



## **NOTICE OF PRIVACY PRACTICES**

**This notice describes how health information about you and/or your child may be used.**

**Please review it carefully.**

**The privacy of you and your child's health information is important to us.**

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The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") is a federal program which requires that all medical records and other individually identifiable information used or disclosed by, Ravalli County Public Health Department, in any form, whether electronically, on paper, or orally are kept properly confidential. This Act gives you, the patient, significant rights to understand and control how your personal health information is used.

### **Uses and disclosures of health information**

We use and disclose health information about you for treatment, payment and healthcare operations. For example:

- **Treatment:** means providing, coordinating, or managing health care and related services by one or more health care providers. EX: a physical exam.
- **Payment:** we may use and disclose your health information to obtain payment for services we provide to you. EX: billing your insurance for payment.
- **Healthcare operations:** We may disclose your health information for healthcare operations, which include quality assessment and improvement activities, conducting training programs, accreditation, certification, licensing or credentialing activities. EX: quality assessment review.

### **How We Will Use or Disclose Personal Health Information Without Your Consent, Without Written Authorization or Without Opportunity to Object:**

The following examples are other ways we may use and share your PHI or your child's without your consent, written authorization, or opportunity to object. By law, we are required to share your PHI or your child's in these instances:

- Public Health Communicable Disease Reporting
- Public Health Activities for preventing or controlling disease, injury or disability
- Abuse, Neglect, or Domestic Violence reporting (mandated reporters)
- Health Oversight activities
- Legal proceedings
- Law enforcement
- Harmful or Self- Harmful Activities

### **IMMUNIZATIONS AND/OR MATERNAL-CHILD HEALTH**

When you sign the IMMTRAX CONSENT FORM, PHI concerning you or your child, which may be provided to the Health Department or recorded in the course of receiving immunizations is electronically recorded and retained in the Montana State Vaccine Registry, ImMTrax. This information can be released to Department of Public Health and Human Services, provider's offices, schools, and childcare providers.

Demographic information (*name, address, telephone number, date of birth, gender, race, ethnicity, primary care provider, education, marital status, pay source, employer etc.*) that is provided for immunization or maternal-child health purposes and may be shared among those programs for the purposes of making other appropriate services available to you.



## RAVALLI COUNTY PUBLIC HEALTH

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

All persons who have access to this information are obligated under federal and state law to protect the information from unreasonable and inappropriate disclosures.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorizations in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

### YOUR RIGHTS

You have the following rights with respect to your PHI:

- The right to request restrictions or disclosures on certain uses of your information.
- The right to get a copy of your medical record.
- The right to ask us to correct health information that you think is incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we will tell you why in writing within 60 days.
- The right to request your PHI in specific manner. EX: home or office phone, different address.

In order to exercise any of these rights, you will be required to complete a form that we will provide to you upon request. We are required by law to maintain the privacy of your PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI.

This notice is effective as of April 14<sup>th</sup>, 2003, and we are required to abide by the terms of the Privacy Notice currently in effect. We reserve the right to change the terms of our Privacy Notice and to make the new notice provisions effective for all PHI we maintain.

If you have any questions about this notice, the staff at Ravalli County Public Health will be happy to assist you with obtaining more information about our privacy practices.

If you would like to file a complaint, you may contact:

Ravalli County Attorneys Office  
205 Bedford Street Suite C  
Phone: 406-375-6750  
Fax: 406-375-6731

For more information about HIPAA or to file a complaint with Health and Human Services:

The U.S. Department of Health and Human Services  
Office of Civil Rights  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
(202) 619-0257  
Toll free 1-877-696-6775

Patient/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_