



UTAH COUNTY HEALTH DEPARTMENT

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. Effective: May 2019

The Utah County Health Department (UCHD) is committed to protecting your medical information. The UCHD is required by law to maintain the privacy of your medical information, provide this notice to you, and abide by the terms of this notice.

HOW WE USE YOUR HEALTH INFORMATION

When you receive services from the UCHD, protected health information (PHI) about those services is created. Because we are a federally funded treatment provider, PHI becomes private and is protected by federal law. We may not release it to anyone without your written permission except in limited circumstances. We may use your health information for treating you, billing for services, and conducting our normal business known as "health care operations." Examples of how we use your information include:

- **Treatment** - We keep records of the care and services provided to you. Health care and service providers use these records to deliver quality care to meet your needs. An employee of the UCHD may share your information with other treatment providers who may assist in your treatment. Some health records, including confidential communications with a mental health professional, may have additional restrictions for use and disclosure under state and federal laws.
- **Payment** - We keep billing records that include payment information and documentation of the services provided to you. Your information may be used to obtain payment from you, your insurance company, or another third party. We may also contact your insurance company to verify coverage for your care or to notify them of upcoming services that may need prior notice or approval. We may disclose information about the services provided to you to claim and obtain payment from your insurance company. If using a collection process to obtain payment becomes needed, minimal amounts of PHI will be disclosed for purposes of collection.
- **Health Care Operations** - We use health information to improve the quality of care, train staff and students, provide customer service, manage costs, conduct required business duties, and make plans to better serve the community. We may use your health information to evaluate the quality of treatment and services provided by our therapists, social workers, and other employees in our treatment provider network.

OTHER SERVICES WE PROVIDE

We may use your health information to recommend treatment alternatives, tell you about health services and products that may benefit you, share information with family or friends involved in your care or payment for your care and share information with third parties who assist us with treatment, payment, and health care operations.

YOUR INDIVIDUAL RIGHTS

You have the right to:

- Request restrictions on how we use and share your health information. We will consider all requests for restrictions carefully but are not required to agree to any restriction;
- Request that we use a specific telephone number or address to communicate with you;
- Inspect and copy your health information, including billing records. Fees may apply. Under limited circumstances, we may deny you access to a portion of your health information and you may request a review of the denial*;
- Request corrections or additions to your health information*;
- Request an accounting of certain disclosures of your health information made by us. The accounting does not include disclosures made for treatment, payment, and health care operations and some disclosures required by law. Your request must state the period of time desired for the accounting, which must be within the six years prior to your request and exclude dates prior to April 14, 2003. Except for the costs of photocopying, the first accounting is free but a fee will apply if more than one request is made in a 12-month period*;
- Request a paper copy of this notice even if you agree to receive it electronically.

(Requests marked with a star (*) must be made in writing. Contact the UCHD for the appropriate form for your request.)

SHARING YOUR HEALTH INFORMATION

There are limited situations when we are permitted or required to disclose health information without your signed authorization. These situations include activities necessary to administer the Medicaid program and the following:

- For public health purposes such as reporting communicable diseases, work-related illnesses, reporting births and deaths;
- To protect victims of abuse, neglect or domestic violence;
- For health oversight activities such as investigations, audits, inspections and administrative actions;
- For lawsuits and similar proceedings;
- When otherwise required by law;
- When requested by law enforcement as required by law or court order;
- To coroners, medical examiners, and funeral directors;
- For organ and tissue donation;
- For research approved by our review process under strict federal guidelines;
- To reduce or prevent a serious threat to public health and safety;
- For workers' compensation or other similar programs if you are injured at work;
- For specialized government functions such as intelligence and national security;
- All other uses and disclosures, not described in this notice, require your signed authorization. You may revoke your authorization at any time with a written statement, except for authorized releases which have already been made. Releases to law enforcement and the courts cannot be revoked.

OUR PRIVACY RESPONSIBILITIES

The UCHD is required by law to:

- Maintain the privacy of your health information.

- Provide the notice that describes the ways we may use and share your health information.
- Follow the terms of the notice currently in effect.
- Follow regulations included in the Omnibus Rule effective September 2013 which includes reporting data breaches that are not considered harmful.

We reserve the right to make changes to this notice at any time and make the new privacy practices effective for all information we maintain. Current notices will be posted in the assessment center and all treatment facilities. You may also request a copy of any notice directly from the UCHD.

CONTACT US

If you would like further information about your privacy rights, are concerned that your privacy rights have been violated, or disagree with a decision that we made about access to your health information please contact the UCHD or the Utah County Attorney's Office. We will investigate all complaints and will not retaliate against you for filing a complaint.

Phone: (801) 851-8001

Utah County Attorney's Office
100 East Center Street, Suite 2100
Provo, Utah 84606

You may also file a written complaint with the Office of Civil Rights at the below listed address.

U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Bldg.
Washington, D.C. 20201

Effective May 2019