



Jefferson County Health Department will promote positive health outcomes through the delivery of foundational public health services.

Jefferson County Health Department Notice of Privacy Practices

This notice describes your rights regarding your medical information and informs you of how medical information about you may be used. Please review it carefully.

This notice applies to Jefferson County Health Department (JCHD). JCHD is required by law to provide this notice and to follow the notice that is currently in effect.

Health Department Duties:

By law, JCHD must keep protected health information (PHI) private, to provide you with this Notice of our legal duties and privacy practices with respect to your PHI and to notify you if a breach occurs that may have compromised the privacy or security of your PHI. PHI is any information, including verbal, electronic and on paper that is created or received by JCHD for purposes of providing health care to patients and for purposes of billing and payment for services. PHI includes test results, notes written by doctors, nurses and other clinical staff, and general information such as your name, address and telephone number that are included in your health care records and your billing records. When we use or disclose your PHI, we are required to abide by the terms of this Notice.

Health Care Providers Covered by this Notice:

This notice covers JCHD staff, co-workers, volunteers, students and trainees. The notice also covers other health care providers that come to JCHD's facilities and clinics to care for patients (such as physicians, physician assistants, therapists and other health care providers not employed by JCHD), unless these other health care providers give you their own notice of privacy practices.

Use and Disclosure of PHI without your Permission: Below is a list of ways in which JCHD may use or share your PHI without your advance permission:

For Treatment: We may share PHI about you with people involved in your care. For example, a doctor may need to look at your medical history before treating you.

For Payment: We may use and disclose your PHI for billing purposes. For example, we may share your PHI with your insurance company to receive payment for services JCHD provides to you.

For Health Care Operations: We may use and disclose PHI from you for our operations. For example, we may share PHI about you to evaluate our doctors' and nurses' performance in caring for you.

For Research: We may use or disclose your PHI for research purposes if we comply with applicable laws. For example, we may share your PHI with researchers when their research has been approved by an institutional review board (IRB) and found not to require patient permission.



Jefferson County Health Department
1515 Peach Tree Plaza Ct, Hillsboro, MO 63050
Phone: 636-797-3737 Fax: 636-797-4631
www.jeffcohealth.org



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Other Uses and Disclosures of PHI without your permission: JCHD may also use or share PHI without your permission for the following purposes:

- Public health activities such as to report the occurrence of communicable diseases.
- To report information about victims of abuse, neglect or domestic violence.
- Health oversight activities, such as Medicare and Medicaid program activities.
- Legal proceedings, such as in response to a subpoena or court order.
- Law enforcement purposes, such as with the police or other law enforcement officials who are pursuing a criminal suspect.
- With medical examiners, coroners, and funeral directors.
- For organ and tissue donation purposes.
- To avert a serious health or safety threat.
- To comply with workers' compensation laws.
- With an entity legally authorized to assist in disaster relief efforts such as the American Red Cross.
- For other purposes as required by law.

Permissive Uses or Disclosures: JCHD may use or share your PHI for any of the purposes described in this section unless you specifically request in writing that we do not. Your written request must be given to your care provider or to the Privacy Office listed at the end of this notice.

- We may contact you to remind you of an appointment.
- We may contact you to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Uses and Disclosures Requiring Your Written Permission: For any purpose other than the ones listed earlier in this notice, we may use or share your PHI only when you give us written permission.

Revoking Your Authorization: If you give us written permission to use and share your PHI, you can take back your permission at any time, as long as you tell us in writing. If you take back your permission, we will stop using or sharing your information, but we will not be able to take back any information that we have already shared.

You have the following rights:

Right to Request Restrictions: If you pay cash for your health care item or service in full and request that JCHD not share the PHI about that service with your health plan, we will not disclose the PHI about that service to the health plan unless we are required to do so by law.



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Right to Request Confidential Communication: You have the right to request PHI in a certain form or at a specific location. Your request must be in writing. For example, you can request that we do not contact you at work, and you can tell us how and/or where you want to receive PHI. We will agree to reasonable requests. If we agree to your request, we will honor your request until you tell us in writing that you have changed your mind and no longer want the confidential communication.

Right to Inspect and Receive a Copy Your PHI: You have the right to review your PHI and to receive a paper or electronic copy of your PHI. Your request must be in writing. You may request that we send a copy of your PHI to a third party. We may charge a fee for the cost of providing you with copies. We may deny your request to access and receive a copy of your PHI in rare situations when doing so is determined by a licensed health care professional to pose a serious risk of harm.

Right to Request a Change to Your PHI: You have a right to request that your PHI be corrected if you believe that it contains a mistake or is missing information. You must tell us the reasons for the change in writing using the request form you can get from the JCHD Privacy Office listed at the end of this notice. JCHD can deny your request if: (1) it is not in writing or does not include a reason for the change; (2) the information you want to change was not created by JCHD; (3) the information is not part of the medical record kept by JCHD; (4) the information is not part of the information that you are permitted to inspect or copy; or (5) the information contained in the record is accurate and complete.

Right to Notice of a Breach: We are required by law to tell you if there is a breach of your PHI. A breach can occur when safeguards protect your PHI fail.

Right to an Accounting of Disclosures: You have the right to request an accounting of disclosures of your PHI that we have made, with some exceptions. Your request must be in writing and must state the time period for the requested information. JCHD will not provide this information for a time greater than six (6) years from the date of your request. You have the right to receive one (1) free accounting every twelve (12) months. If you request more than one (1) accounting in any twelve (12) month period, we may charge you a reasonable fee for the costs of providing that list.

Right to 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 PHI. We will verify that the person has this authority and can act for you before we take any action.

Right to Receive a Copy of this Notice: You have the right to a copy of this Notice. You may view and print a copy of this notice from our website at jeffcohealth.org. If you want a paper copy of this notice mailed to you, or to exercise any of your rights outlined above, please send a written request to the Privacy Office for the JCHD listed at the end of this notice.



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Privacy Complaints: If you have any questions about this Notice, or any concern about the privacy of your PHI, please contact the Privacy Office for JCHD at 636.789.3737 ext. 168, or by mail at the address specified in this Notice. We hope you will tell us if you have a concern so we can try to fix it, but you also have the right to file a complaint with the Office for Civil Rights (OCR) by sending a letter to 200 Independence Avenue, S.W., Washington, D.C., 20201, calling 1.877.696.6775, or visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>. If you decide to report a complaint to JCHD or to the OCR this will not affect your ability to obtain care and treatment at JCHD.

School Immunizations: JCHD is permitted by law to disclose proof of immunization to schools where State or other law requires the school to have such information prior to admitting the student. Written authorization for this is not required.

Nondiscrimination Notice: JCHD complies with applicable Federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, or sex. JCHD does not exclude people or treat them differently because of race, color, national origin, sex, religion, age, disability, sexual orientation, or gender identity. JCHD provides free aids and services to people with disabilities to communicate effectively with us, such as interpreters and written information in other formats. If you need these services, you or your representative can contact JCHD at 636.797.3737. If you believe that JCHD has failed to provide these services or discriminate in another way on the basis of race, color, national origin, sex, religion, age, disability, sexual orientation, or gender identity, you can file a grievance with JCHD or by mail at 405 Main Street Hillsboro MO, 63050. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office of Civil Right, electronically by mail at U.S. Department of Health and Human Services, 200 Independence Avenue, S.W. Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, TDD: 1-800-537-7697 or through the complaint portal at: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>

Changes to This Notice: We have the right to change this notice at any time. If we change this notice, we may make the new terms effective for all PHI that we maintain. Any changes that we make will comply with federal, state and other laws. The most recent copy of this notice will be on our website at <https://www.jeffcohealth.org/how-do-i>. You can also call or write to the JHD Privacy Office at the contact information listed at the end of this notice to obtain the most recent version of this notice. The HIPAA compliance officer can be reached at the address and phone number below:

Privacy Officer

405 Main Street
Hillsboro, MO 63050
636-789-3737

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