

**Genesee County Health Department
Notice of Information Practices**

THIS NOTICE DESCRIBES HOW PERSONAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. Effective: 03/16/2018 (updated)

We reserve the right to change our practices and to make the new provisions effective for all individually identifiable health information that we maintain. If we change our information practices, we will give you a new copy of the notice the next time you receive services from us.

Your Privacy Rights:

You have the following rights regarding the health information that we have about you. Your requests must be made in person or in writing to the Genesee County Health Department at the address on the second page of this notice.

You may:

Request an electronic or paper copy of your medical record.

You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record.

You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may deny your request, but we'll tell you why in writing within 60 days.

Request confidential communications.

You have the right to ask 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 do not have to explain the reason for your request.

Ask us to limit what we use or share.

You can ask us not to use or share certain health information for treatment, payment, or our operations. You may also ask that we not share information with your insurance provider if you have paid for those services out-of-pocket and in full. We are not required to agree to your request, and we may say "no" if it would affect your care or if the law requires we share that information.

Request a list of those with whom we've shared your information.

You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and

why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Choose someone to act for you.

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action. For some services, minors age 13 and over are treated like an adult and can exercise their rights and make choices for themselves.

Get a copy of this notice.

You can ask for a paper copy of this notice at any time, even if you have agreed to receive this notice electronically. We will provide you with a paper copy promptly. Please call or write to us to request a copy.

How to use your rights under this notice

If you want to use your rights under this notice, including filing a complaint about the use of your health information, you may call us or write to us. If your request to us must be in writing, we will help you prepare your written request, if you wish. You can file a complaint if you feel we have violated your privacy rights by contacting us using the information on page 2.

This notice is available in other languages and alternate formats that meet the guidelines for the Americans with Disabilities Act (ADA) upon request.

Esta notificación está disponible en otras lenguas y formatos diferentes que satisfacen las normas del Acta de Americans with Disabilities (ADA).

THIS NOTICE IS AVAILABLE IN LARGER PRINT UPON REQUEST.

Genesee County Health Department Notice of Information Practices

Your health information will not be shared and/or disclosed without your permission except as described in this notice or as required by law.

You may authorize other disclosures by completing an authorization form. You may also cancel (in writing) an authorization at any time except to the extent that we have taken action in reliance on the authorization.

Understanding the Type of Information We Have.

We get information about you when you receive services from us. It may include your date of birth, gender, ID number (ex. Social Security number) and other personal information. We may submit and obtain bills, reports from your doctor and other data about your medical care.

Our Privacy Commitment to You.

We care about your privacy. The information we collect about you is private. We are required to give you a notice of our privacy practices. Only people who have both the need and the legal right may see your information. Unless you give us permission in writing, we will only disclose your information for the purposes of treatment, payment, and healthcare operations or when we are required by law to do so.

- **Treatment:** We may disclose medical information about you to coordinate your health care. For example, we may notify your doctor about care you get here.
- **Billing:** We may use and disclose information so the care you get can be properly billed and paid for.
- **Healthcare Operations:** We may need to use and disclose information for our business operations. For example, we may use information to review the quality of care you get.
- **Exceptions:** For certain kinds of records, your permission may be needed even for release for treatment, payment and business operations.
- **Research or public health purposes:** We may use and disclose information for the purpose of research and public health purposes.
- **As Required By Law:** We will release information when we are required by law to do so. Examples of such releases would be for law enforcement or national security purposes, subpoenas or other court orders, communicable disease reporting, disaster relief, review of our activities by government

agencies, to avert a serious threat to health or safety or in other kinds of emergencies.

- **With Your Permission:** If you give us permission in writing, we may use and disclose your personal information. If you give us permission, you have the right to change your mind and revoke it. This must be in writing, too. We cannot take back any uses or disclosures already made with your permission.
- **Notification:** We will notify you in writing following the discovery of a breach of unsecured, protected health information.

Complaints and Communications to Us: If you want to exercise your rights under this notice or if you wish to communicate with us about privacy issues or if you wish to file a complaint, you can write to:

Privacy Officer
Genesee County Health Department
630 S. Saginaw St., Suite 4
Flint, MI 48502
Phone: 810- 257-3612
E-mail: info@gchd.us
Website: www.gchd.us

You will not be penalized for filing a complaint with the Health Department.

Complaints to the Federal Government: If you believe that your privacy rights have been violated, you have the right to file a complaint with the federal government.

You may write to:

Office of Civil Rights
U.S. Dept. of Health & Human Services
200 Independence Avenue, SW
Room 509F HHH Bldg
Washington, D.C. 20201
Phone: 877-696-6774
Online - www.hhs.gov/ocr/privacy/hipaa/complaints/

You will not be penalized for filing a complaint with the federal government.

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