

**ERIE COUNTY DEPARTMENT OF HEALTH
NOTICE OF PRIVACY PRACTICES**

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.

Erie County Department of Health (ECDH) uses health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. Your health information is contained in a medical record that is the physical property of ECDH. We will not sell or profit from the use or disclosure of your protected health information.

How ECDH May Use or Disclose Your Health Information

1. *For Treatment.* ECDH may use your health information to provide you with medical treatment or services. For example, information obtained by a health care provider, such as a physician, nurse, or other person providing health services to you, will record information in your record that is related to your treatment. This information is necessary for health care providers to determine what treatment you should receive. Health care providers will also record actions taken by them in the course of your treatment and note how you respond to the actions.
2. *For Payment.* ECDH may use and disclose your health information to others for purposes of receiving payment for treatment and services that you receive. For example, a bill may be sent to you or a third-party payer, such as an insurance company or health plan. The information on the bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment.
3. *For Health Care Operations.* ECDH may use and disclose health information about you for operational purposes. For example, your health information may be disclosed to members of the medical staff, risk or quality improvement personnel, and others to:
 - a. evaluate the performance of our staff;
 - b. assess the quality of care and outcomes in your cases and similar cases;
 - c. learn how to improve our facilities and services; and
 - d. determine how to continually improve the quality and effectiveness of the health care we provide.
4. *For Out-of-Pocket Payment in Full:* If you choose to pay for a particular service, out-of-pocket in full, and you request that we do not disclose PHI for these services to a health plan, we will accommodate your request to the extent we are required by law to make a disclosure. (45CRF 164.520(b)(1)(iv)(AA)).
5. *Appointments.* ECDH may use your information to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to the individual.
6. *Required by Law.* ECDH may use and disclose information about you as required by law. For example, ECDH may disclose information for the following purposes:
 - a. for communicable disease case management and reporting; and

- b. to report information related to victims of abuse, neglect or domestic violence; and
 - c. to assist law enforcement officials in their law enforcement duties
7. *Public Health.* Your health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, or disability, or for other health oversight activities.
 8. *Organ/Tissue Donation.* Your health information may be used or disclosed for cadaveric organ, eye, or tissue donation purposes.
 9. *Research.* ECDH may use your health information for research purposes when an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved the research.
 10. *Health and Safety.* Your health information may be disclosed to avert a serious threat to the health or safety of you or any other person pursuant to applicable law.
 11. *Government Functions.* Specialized government functions such as protection of public officials or reporting to various branches of the armed services that may require use or disclosure of your health information.
 12. *Workers Compensation.* Your health information may be used or disclosed in order to comply with laws and regulations related to Workers Compensation.
 13. *Judicial and Administrative Proceedings.* Your health information may be used or disclosed in judicial and administrative proceedings in response to a court order, subpoena, discovery request or other lawful process.
 14. *Coroners and Medical Examiners.* Your health information may be used or disclosed for purposes of providing information to a coroner or medical examiner for the purpose of identifying a deceased patient, determining a cause of death, or facilitating their performance of other duties required by law.
 15. *Funeral Directors.* Your health information may be used or disclosed for the purposes of providing information to funeral directors as necessary to carry out their duties.

Your Health Information Rights

You have the right to:

1. request a restriction on certain uses and disclosures of your information as provided by 45 CFR §164.522; however, ECDH is not required to agree to a requested restriction;
2. obtain a paper copy of the notice of information practices upon request;
3. inspect and obtain a copy of your health record (paper or electronic format) as provided for in 45 CFR §164.524;
4. amend your health record as provided in 45 CFR §164.526;
5. request communications of your health information by alternative means or at alternative locations;

6. revoke your authorization to use or disclose health information except to the extent that action has already been taken in reliance upon such authorization;
7. receive an accounting of disclosures made of your health information to business associates as provided by 45 CFR 164.528, and;
8. be notified of a breach of your Protected Health Information. In the event of a breach of your protected health information, which meets the standards outline in Section 13402 of the Health Information Technology from Economic and Clinical Health (HITECH) Act, you will be notified.

Uses and Disclosures for Which You Have the Opportunity to Agree or Object

Your health information may be used or disclosed in connection with notifications to individuals involved in your care. In some of those situations you may have the opportunity to agree or object to certain uses and disclosures of protected health information about you. If you do not object, then certain types of uses and disclosures may be made. Your health information may be disclosed to your family members, close friends or any other persons identified by you if that information is directly relevant to the person's involvement in your care or payment for your care. If you are present and able to consent or object (or if you are available in advance), then uses and disclosures of your health information may be made only if you do not object after you have been informed of your opportunity to object. If you are not present or if you are unable to consent or object, professional judgment may be exercised in determining whether the use or disclosure of protected health information is in your best interest as, for example, allowing a person to act on your behalf to pick up filled prescriptions, medical supplies, x-rays or other things that contain protected health information about you. Your health information may also be used and disclosed to notify your family members or close friends of your location, general condition, or death.

Confidentiality of Certain Medical Records

The confidentiality of drug and alcohol treatment records, HIV related information, and mental health records maintained by us is specially protected by Pennsylvania law. We will only disclose such information if you consent in writing, or if the disclosure is allowed by a court order, or if other limited circumstances apply.

Required Disclosures of Your Protected Health Information

The following is a description of disclosures that are required by law:

1. Disclosures to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule;
2. Disclosures of most of your health information that is in a designated records set as you request access to this information. An accounting of many disclosures of your personal health information for reasons other than payment, treatment, or other healthcare operations is also required as you request access.

Complaints

You may complain to ECDH and to the Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint.

Obligations of ECDH

ECDH is required to:

1. maintain the privacy of protected health information;
2. provide you with this notice of its legal duties and privacy practices with respect to your health information;
3. abide by the terms of this notice;
4. notify you if we are unable to agree to a requested restriction on how your information is used or disclosed;
5. accommodate reasonable requests you may make to communicate health information by alternative means or at alternative locations; and
6. obtain your written authorization to use or disclose your health information for reasons other than those listed above and permitted under law.

ECDH reserves the right to change its information practices and to make the new provisions effective for all protected health information it maintains. Revised notices will be made available to you by redistribution at time of next client contact.

Contact Information

If you have any questions or complaints, please contact:

Privacy Officer – Department of Community Health Services
606 West Second Street
Erie, PA 16507
Phone: 814-451-6700

Region III, Office for Civil Rights
U.S. Department of Health and Human Services
150 S. Independence Mall West, Suite 372
Public Ledger Building
Philadelphia, PA 19106-9111
Main Line (215) 861-4441
Hotline (800) 368-1019
FAX (215) 861-4431
TDD (215) 861-4440