

**Washington County**  
**NOTICE OF PRIVACY PRACTICES**  
**This Notice is effective starting 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.**

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We are required by law to protect the privacy of medical information about you and that identifies you. This medical information may be information about health care we provide to you or payment for health care provided to you. It may also be information about your past, present, or future medical condition.

We are required by law to provide you with this Notice of Privacy Practices to explain our duties and privacy practices with respect to medical information. We are required to follow the terms of this Notice. We are only allowed to use and disclose medical information in the ways that we have described in this Notice.

We may change the terms of this Notice in the future. We have the right to make changes and to make the new Notice effective for all medical information that we have. If we make changes to the Notice, we will:

- Post the new Notice in the waiting rooms of Public Health and Community Services and
- Give you a copy of the new Notice upon your request.
- You may call 651 430-6120 to obtain a copy of the current Notice.

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**WE MAY USE AND DISCLOSE MEDICAL INFORMATION  
ABOUT YOU IN SEVERAL CIRCUMSTANCES**

Our work requires using and disclosing medical information about you in order to provide health care services, obtain payment for services, and to operate our services.

**1. Treatment.**

To the extent permitted by law, we may use and disclose medical information about you to provide health care treatment to you, and to provide, coordinate or manage your health care and related services. This may include communicating with other health care providers regarding your treatment and coordinating and managing your health care with others. For example, members of your service team may share information about your symptoms in order to develop a plan for service.

## **2. Payment.**

We may use and disclose medical information about you to obtain payment for health care services that you receive. This means that we may use medical information about you to arrange for payment (such as preparing bills and managing accounts). We also may disclose medical information about you to others such as insurers like Medical Assistance, health insurance companies, or health maintenance organizations. For example, we may be required by your health insurer to provide information regarding your health care status and the services that we provided to you so that the insurer will pay the County for services provided to you.

## **3. Health care operations.**

We may use and disclose medical information about you in performing a variety of business activities called “health care operations.” These “health care operations” activities allow us to improve the quality of care we provide. For example, we may use or disclose medical information about you in performing the following activities:

- Reviewing and evaluating the skills and performance of our staff.
- Reviewing and improving the quality, efficiency and cost of services that we provide.
- Working with others who assist us to comply with this Notice and other applicable laws.

For example, a supervisor may review your case record to help evaluate the quality of care you are receiving and to evaluate your worker or care provider.

## **4. Required by law or court order.**

We will use and disclose medical information about you whenever we are required by law to do so. There are many state and federal laws that require us to use and disclose medical information. For example, state law requires us to report known or suspected child abuse or neglect. We will comply with this and all other applicable laws.

We may also disclose medical information about you if a judge orders us to do so.

## **5. When There Are Risks To Public Health.**

This includes disclosures to prevent or control disease, injury or disability; to report disease, injury, and vital events such as birth or death; and to conduct public health surveillance, investigations, and interventions, as permitted or required by law. The law also permits sharing of immunization information between public health agencies, schools, clinics, and day care centers.

**6. In the Event of a Serious Threat to Health or Safety.**

The County may disclose your health information as needed in case of a medical emergency if we are unable to obtain your consent due to the nature of your condition or the nature of the medical emergency.

**7. For Minors, When Failure to Inform a Parent or Guardian Poses a Serious Threat to Health or Safety.**

Minnesota Statute 144.346 provides that a medical professional may inform the parent or guardian of a minor of any treatment given or needed when, in the professional's judgment, failure to inform the parent or guardian would seriously jeopardize the health of the minor.

**8. Other Situations.**

We may release information to law enforcement, health oversight agencies or other responsible agencies for the investigation of fraud. We may share information needed by our attorney to give us legal advice. In some situations we may release to a law enforcement officer information about a person in a public assistance household to the officer for investigations of felony-level crimes, fleeing arrest for a felony or probation or parole violations. There are other situations in addition to these examples in which we may release information without your consent. If you have a question about a specific situation not mentioned in this Notice, please ask your worker or care provider to help you get an answer to your question.

**9. Authorization.**

Other than the uses and disclosures described above, we will not use or disclose medical information about you without the "authorization" – or signed permission – of you or your personal representative unless otherwise authorized by law. In some instances, we may wish to use or disclose medical information about you and we may contact you to ask you to sign an authorization form. In other instances, you may contact us to ask us to disclose medical information and we will ask you to sign an authorization form.

If you sign a written authorization allowing us to disclose medical information about you, you may later revoke your authorization in writing, except in very limited circumstances related to obtaining insurance coverage. If you want to revoke your authorization, you should write us a letter revoking your authorization or fill out an Authorization Revocation Form. Authorization Revocation Forms are available at the reception desk. If you revoke your authorization, we will follow your instructions except to the extent that we have already taken action based upon your earlier authorization.

**YOU HAVE RIGHTS WITH RESPECT  
TO MEDICAL INFORMATION ABOUT YOU**

You have several rights with respect to medical information about you. This section of the Notice briefly describes each of these rights.

**1. Right to a copy of this Notice.**

You have a right to have a copy of our Notice of Privacy Practices at any time. In addition, a copy of this Notice will always be posted in our waiting area. If you would like to have a copy of our Notice, ask the receptionist or call 651-430-6120.

**2. Right of access to inspect and copy.**

You have the right to see, review and receive a copy of medical information about you. If you would like to see or receive a copy of medical information about you, you must provide us with a written request or other proof of your identity. You may write us a letter requesting access or fill out an Access Request Form. Access Request Forms are available at the reception desk.

We may deny your request in certain very limited circumstances. If we deny your request, we will explain our reason for doing so in writing. We will also inform you in writing that you have the right to have our decision reviewed by another person.

If you would like a copy of the information, we will charge you a fee as permitted by law.

We will provide you with a summary or explanation of the information if you request us to do that.

**3. Right to have medical information amended.**

You have the right to have us amend, which means correct or supplement, medical information that we have about you. If you believe that we have information that is either inaccurate or incomplete, we may amend the information to indicate the problem and notify others who have copies of the inaccurate or incomplete information. If you would like us to amend information, you must provide us with a written request and explain why you would like us to amend the information. You may either write a letter requesting an amendment or fill out an Amendment Request Form. Amendment Request Forms are available at the reception desk.

We may deny your request in certain circumstances. If we deny your request, we will explain in writing our reason for doing so. You will have the opportunity to send us a statement explaining why you disagree with our decision and you have a right to appeal our decision. We will share your statement whenever we disclose the information in the future.

**4. Right to an accounting of disclosures we have made.**

You have the right to receive an accounting, which means a detailed listing of disclosures that we have made for the previous six (6) years. This is a limited accounting since it excludes many disclosures that we are not required to track for this purpose. Among the excluded disclosures are disclosures for treatment, payment or health care operations, disclosures to you about your own information; disclosures for which you have given authorization and certain other disclosures permitted by law. It also will not include disclosures made prior to April 14, 2003.

**5. Right to request restrictions on uses and disclosures.**

You have the right to request that we limit the use and disclosure of medical information about you for treatment, payment and health care operations. We are not required to agree to your request.

You may cancel the restrictions at any time.

We may cancel a restriction to which we have agreed at any time as long as we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation.

**6. Right to request an alternative method of contact.**

You have the right to request to be contacted at a different location or by a different method. For example, you may prefer to have all written information mailed to your work address rather than to your home address.

We agree to any reasonable request for alternative methods of contact. If you want to request an alternative method of contact, you must provide us with a written request. You may write us a letter or fill out an Alternative Contact Request Form that you can obtain from the receptionist.

**YOU MAY FILE A COMPLAINT  
ABOUT OUR PRIVACY PRACTICES**

If you believe your privacy rights have been violated or if you are dissatisfied with our privacy policies or procedures, you may file a complaint either with us or with the federal government. We will not take any action against you or change our treatment of you in any way if you file a complaint.

To file a written complaint, you may bring your complaint to the department where you are receiving services or you may mail it to the following address:

Privacy Official  
Washington County Attorney  
14949 62<sup>nd</sup> Street North  
P.O. Box 6  
Stillwater, MN 55082-0006  
Phone: 651-430-6120      TTY: 651-430-6246

To file a complaint with the federal government, you may send your complaint to the following address:

Office of Civil Rights  
Medical Privacy, Complaint Division  
U.S. Department of Health and Human Services  
200 Independence Avenue SW  
HHH Building, Room 509H  
Washington, D.C. 20201  
Phone: 866-627-7748      TTY: 866-788-4989