

NOTICE OF PRIVACY PRACTICES



Health & Human Services Departments

This notice takes effect on April 29, 2019.

Our Pledge Regarding Health Information

The privacy of your health information is important to us. We understand that your health information is personal and we are committed to protecting it. We create a record of the care and services you receive at our organization. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share health information about you. We also describe your rights and certain duties we have regarding the use and disclosure of health information.

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.



This notice describes the Privacy Practices of all divisions and programs of the Cowlitz County Health and Human Services Departments (CCHHS)

Treatment:

We can use your health information and share it with other professionals who are treating you. For Example: We may share your health information to your health care providers to assist them in treating you.

Payment:

We may use and disclose your health information for payment purposes. For Example: We may provide information about you to your health insurance plan so it can pay for medical care provided to you.

Health Care Operations:

We may use and disclose your health information for our health care functions. For Example: This might include measuring and improving quality, evaluating the performance of employees, conducting training programs, and getting the accreditation, certificates, licenses or other credentials we need to serve you.

Disaster Relief:

We may disclose health information with a public or private organization or person who can legally assist in disaster relief efforts.

Work with a medical examiner or funeral director:

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Respond to organ and tissue donation requests:

We can share health information about you with organ procurement organizations.

Comply with the law:

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to lawsuits and legal actions:

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Notification:

To notify or help notify a family member, your personal representative or another person responsible for your care, we will share information about your location, general condition, or death.

How we can use or share your health information?

We are allowed or required to share your information in other ways—usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

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Help with public health and safety issues:

We can share information about you for certain situations such as:

- ∂ Preventing disease
- ∂ Helping with product recalls
- ∂ Reporting adverse reactions to medications
- ∂ Reporting suspected abuse, neglect, or domestic violence
- ∂ Preventing or reducing a serious threat to anyone's health or safety

Do research:

We can use or share your information for health research.

Address workers' compensation, law enforcement, and other government requests:

We can use or share health information about you:

- ∂ For worker's compensation claims
- ∂ For law enforcement purposes or with a law enforcement official
- ∂ With health oversight agencies for activities authorized by law
- ∂ For special government functions such as military, national security, and presidential protective services

Our Legal Duty

Law Requires Us To:

- ∂ Keep your health information private.
- ∂ Give you this notice describing our legal duties, privacy practices, and your rights regarding your health information.
- ∂ Follow the terms of the notice that is now in effect.

We Have the Right to:

- ∂ Change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law.
- ∂ Make the changes in our privacy practices and the new terms of our notice effective for all health information that we keep, including the information previously created or received before the changes.

Notice of Change to Privacy Practices:

- ∂ Before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request.

Questions and Complaints

If you have any questions about this notice or need more information, please contact:

Jamie Hopps
Privacy Officer
1952 9th Avenue
Longview, WA 98632

(360) 414-5599

hoppsj@co.cowlitz.wa.us

Visit us on the web at
www.co.cowlitz.wa.us/hhs

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Get 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. Ask us how to do this. 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 say “no” to your request, but we’ll tell you why in writing within 60 days.

Get a list of those with whom we’ve shared information:

You have the right to ask for a list of disclosures other than treatment, payment, and health care operations and other specified exceptions for six years prior to the date you ask, who we shared it with, and why.

Right to Give and Revoke Your Authorization:

You may decide if you want to give your Authorization before your health information may be used or shared for certain purposes, such as for marketing. You generally have the right to revoke an authorization. If you revoke an authorization, it will stop future uses and disclosures except to the extent that we have already undertaken an action on your authorization.

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. We are not required to agree to your request, and we may say “no” if it would affect your care or unless law requires us to share the information.

Request Confidential Communications:

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say yes to all reasonable requests.

File a complaint if you feel your rights are violated:

You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.

You may also file a complaint with the U.S. Department of Health & Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

We will not retaliate against you for filing a complaint.

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

This notice takes effect on April 29, 2019.

Last Date Revised: 04/29/2019

Administration: Form #1015



Cowlitz County Health & Human Services Departments

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TEL (360) 414-5599
FAX (360) 425-7531
www.co.cowlitz.wa.us/hhs

Board of County Commissioners

Arne Mortensen	District 1
Dennis Weber	District 2
Joe Gardner	District 3

I have received a copy of the Notice of Privacy Practices and understand it.

I give my consent to the use and disclosure of my health information for purposes of treatment, payment, and health care operations.

PATIENT NAME

PARENT/GUARDIAN

RELATIONSHIP

SIGNATURE

_____/_____/_____
DATE