

NOTICE OF PRIVACY PRACTICES

Effective Date September 23, 2013

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We are committed to protecting the privacy of your health information, which is required both by federal and state law. We are required by law to provide you with this notice, which describes your rights and our obligations for using your health information and explains how your health information is used and how it may be disclosed. We reserve the right to change our privacy practices and policies. If we do, we will update this notice. The revised notice will be posted on our website at www.kitsappublichealth.org and available in our office.

Disclosure of your Health Information

We keep a record of the healthcare services we provide you. We have the right to use and disclose your health information to provide treatment or coordinate care, for payment for services, and for healthcare operations such as a quality review assessment and improvement activities. We will not disclose your health information unless you ask us to do so or the law allows or compels us to do so.

Inspect and Copy

You may ask to inspect or receive a copy of your healthcare information. If we maintain your health information electronically, you may also request that we provide your information in electronic form. If the electronic form is not readily producible, we may also provide the information in another readable electronic form. If you request a copy, we may charge a fee for the cost of mailing or other supplies including the electronic media associated with your request requires.

Your Rights

- You have the right to request an amendment to your health information if we created it and we agree that it is either wrong or incomplete. If we do not agree to make the amendment, you may add a statement of disagreement to your health information.
- You have the right to request that we provide you with a list of disclosures of your health information in the prior six years, excluding disclosures related to treatment, payment, or healthcare operations.
- You have the right to ask us not to bill your insurance company for an item or service that you have paid for in full at the time of the service.
- You have the right to ask us to restrict other uses and disclosures of your health information. We are not required to grant the request but will comply with any request granted.
- You have the right to cancel prior authorizations to use or disclose health information, except to the extent that the information has already been released.
- You have the right to request that we contact you by alternative means or at alternate locations.
- Disclosures of psychotherapy notes, uses and disclosures of your healthcare information for marketing purposes, and disclosures that constitute a sale of healthcare information require your written authorization.

Effective Date: April 14, 2003

Revised: December 20, 2004

Our Responsibilities

- We are required by law to maintain the privacy of your information.
- We are required to post this notice of our privacy practices on our website and make it available in paper form if you request it.
- We may use your healthcare information for research purposes if the research has been approved and has policies to protect your privacy.
- We will notify you if we discover a breach of your unsecured healthcare information

Miscellaneous Disclosures

We may use or disclose your healthcare information to enhance health care services, protect patient safety, safeguard public health, ensure that our staff comply with government and accreditation standards, and when otherwise authorized by law. We disclose information:

- **For Appointment Reminders:** Unless you have requested in writing that we not do so.
- **To Business Associates:** Who perform work on our behalf such as consulting, legal services, billing, and collections. Our Business Associates are required to comply with federal privacy and security laws to safeguard your information.
- **To Report Suspected Abuse or Neglect:** To government agencies that receive reports regarding abuse, neglect, or domestic violence.
- **To Coroners, Medical Examiners, or Funeral Directors:** Consistent with laws to allow them to carry out their duties.
- **To Correctional Institutions:** If you are in jail or in custody, as necessary for your health and the health and safety of others.
- **For Disaster Relief Purposes:** We may release information about you to assist in disaster relief activities.
- **To Federal Officials:** For national security, intelligence, and protective services to the United States President and other officials.
- **To Government Programs:** Providing public benefits such as Medicare and Medicaid if relevant to your eligibility and enrollment.
- **For Judicial or Administrative Proceedings:** Such as in response to a court order, subpoena, or discovery request.
- **Law Enforcement:** As allowed or required by law.
- **To a Person** who may have been exposed to a disease or be at risk for contracting or spreading a disease or condition.
- **To Public Health Authorities** such as to report or prevent disease outbreaks.
- **To a School or Healthcare Provider:** Regarding proof of your immunization status or to a provider providing immunizations in a series.
- **To Report a Threat to Health or Safety:** To avoid a serious threat to your health or safety or that of others.
- **To Worker's Compensation:** As authorized by, or to the extent necessary, to comply with state worker compensation laws.
- **When Otherwise Required or Permitted:** By federal, state, or local law.

To Ask for Help or To Complain

If you have questions or would like to make a complaint, you may call the District's Privacy Officer at (360) 728-2235. You also may submit a written complaint with the United States Secretary of Health and Human Services.

**The Federal HIPAA Law requires that we
obtain confirmation that you have received this Notice.**

You will be asked to sign and return this Notice before we provide any care.

I acknowledge that I have received the Notice of Privacy Practices of the Kitsap Public Health District (effective date September 23, 2013).

Print Name

Date of Birth

Date

Signature

Staff/Witness Signature

Date

