



## Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can have access to this information.

**PLEASE REVIEW IT CAREFULLY**

### Your Rights

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

This section explains your rights and some of our responsibilities.

<p><b>Get a paper or electronic copy of your health information</b></p>	<ul style="list-style-type: none"> <li>You can ask for a paper or electronic copy of the health information we have about you to review. Your request must be in writing and your identity must be verified.</li> <li>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.</li> </ul>
<p><b>Request to amend (i.e. add information) your medical record</b></p>	<ul style="list-style-type: none"> <li>You can ask us to add additional health information to your medical record that you think is incorrect or incomplete. Your request must be in writing, your identity must be verified, and you must explain your reason for the amendment.</li> <li>We may say “no” to your request, but we will tell you why in writing within 60 days.</li> </ul>
<p><b>Request alternative communications</b></p>	<ul style="list-style-type: none"> <li>You can ask us to contact you in a specific way (for example using your home or office phone) or send mail to a different address.</li> <li>We will say “yes” to all reasonable requests.</li> </ul>
<p><b>Ask us to restrict information we use or share</b></p>	<ul style="list-style-type: none"> <li>You can ask us not to use or share certain health information for treatment, payment, or operation services. We are not required to agree to your request, and may say “no” in certain cases.</li> <li>If you (or someone on your behalf) pays for a service or health care item out-of-pocket in full, you can ask us not to share that information with your health plan. We will say “yes” unless a law requires us to share the information.</li> </ul>
<p><b>Get a list of who we shared your information</b></p>	<ul style="list-style-type: none"> <li>You can ask us for a list (i.e. accounting) of the times we have shared your health information for six years prior to today’s date, who we shared it with, and why. We must provide you the list within 60 days of your request.</li> <li>We will include certain disclosures in the list as required by federal law.</li> <li>We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within a single 12 month period.</li> </ul>
<p><b>Get a paper copy of this privacy notice</b></p>	<ul style="list-style-type: none"> <li>You can ask us for a paper copy of this notice from any Jackson County Health Department service location, even if you have agreed to receive the notice electronically.</li> </ul>

<b>Choose someone to act for you</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• We will make sure the person has this authority and can act for you before we take any action.</li> </ul>
<b>File a complaint if you feel your rights are violated</b>	<ul style="list-style-type: none"> <li>• You can file a complaint if you feel we have violated your rights by contacting us. See “How to File a Complaint” on page 4 of this notice for directions.</li> <li>• Individuals may file a complaint without fear of retaliation or decrease in the quality of services received from the Jackson County Health Department.</li> </ul>

**Your Choices** For certain health information, you can tell us how you want your information shared and we will follow your instructions.

<b>You have the right to tell us to:</b>	<ul style="list-style-type: none"> <li>• Share information with your family, close friends, or any other person that you identify as being involved in your care.</li> <li>• Share information in a disaster relief situation</li> </ul> <p>Note: If you are not able to tell us your preference, for example if you are unconscious, we may share your information if we believe it is in your best interest.</p> <p>We may also share your information when needed to lessen a serious and imminent threat to health or safety.</p>
<b>You must give us written permission for us to:</b>	<ul style="list-style-type: none"> <li>• Share your information for marketing purposes</li> <li>• Sell your information</li> </ul>

**Our Uses & Disclosures** How do we typically use or share your health information?  
We typically use or share your health information in the following ways:

<b>To Provide Treatment</b>	<ul style="list-style-type: none"> <li>• We can use your information and share it with other professionals to help provide your care.</li> </ul>	<i>Example: If we send a specimen to an outside laboratory for testing, we would need to share your name with the lab in order to match you to the result of the test.</i>
<b>To Run the Health Department</b>	<ul style="list-style-type: none"> <li>• We can use and share your health information to improve how we provide care to you and the public.</li> </ul>	<i>Example: We may review health information of multiple patients and change how we run our clinics to increase the efficiency of our programs.</i>
<b>To Bill for Services</b>	<ul style="list-style-type: none"> <li>• We can use and share your health information to bill and get payment from health plans or other entities.</li> </ul>	<i>Example: We may give information about you to your health insurance plan so they can pay for services you received.</i>

**How else can we use or share your health information?** We are allowed, and in certain cases required, to share your information in other ways. These cases often contribute to the well-being of the community, such as public health and research as listed below. We have to meet many conditions in the law before we can share your information for these purposes.

<p><b>Help with public health and safety issues</b></p>	<ul style="list-style-type: none"> <li>• We can share health information about you for certain situations such as:               <ul style="list-style-type: none"> <li>• Preventing disease</li> <li>• Helping with product recalls</li> <li>• Reporting adverse reactions to medications</li> <li>• Reporting suspected abuse, neglect, or domestic violence</li> <li>• Preventing or reducing a serious threat to anyone’s health or safety</li> </ul> </li> </ul>
<p><b>Do research</b></p>	<ul style="list-style-type: none"> <li>• We can use or share your information for health research. Under certain circumstances, we may disclose information to researchers when their research has been approved by an institutional review board that has established rules to ensure the privacy of your health information.</li> </ul>
<p><b>Comply with the law</b></p>	<ul style="list-style-type: none"> <li>• We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if they want to see that we are complying with federal privacy law.</li> </ul>
<p><b>Respond to organ and tissue donation requests</b></p>	<ul style="list-style-type: none"> <li>• We can share health information about you with organ procurement organizations.</li> </ul>
<p><b>Work with a medical examiner or funeral director</b></p>	<ul style="list-style-type: none"> <li>• We can share health information with a coroner, medical examiner, or funeral director when an individual dies.</li> </ul>
<p><b>Address workers’ compensation, law enforcement, and other government requests</b></p>	<ul style="list-style-type: none"> <li>• We can use or share health information about you:               <ul style="list-style-type: none"> <li>• For workers’ compensation claims</li> <li>• For law enforcement purposes or with a law enforcement official</li> <li>• With health oversight agencies for activities authorized by law</li> <li>• For special government functions such as military, national security, and presidential protective services</li> </ul> </li> </ul>
<p><b>Respond to lawsuits and legal actions</b></p>	<ul style="list-style-type: none"> <li>• We can share health information about you in response to a court or administrative order, or in response to a subpoena.</li> </ul>

**Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of this notice.
- We will not use or share your information other than as described here unless you provide a written request for us to use/share the information in a specific manner (i.e. provide written authorization).
- You can stop what you previously requested by notifying us in writing (i.e. revoke a previous authorization). Information that has already been used/shared during the time frame that a valid authorization was in place is not able to be revoked.

### HOW TO GET MORE INFORMATION:

If you have any questions or requests, please contact the Jackson County Health Department Privacy Officer or HIPAA Coordinator at (517) 788-4420.

For more information on your health information rights, see the following website:

<https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>

### HOW TO FILE A COMPLAINT

If you feel your privacy rights have been violated, you may call the Privacy Officer or HIPAA Coordinator at (517) 788-4420 or write a letter to the Jackson County Health Department. If you send a letter, include your concern and describe how you feel that your patient privacy or security was violated. Be sure to include date(s) associated with the incident you are reporting.

Mailing Address: Jackson County Health Department  
Attention: Privacy Officer  
1715 Lansing Avenue  
Jackson, MI 49202

Phone: (517) 788-4420

You also have the right to file a complaint with the Office for Civil Rights at:

Mailing Address: Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

Phone: 1-800-368-1019

Website: <https://www.hhs.gov/hipaa/filing-a-complaint>

### CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this notice. The changes will apply to all information we have about you.

The new notice will be available at  
Jackson County Health Department service locations  
and our web site:  
<https://www.mijackson.org/276/Health-Department>