

**NOTICE OF PRIVACY PRACTICES**  
**Washtenaw County Public Health Department**  
**Effective: April 14, 2003**

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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.

We at Washtenaw County Public Health Department understand that medical information about you and your health is personal. We create a record of the care and services that you receive from us. The Public Health Department is required by law to maintain the privacy of all medical information that identifies you, with exceptions to protect public safety and for treatment, payment or operations as explained below. This notice describes our practice and informs you of the ways in which we may use and disclose medical information about you.

We are required to follow the terms of this Notice of Privacy Practices. We reserve the right to revise this notice. Upon any material changes to this notice, we will post the revised notice and distribute copies to our clients. The new notice would be effective for all medical information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices.

*Your Rights: You have the following rights about information we maintain about you:*

- **The Right To Request Restrictions** You may ask us to limit our use or disclosure of your medical information. We are not required to agree with your request, however, if we do, we will abide by your request except if disclosure is required by law.
- **The Right To Confidential Communications** You may ask that we communicate with you in a particular way, or at a certain location to protect your confidentiality such as calling at work rather than your home.
- **The Right To Inspect and Copy** You may ask to access to inspect and copy your medical information maintained in our records. We may deny this request in certain circumstances. If your request is denied, you may request that the decision be reviewed.
- **The Right To Amend your Record** You may ask us to amend your health information if you believe that it is incorrect or incomplete. We may deny your request if we believe that your record is complete and accurate, if it is not information that you would be allowed to inspect or copy, or if we did not create the information.
- **The Right To Obtain A Paper Copy** You are entitled to receive a paper copy of this notice.
- **The Right To Accounting of Disclosures** You may ask us for an accounting of certain disclosures made of your medical information with the exceptions of treatment, payment and health care operations described in this notice, or information you have specifically authorized to be released.
- Disclosures made to your representatives involved in your care is subject to certain other restrictions and limitations as required by law.

*We ask that you:*

- **Provide an Authorization for Other Uses and Disclosures** We will ask for your written authorization for uses and disclosures of your medical information that are not identified in this notice or permitted by law. You may revoke this authorization at any time, in writing.

*Permitted Uses: We may use and disclose your medical information for specific reasons:*

- **Treatment** We will disclose your medical information, as necessary, to manage your health care and related services. For example, we may contact you to remind you of appointments or forward information to consulting health care providers to ensure they have the necessary information to continue your care.

- **Payment** Public Health programs that charge a fee may bill you, your health insurance company or any party responsible for payment of your account. For example, we may need to contact your insurer for pre-approval of services and provide to disclose information about your diagnosis and treatment.
- **Health Care Operations** We may use or disclose, as needed, medical information to help run the Public Health Department and ensure that our clients receive quality care and services. For example, we may use your medical information to review and improve our program services and to evaluate the performance of staff working with you and providing care for you. We may also disclose your medical information for audits and for purposes of education. In many of these instances, we will remove information that identifies you.

**Disclosures without Authorization:** We may use and disclose medical information about you, without your specific authorization in the following circumstances:

- **As Required by Law** We may disclose your medical information, when required by federal, state or local laws.
- **Public Health Activities** We may collect and disclose your medical information for Public Health activities. These include, but are not limited to activities:
  - to prevent or control disease, injury or disability, including notifying persons who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition
  - to review and investigate births and deaths as required by law
  - to report suspected abuse or neglect of children and vulnerable adults, including individuals experiencing domestic violence
  - to notify individuals of recalls of products they may be using and to report medication reactions
  - for purposes of research, data management and health oversight as required by law and credentialing bodies; these activities may include audits and inspections necessary for the government to monitor programs for funding, licensure and compliance with regulations.
- **Inmates** We may use or disclose medical information of inmates if it is necessary (1) for the correctional institution to health care (2) to protect your health/safety or the health/safety of others or (3) for the safety and security of the institution.
- **Serious Threats to Health or Safety** We may use and disclose your medical information if, given sufficient evidence, we believe that non-disclosure would put individuals or the public at serious risk.
- **Coroners, Funeral Directors and Organ Donation** We may disclose medical information to a coroner or funeral director for identification purposes, to determine cause of death or in reasonable anticipation of death and for cadaver donation purposes or other reasons required by law to permit them to carry out their duties.
- **Communication** We may use and disclose your medical information if we have attempted to obtain consent from you but have been unable to do so due to substantial communication barriers (i.e., language barriers or a medical emergency) and we have determined, using professional judgment, that you intend to consent to use or disclosure under the circumstances. This includes disclosing information to family members, a close personal friend or any other person you identify that is involved in your care.
- **Lawsuits and Disputes** If you are involved in a legal dispute, we may disclose your medical information in response to a court order, subpoena or other lawful request. In this event we will make efforts to contact you in advance, which may include a written notice to you.
- **Military Personnel** We may disclose your medical information to appropriate military command authorities as requested, if you are a member of the armed forces.
- **Worker's Compensation** We may release medical information about you for Worker's Compensation or similar programs involved with work related injuries or illnesses.

**If you believe that your rights have been violated, contact the Privacy Officer** of Washtenaw County Public Health Department or the Office of Civil Rights. You will not be penalized for making a complaint.

- To file a complaint with Washtenaw County Public Health Department or if you have any questions or want additional information, call or write: Privacy Officer, Washtenaw County Public Health Department, 555 Towner Street, Ypsilanti, MI 48197, phone (734) 484-7200.
- To file a complaint with the Office of Civil Rights, call or write: Office of Civil Rights, U.S. Department of Health and Human Services, 200 Independence Ave SW, Washington DC 20201 or toll-free phone 1-877-696-6775.

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