

“IMPORTANT INFORMATION”^{IV}

FOR

CLIENTS

OF

RICE COUNTY

PUBLIC HEALTH

NURSING

Notice of Privacy Practices

Revised: 08-1-2010

**Public Health Nursing Service
Government Services Building-Lower Level
320 N.W. Third Street - Suite 1
Faribault, Minnesota 55021-5194**

**RICE COUNTY PUBLIC HEALTH NURSING
SERVICE
NOTICE OF PRIVACY PRACTICES**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY THE RICE COUNTY PUBLIC HEALTH NURSING SERVICE AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

USE AND DISCLOSURE OF HEALTH INFORMATION

The Rice County Public Health Nursing Service may use your health information, information that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, for purposes of providing you treatment, obtaining payment for your care, and conducting health care operations. This Agency has also established policies to guard against unnecessary and unauthorized disclosure of your health information. These policies are in accordance with the federal HIPAA rules and all applicable Minnesota Statutes.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED WITH YOUR CONSENT:

To Provide Treatment. Rice County Public Health may use your health information to coordinate care within our Agency and with others involved in your care, such as your physician and other health care professionals. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate treatments.

To Obtain Payment. Rice County Public Health may include your health information on invoices to collect payment from third parties such as insurance companies, Medicare, Medical Assistance, etc. for the care that you receive from our Agency. For example, our Agency may be required by your health insurer to provide information regarding your health care status and the services that we provided to you so that the insurer will reimburse you or our Agency. Rice County Public Health also may need to obtain prior approval from your insurer and may need to explain to the insurer your need for home care and the services that will be provided to you.

To Conduct Health Care Operations. Rice County Public Health may use and disclose health information for its own operations in order to facilitate the function of the Agency and as necessary to provide quality care to all of our clients. Health care operations includes activities such as:

- Review of client charts by supervisors and designated professional staff to assess quality and improve care

- Reviewing and auditing of charts by state and federal oversight agencies
- Managing the business and administrative aspects of the Agency
- Maintaining paper and electronic records of services provided
- Scheduling client visits
- Preparing financial reports
- Complying with accrediting, certification, licensing or related requirements
- Developing protocols, providing case management, and coordinating care
- Providing learning experiences for students in the health professions

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED WITHOUT FIRST RECEIVING YOUR CONSENT:

- **When Legally Required.** This Agency will disclose your health information when it is required to do so by any federal, state, or local law. Examples are mandatory reporting of child maltreatment and abuse or neglect of a vulnerable adult. Information may also be released pursuant to a valid court order.
- **When There Are Risks To Public Health.** This includes disclosures to prevent or control disease, injury or disability; to report disease, injury, and vital

events such as birth or death; and to conduct public health surveillance, investigations, and interventions, as permitted/required by Minnesota law. Minnesota law also permits sharing of immunization information between public health agencies, schools, clinics, and day care centers.

- **In the Event of a Serious Threat to Health or Safety.** The Agency will disclose your health information as needed in case of a medical emergency if we are unable to obtain your consent due to the nature of your condition or the nature of the medical emergency.
- **For Minors, When Failure to Inform a Parent or Guardian Poses a Serious Threat to Health or Safety.** Minnesota Statute 144.346 provides that a medical professional may inform the parent or guardian of a minor of any treatment given or needed when, in the professional's judgment, failure to inform the parent or guardian would seriously jeopardize the health of the minor.

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Other than as stated above, the Agency will not disclose your health information without your written authorization. If you or your representative authorizes the Agency to use or disclose your health information, you may revoke that authorization in writing at any time. Unless you revoke the authorization, it remains in effect for one year.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

- **Right to request restrictions.** You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on the Agency's disclosure of your health information to someone who is involved in your care or the payment of your care. However, the Agency is not required to agree to your request. If you wish to make a request for restrictions, please contact Public Health Director Anna Haubrich (see **CONTACT PERSON** information at the bottom of this Notice).
- **Right to receive confidential communications.** You have the right to request that the Agency communicate with you in a certain way. For example, you may ask that the Agency only conduct communications pertaining to your health information with you privately, with no other family members present or that the Agency not send mail to you at your home. If you wish to receive confidential communications, please talk with your assigned nurse or social worker or contact Public Health Director Anna Haubrich (see **CONTACT PERSON** information at the bottom of this Notice). The Agency will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.

- **Right to inspect and copy your health information.** You have the right to inspect and copy your health information, including billing records. A request to inspect and copy records containing your health information may be made to Public Health Director Anna Haubrich (see **CONTACT PERSON** information at the bottom of this Notice). If you request a copy of your health information, our Agency may charge a reasonable fee for copying and assembling costs associated with your request. (Fees usually charged only when records sent to a third party such as a law office.) Requests for information will be honored immediately, if possible, or within ten days of the date of the request, excluding Saturdays, Sundays and legal holidays, if immediate compliance is not possible.
- **Right to amend health care information.** You or your representative have the right to request that the Agency amend your records if you believe that your health information is incorrect or incomplete. Such a request may be considered as long as the information is maintained by our Agency. A request for an amendment of records must be made in writing to Public Health Director Anna Haubrich (see **CONTACT PERSON** information at the bottom of this Notice). The Agency may deny a request that is not in writing and does not include a reasons for the amendment. The request may also be denied if your

health information records were not created by the Agency, if the records you are requesting are not part of the Agency's records, if the health information that you wish to amend is not part of the health information that you or your representative are permitted to inspect and copy, or if, in the opinion of the Agency, the records containing your health information are accurate and complete. Data that is in dispute shall be disclosed only if your statement of disagreement is included with the disclosed data (Minnesota Statute 13.04, Subd. 4). Minnesota Statute 13.04, Subd. 4 also provides for an appeal process if you disagree with the decision made by our Agency.

- **Right to an accounting.** You or your representative have the right to request an accounting of disclosures of your health information made by the Agency based upon your signed authorization or as required by law. The request should specify the time period for the accounting, starting on or after the effective date of this policy. An accounting of disclosures will not be maintained beyond the time that the Agency is legally required to retain your health information. The request for such an accounting must be made in writing to Public Health Director Anna Haubrich (see **CONTACT PERSON** information at the bottom of this Notice).

- **Right to a paper copy of this notice.** You or your representative have a right to be given a paper copy of this Notice at any time even if you have received this Notice previously. To obtain a paper copy, please contact Public Health Director Anna Haubrich (see **CONTACT PERSON** information at the bottom of this Notice). The Notice is also posted on the Rice County website, www.co.rice.mn.us in the Public Health section of the site.

DUTIES OF THE AGENCY

Our Agency is required by state and federal law to maintain the privacy of your health information and to provide you and your representative this Notice of its duties and privacy practices. The Agency is further required to abide by the terms of this Notice as may be amended from time to time. The Agency reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all health information that it maintains. If the Agency changes this Notice, it will provide a copy of the revised notice to all current clients or their appointed representatives. The most current Notice will also be posted on the Rice County website referenced above. You or your representative have the right to express complaints to the Agency and to the United States Secretary of DHHS (Department of Health and Human Services) if you believe that your privacy rights have been violated. Any complaints to the Agency should be made in

writing to Public Health Director Anna Haubrich (see **CONTACT PERSON** information at the bottom of this Notice).

CONTACT PERSON

The Rice County Public Health Nursing Service has designated the Public Health Director as its contact persons for all issues regarding client privacy, your rights under the federal privacy standards, and this Notice. The current Director is Anna Haubrich and she can be contacted at (507)332-6111; (507)645-9576, Ext. 6111; (507)744-5185, Ext. 6111; TDD (507)332-6248; ahaubrich@co.rice.mn.us; or in writing at Rice County Public Health Nursing Service, 320 Third Street NW, Suite 1, Faribault, Minnesota 55021.

EFFECTIVE DATE

This Notice is effective April 14, 2003.