have the right at any time to revoke (cancel) your authorization for us to use or disclose your PHI. This revocation must be submitted in writing to the BCPH Privacy Officer. You may obtain a copy of BCPH's *Request to Revoke Authorization* form at any BCPH site. Please note that the revocation will not affect uses or disclosures that were made prior to the revocation request.

Right to Inspect and Copy Your Health Information: In most cases, you have the right to inspect and obtain a copy of certain health information. This includes medical and billing information, but does not include psychotherapy notes. To look at and obtain copies of your health information, you must submit a request in writing to the Boulder County Public Health Privacy Officer. You may obtain a copy of BCPH's *Request to Inspect and/or Obtain Copy of PHI* form at any BCPH site. You may be charged for the cost of labor, copying, mailing, or other supplies associated with your request. In certain cases, we may deny your request to inspect and copy your PHI. If your request is denied, you may ask the BCPH Privacy Officer for a review of our denial. The person conducting the review will not be the person who denied your request. You will be advised, in writing, of the reviewing official's decision, and Boulder County Public Health will comply with the outcome of the review.

Right to Have Medical Information Amended: If you feel that the medical information we have about you is incorrect or incomplete, you have the right to request that we correct or supplement the information. You may obtain a copy of BCPH's *Request for Amendment of PHI* form at any BCPH site. Please note that your request will be denied if the amendment pertains to information not created by BCPH (unless the person or entity that created the information is no longer available to make the amendment), is not part of the health information kept by or for BCPH, is not part of the information which you would be permitted to inspect and copy, or we feel the information is accurate and complete. You will receive written notification from BCPH stating if your request has been approved or denied. If your request has been denied, you have the right to file a written statement of disagreement, to be attached to your PHI. You may file a statement of disagreement with the BCPH Privacy Officer by submitting a copy of BCPH's *Statement of Disagreement* form (available at any BCPH site) or by sending a personal letter.

Right to Receive an Accounting of Disclosures: You have the right to request an accounting (detailed listing) of disclosures of your PHI made by us. Your request must identify a specific time period for the accounting, which must be less than six years and cannot include dates before April 14, 2003. This right applies to disclosures for purposes other than treatment, payment, or health care operations, and will not include information provided directly to you or your family, or information that was sent with your written authorization. If you request an accounting more than once every twelve (12) months, you may be charged a fee to cover the costs of preparing the accounting. To request this list of disclosures, you may obtain a copy of BCPH's *Request for Accounting of Disclosures* form at any BCPH site. Your request must be submitted in writing to the Boulder County Public Health Privacy Officer.

Right to Restriction: You have the right to request a limit or restriction on the way we use or disclose your PHI. You may obtain a copy of BCPH's *Request to Limit or Restrict Use/Disclosure of PHI* form at any BCPH site. Your request must be submitted in writing to the Boulder County Public Health Privacy Officer and must indicate:

- 1) What information you want limited or restricted.
- 2) Whether you want to limit our use, disclosure, or both.
- 3) To whom you want the limits or restrictions to apply.

We are not required to agree to these restrictions. If we agree to honor your request, we will do so except in cases of emergency.

Right to Confidential Communication: You have the right to request that we provide confidential communications to you. You may ask us to share information with you in a certain way or at a certain location (for example, you could ask that we send your information to an address other than your home address or that all communication be by mail). You may obtain a copy of BCPH's *Request for Confidential Communication* form at any BCPH site. Your request must be in writing and must indicate how and where you wish to be contacted. You do NOT need to explain the reason for your request, and all reasonable requests will be honored.

Right to Paper Copy of this Notice: You have the right to a paper copy of this Notice and may request a copy at any time. Copies are available at all BCPH sites and the Notice is also available on the BCPH Web site at www.co.boulder.co.us/health.

Questions and Complaints

If you believe your privacy rights have been violated, you may file a complaint with Boulder County Public Health's Privacy Officer and/or with the Secretary of the U.S. Department of Health and Human Services, at the addresses listed below. You may obtain a copy of BCPH's *Privacy Complaint Submission Form* at any BCPH site. ***You will not be retaliated against or penalized for filing a complaint.***

**Privacy Officer
Boulder County Public Health
3450 Broadway
Boulder, CO 80304
Phone: 303-413-7569
FAX: 303-413-7505**

**Office for Civil Rights
Medical Privacy, Complaint Division
U.S. Department of Health and Human Services
200 Independence Ave., SW, HHH Building, Room 509H
Washington, D.C. 20201
Phone: 1-866-627-7748 (toll-free)**