

POLK COUNTY HEALTH DEPARTMENT PRIVACY NOTICE

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.

If you have questions about this Notice, please contact the Health Department Privacy Officer, Scott Slater, Polk County Health Department, 1907 Carpenter Avenue, Des Moines, IA 50314 (515)286-3798.

“Protected Health Information (PHI)” is information about you that may identify you, and relates to your physical or mental health or other condition and related health care services. It might include your diagnosis or such information as your age or address.

This Notice is effective beginning April 1, 2003, and the Polk County Health Department will abide by it while it is in effect. If there are changes, you may receive them by accessing our website at www.polkcountyiowa.gov/health or requesting a copy be sent by mail.

Note: Under Iowa law, information which is in a government agency is public unless there is a law which keeps the information confidential. Determining whether any specific information is public requires making a specific legal judgment about the law covering that information. Polk County will make its best effort to apply the law correctly to requests for information about you.

Polk County Health Department has health information about some individuals which requires written authorization or a court order to be released. This information includes:

1. Exam notes and results of tests for STDs (sexually transmitted diseases) and HIV
2. Information regarding sexual activity of persons under age 18, including pregnancy
3. Substance abuse test results

I. Uses and disclosures of Protected Health Information

Treatment, payment, and operations

The Polk County Health Department will use information about you, including health information to make decisions regarding your treatment or to obtain payment for your treatment, when a source of payment is available. For example, information you share with the nurse may be shared with another health care provider if additional exam or treatment is required. Information may be shared to obtain payment services provided and submitted to insurance for payment.

The Polk County Health Department will use health information about you to monitor the quality of services provided and to make personnel decisions, for example to train or discipline an employee.

There are special rules for Childhood Immunizations and Lead Testing information, so that your child's information may be shared with clinicians and his/her school.

When required by law

When it is required by law that we report something about you to a governmental agency, such as your death, communicable disease or abuse, the Health Department will share with the appropriate agency. For example, if you have a disease such as TB, and it is necessary to find possible contacts, required reports will be made.

Information is provided when requested by law enforcement or by the courts for a judicial or administrative proceeding, or by oversight agencies. Some information may require a court order or subpoena.

When you authorize the release of information in writing

If you request your records be sent to another health care provider for treatment of HIV you will be asked to sign a specific request. If you request test results for STD or urine drug screen, you will be asked to sign a general release with the information requested listed. ay be charged a 25 cent per page fee for this service.

You will be asked to sign a release before your information is used for marketing activities, research purposes, or other specific uses.

II. Your Rights

You have the right to look at and copy your protected health information or request to amend it.

You may look at all the information in your chart at the Health Department or add an amendment. There are rules regarding how and when you may do this.

You have the right to request a restriction of your protected health information. You may ask us not to release certain information for the purposes of treatment, payment, or health care operations. You may also request that information not be disclosed to family members or friends involved in your care.

You have the right to request confidential communications from us for medical treatment by alternative means or at an alternative location. You may direct us where to contact you or leave a special number for appointments and reminders.

You have the right to receive an accounting of certain disclosures of your protected health information, if any. You may request to see disclosures that have been made of your health information once a year, for a period of six years after services are received.

You have the right to have a paper copy of this Notice

III. Complaints

You may file a complaint if you feel the procedures in this Notice have not been complied with. For instructions on how to file a complaint, contact the Privacy Officer.

September 1, 2012