



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. Effective 04/14/2003

The Eau Claire City-County Health Department is committed to protecting your health information. The department is required by law to maintain the privacy of your health information, provide this notice to you, and abide by the terms of this notice. If there are any changes in these practices, the department will post a new notice in the department and on the Health Department website.

CONFIDENTIALITY PRACTICES AND USES

The Health Department may use and or share your health information without your authorization for the following purposes:

- **Treatment** – to provide case management and health care treatment for you. For example, the nurse may communicate with other staff and medical providers (nurses, physicians, medical advisors, nutritionists) that will be providing care for you.
- **Payment** – to obtain payment for services. For example, we may give your health plan information about a clinical exam or risk assessment so your health plan will pay us.
- **Health Care Operations** – to ensure that the services are appropriate and are high quality. For example, we may use your information to evaluate our programs.
- **Informational Purposes** – to contact you with reminders for follow-up appointments or to inform you of lab results.

OTHER DISCLOSURES NOT REQUIRING YOUR PERMISSION

The Health Department may make the following disclosures only if a court orders the Health Department to disclose the information, or another law requires the Health Department to disclose the information.

- **Other Government Agencies and/or Organizations Providing Benefits, Services or Disaster Relief** – to disclose information to other government agencies and/or organizations for you to receive those benefits and/or services offered.
- **Public Health** – to disclose health information to agencies for public health activities for disease control and prevention, problems with medical products or medications and problems of abuse, neglect, domestic violence, or physical injuries and work-related illnesses and injuries.
- **Health Oversight Activities** – to disclose information to authorities so they can monitor, investigate, inspect, discipline or license those who work in health care or for government benefit programs.
- **Judicial and Administrative Hearings** – to disclose specific medical information in court and administrative proceedings.
- **Law Enforcement Purposes** – to disclose specific medical information for law enforcement purposes.
- **Coroners, Medical Examiners, and Funeral Directors** – to disclose specific medical information to authorized persons so they can carry out their duties in case of death.
- **Organ Donation and Disease Registries** – to disclose specific medical information to authorized organizations involved with organ donation and transplantation, communicable disease registries and cancer registries.

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OTHER DISCLOSURES NOT REQUIRING YOUR PERMISSION (continued)

- **Research Purposes** – to disclose specific medical information to authorized personnel to work on research projects.
- **To Avoid a Serious Threat to Health or Safety** – to disclose specific medical information to prevent a serious threat to the health and safety of an individual or the public.
- **Military, National Security or Incarceration/Law Enforcement Custody** – to disclose information to the proper authorities so they may carry out their duties under the law if you are involved with the military, national security, or intelligence activities or you are in the custody of law enforcement officials or an inmate in correctional institution.
- **Workers' Compensation** – to disclose medical information to workers' compensation programs that provide benefits for work-related injuries or illness without regard to fault.
- **As Required by Law** – to disclose medical information when required to do so by any other law not referred to in previous categories.

YOUR RIGHTS TO PRIVACY

Your medical information will not be shared and/or disclosed without your permission except as described in this notice or required by law. You may authorize other disclosures by completing an authorization for release of medical information. You may also retract (in writing) this authorization at any time. The Health Department has procedures to assist you with your rights to your medical information. You may ask the Health Department staff for a copy of this notice at any time. An electronic copy of this notice is also available on the Health Department's web site.

Any requests you may have of the Health Department **must** be submitted in writing. All required forms are available at the Health Department. You have the right to ask the Health Department to:

- Limit the use and/or disclosure of your medical information. However, the Health Department is not required by law to agree to your request.
- Contact you at a specific mailing address or phone number.
- Look at or have a copy of any part of the designated record set maintained by the Health Department. You may be charged a processing and postage fee for this request.
- Change or add information to your designated record set. However, the Health Department may not change its **original** document.
- Provide a list of disclosures of your medical information made after April 14, 2003. This will not include disclosures for purposes of treatment, payment, health care operations; or disclosures made to you or with your permission.

If you need more information or feel that the Health Department violated your privacy rights. You may contact:

Director
Eau Claire City-County Health Department
720 Second Ave
Eau Claire, WI 54703
715-839-4718

You may also file a complaint with: DHHS – Office of Civil Rights
200 Independence Ave SW, Room 509F HHH Bldg.
Washington, DC 20201

No one will get back at you for filing a complaint.
