

## Phelps/Maries County Health Department Notice of Privacy Practices

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program that requires all medical records and other individually identifiable health information used or disclosed by us in any form (electronically, on paper or orally), be kept properly confidential. HIPAA gives you, the patient, significant new rights pertaining to control over how your health information is used, and provides penalties for covered entities that misuse personal health information.

As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information, and how we may use and disclose that information.

We may use and disclose your medical records only for the following purposes: treatment, payment and health care options.

- Treatment means providing, coordinating, or managing health care and related services by one or more health care providers. An example would be a physical examination.
- Payment means activities such as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example would be sending a bill to your insurance company for payment.
- Health care options include the business aspects of our practice such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would be an internal quality assessment review.

We may also contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

In addition, we may create and distribute "de-identified" health information by removing all individually identifiable information from the records.

Any other uses and disclosures can be made only with your written authorization. You may revoke your authorization at any time by notifying us of your wishes in writing. While we are required to abide by your request, it will not affect actions taken prior to our receipt of your revocation notice.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the department's Privacy Officer:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or other person(s) identified by you. We are *not*; however, required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to inspect and copy your protected health information.



Phelps/Maries County Health Dept

200 N Main, Suite G51, Rolla, MO 65401

(573) 458-6010 office

[www.phelpscountyhealth.com](http://www.phelpscountyhealth.com)



**Public Health**  
Prevent. Promote. Protect.



Phelps/Maries County Health Department

Notice of Privacy Practices

page 2

- The right to amend your protected health information.
- The right to receive an accounting of disclosures of protected health information.
- The right to obtain a paper copy of this notice upon request.

We are required by law to maintain the privacy of your protected health information and provide, at your request, this written notice of our legal duties and practices with respect to that information.

This notice is effective March 1, 2003, and we are required to abide by the terms contained herein. We reserve the right to change the terms of our "Notice of Privacy Practices" and to make new notice provisions effective for all protected health information we maintain. We will post, and you may request, a written copy of any revised "Notice of Privacy Practices" from our office.

There are remedies available if you feel your privacy or the provisions of this notice have been violated. You may file a written complaint with our office or the Department of Health & Human Services, Office of Civil Rights. Filing a complaint will in no way affect your eligibility for services provided by our department.

Please contact us for more information:

Phelps/Maries County Health Department  
200 North Main Street  
Suite G-51  
Rolla, Missouri 65401  
(573) 364-3381  
Toll Free: 1-800-301-4942

For more information about HIPAA or to file a complaint:

The U.S. Department of Health & Human Services  
Office Of Civil Rights  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
(202) 619-0257  
Toll Free: 1-877-696-6775

The Phelps/Maries County Health Department is an equal opportunity employer. Services are provided on a non-discriminatory basis.