



# NOTICE OF PRIVACY PRACTICES

*Effective Date: April 14, 2003*  
Oklahoma City-County Health Department

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

**For More Information, Please Contact:**

Clinic Support Administrator & Privacy Officer

Oklahoma City-County Health Department, 921 NE 23<sup>rd</sup> Street, Oklahoma City, OK 73105

(405) 425-4462 (request to speak with the Privacy Officer) If you are unable to reach our Privacy Officer, you may phone the OCCHD Compliance Office at (405) 419-4171.

**Note:** For purposes of this document the terms “you” or “your” refer to an individual, his/her minor child or dependent, or anyone with legitimate legal authority to act on behalf of another.

**Who We Are:** This notice describes the privacy practices of Oklahoma City-County Health Department (OCCHD) and the privacy practices of all of our:

- health care professionals authorized to enter information about you into your health record
- departments and sites
- employees, students, volunteers, and other personnel who work for us or on our behalf

**Understanding Your Health Record/Information.** Each time you visit the health department, a record of your visit is made. This record may contain your symptoms, examination and test results, diagnoses, immunizations, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- basis for planning your care and treatment
- means of communication among the many health professionals who contribute to your care
- legal document describing the care you received
- means by which you or a third-party payer can verify that services billed were actually provided
- a tool in educating health professionals
- a source of data for medical research
- a source of information for public health officials charged with improving the health of our community, state, and the nation
- a source of data for facility planning
- a tool with which we can assess and continually work to improve the care we render, the education we provide, and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to:

- ensure its accuracy
- better understand who and why others may access your health information
- make informed decisions when authorizing disclosure to others

### **Our Responsibilities**

This agency is required by law to:

- make sure that health information which identifies you is kept private in accordance with relevant law
- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- abide by the terms of this notice
- notify you if we are unable to agree to a requested restriction
- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

*We will not use or disclose your health information without your authorization, except as described in this notice.*

### **How We May Use and Disclose Your Health Information:**

We may use and disclose your personal health information for these purposes:

***We will use your health information for treatment.***

**For example:** Information obtained by a member of your healthcare team will be recorded in your record and used to determine the course of your treatment. Members of your healthcare team will then record the actions they took and their observations. In that way, the provider will know how you are responding to treatment.

We will also provide your healthcare provider or a subsequent healthcare provider with copies of various health information that should assist him or her in treating you on future visits.

***We will use your health information for payment.***

**For example:** A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

***We will use your health information for regular health care operations.***

**For example:** Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

### **Other Uses or Disclosures**

***Business associates:*** There are some services provided in our agency through contracts with business associates. Examples include physician services, certain laboratory tests, personal service contractors, and shredding services. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we have asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

***Appointment Reminders:*** We may use and disclose health information about you to contact you as a reminder that you have an appointment.

***Notification:*** We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

**Communication with Family:** Health professionals, using their best judgement, may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

**Research:** We may disclose information to researchers when their research has been approved by an Institutional Review Board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

**Food and Drug Administration (FDA):** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, medications, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

**Public Health:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**Health Oversight Activities:** We may disclose health information about you to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with the law.

**National Security and Intelligence Activities:** We may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Protective Services for the President and Others:** We may disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, or conduct special investigations.

**Correctional Institution:** Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof, health information necessary for your health, and the health and safety of others, or for the safety and security of the correctional institution.

**Law Enforcement:** We may disclose health information for law enforcement purposes as required by law, or in response to a valid subpoena.

**Immunization Information:** We may disclose information needed by schools and childcare centers in which you or your child are enrolled.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority, or attorney provided that a workforce member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

## **Your Health Information Rights**

Although your health record is the physical property of the healthcare provider or facility that compiled it, the information belongs to you. **You have the right to:**

- **obtain a paper copy of the OCCHD Notice of Privacy Practices upon request as provided for in 45 CFR 164.520**

You have the right to receive a paper copy of this notice at any time. To receive a copy, please request it from the privacy officer identified on the first page of this notice. You may also obtain a copy of this notice at our website, at [www.occhd.org](http://www.occhd.org).

- **request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522**

You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you may request that we not disclose information about you to a certain doctor or other health care professional, or that we not disclose information to your spouse about certain care that you received.

## **We are not required to agree to your request for restrictions if it is not feasible for us to comply with your request, or if we believe that it will negatively impact our ability to care for you.**

If we do agree, however, we will comply with your request unless the information is needed to provide emergency treatment. To request a restriction, you must make your request in writing to our privacy officer identified on the first page of this notice. In your request, you must tell us what information you want to limit, to whom you want the limits to apply, and for what period of time.

- **receive confidential communications as provided in 45 CFR 164.522**

You have the right to request that we communicate with you about health matters in a certain way. For example, you can ask that we only contact you at work or by mail to a specified address.

To request that we communicate with you in a certain way, you must make your request in writing to the privacy officer identified on the first page of this notice. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

- **inspect and copy your health record as provided for in 45 CFR 164.524**

You have the right to inspect and copy (upon payment of the applicable fee) the personal health information in your medical and billing records, or in any other records that we maintain and use to make health care decisions about you. This right does not include the right to inspect and copy psychotherapy notes, although we may, at your request and on payment of the applicable fee, provide you with a summary of these notes.

To inspect and copy your personal health information, you must submit your request in writing to our privacy officer identified on the first page of this notice. If you request a copy of the information, we may charge a fee for the copying and mailing costs, and for any other costs associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If your request is denied, you may request an appeal of the denial. The OCCHD General Counsel is the person designated to review the decision to deny your request. The person conducting the review is not the same person who denied your request. We will comply with the outcome of this review. Certain denials, such as those relating to psychotherapy notes, however, will not be reviewed.

- **request amendment of your health record as provided for in 45 CFR 164.528**

If you feel that the health information we maintain about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for any information that we maintain about you. To request an amendment, your request must be made in writing, submitted to our privacy officer identified on the first page of this notice, and must be contained on one piece of paper, legibly handwritten or typed, and dated. In addition, you must provide a reason that supports your request for an amendment.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. Also, we may deny your request if you ask us to amend information that:

1. was not created by us
2. is not part of the health information kept by or for the Oklahoma City-County Health Department
3. is not part of the information which you would be permitted to inspect and copy
4. is accurate and complete
5. is not supported by our analysis of the data

Any amendment we make to your health information will be disclosed to the health care professionals involved in your care and to others to carry out payment and health care operations, as described in this notice.

- **obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528**

You have the right to receive an accounting of disclosures of your health information that we have made. The accounting should include all disclosures that we have previously made on your behalf. For example, an accounting will include disclosures such as those to:

1. carry out treatment, payment, and health care operations as previously described in this notice, pursuant to your written authorization
2. a family member, other relative, or personal friend involved in your care or payment for your care when you have given us prior permission to do so
3. law enforcement officials.

To request an accounting of disclosures, you must submit your request in writing to our privacy officer identified on the first page of this notice. Your request must be dated and state a time period, which may not be more than six (6) years, and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. We will mail you a list of disclosures in paper form within 30 days of your request, or notify you if we are unable to supply the list within that time period. We will also give you a date when we can supply the list; this date will not exceed 60 days from the date you made the request.

**Disclosures Not Covered by This Notice:**

Other uses and disclosures of personal health information not covered by this notice or applicable law will be made only with your written authorization. If you give us written authorization to use or disclose your personal health information, you may revoke your authorization, in writing, at any time. If you revoke your authorization we will no longer use or disclose your personal health information for the reasons covered by your written authorization. You understand that we are unable to take back any uses and disclosures that we have already made with your authorization, and that we are required to retain our records of the care that we have provided to you.

**Changes to this Notice:**

We reserve the right to change this notice and to make the changed notice effective for all of the health information that we maintain about you, whether it is information that we previously received about you, or information we may receive about you in the future. We will post a copy of our current notice in our facility. Our notice will indicate the effective date on the first page, in the top right-hand corner. We will also give you a copy of our current notice upon request.

**Complaints** - If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of Health and Human Services at the U. S. Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201, 1-877-696-6775 (their website is [www.hhs.gov](http://www.hhs.gov)).

You may file a complaint by mailing, faxing, or e-mailing us a written description of your complaint or by telling us about your complaint in person or over the telephone:

Corporate Compliance Manager  
Oklahoma City-County Health Department  
921 NE 23<sup>rd</sup> Street, Oklahoma City, OK 73105  
Phone: (405) 419-4171 Fax: (405) 419-4216  
E-Mail: [corporate\\_compliance@occhd.org](mailto:corporate_compliance@occhd.org)

If you are unable to reach our Compliance Manager, you may phone our  
Compliance Officer at (405) 425-4461.

**There will be *no* retaliation for filing a complaint. Your confidentiality is ensured.**