We will provide you with a list of disclosures in paper form within 30 days of your request, or notify you if we are unable to supply the list within that time period and by what date we can supply the list. This date will not exceed 60 days from the date you made the request.

Right to a Paper Copy of this Notice. Each person receiving health care services, including home care, at or through the Mobile County Health Department must receive this notice upon a first service rendered or on after the effective date, as stated on page one, of this notice. Any individual, upon request, has the right to receive a paper copy of this notice at any time. To receive a copy of this notice, you may pick one up at any Mobile County Health Department service delivery site, request it from the Privacy Officer at the address given on page one of this notice, or obtain a copy from our website at www.MCHD.org. This notice will also be posted in clear and prominent locations at all Mobile County Health Department clinical sites.

Our Duties and Responsibilities

We understand that health information about you and the health care you receive is personal. We are committed to protecting your health information. We understand that you expect that we will protect the privacy of your health information. We further understand that the protection of your health information is required by law. Mobile County Health Department will use and disclose your health information, as described in this notice, to carry out payment and health care operations as described in this notice.

Changes to this Notice. We reserve the right to change our privacy practices and make the new provisions effective for all of the protected health information we maintain. If there is a material change to the way we use or disclose your health information, we will supply you with a revised copy upon first service rendered to you at or through the Mobile County Health Department or upon your request. The revised notice will also be posted in clear and prominent locations throughout the organization and on our website.

How to file a Complaint

If you believe your privacy rights have been violated, you may file a complaint with us and with the Secretary of the Department of Health and Human Services, Washington, DC 20201. You may file a complaint by mail, phone, or in person by contacting the Privacy Officer, Mobile County Health Department, P.O. Box 2867, Mobile, AL 36652-2867, (251) 544-2135. Please describe what happened along with the dates and names of anyone involved. Please also let us know how to contact you so that we can respond to your complaint. You will not be retaliated against for filing a complaint.

Understanding Your Record and Health Information

Understanding what is in your health record and how your health information is used helps you to ensure its accuracy. This notice helps you better understand what, when, where, and why others may access your health information. It will also help you make informed decisions about authorizing the uses and disclosures of your health information to other parties.

Each time that you visit the Mobile County Health Department, a record of your visit is made in your health record. Typically, this record contains your symptoms, health history, examinations, test results, diagnoses, plan of care and treatment, and all other documentation necessary to treat you, bill for services rendered, or perform other health care operations.
Health-Related Services and Treatment Alternatives. We may use and disclose health information about you to provide you with health care services and treatment. We may disclose health information about you to the doctors, nurses, technicians, medical staff , hospitals, or other health care providers involved in your care at the Mobile County Health Department, at the hospital if you are hospital-ized under our supervision, or at another doctor’s office, lab, pharmacy or other health care provider to whom we may refer you for treatment, consultation, X-rays, lab tests, prescriptions or other health care services.

We may also disclose health information about you to other health care providers to your health plan so that they can arrange for payment relating to your care. For example, if you have health insurance, we may need to share information about your visit with your health plan in order for your health plan to pay us or reimburse you for the visit. We may also tell your health plan about treatment that you need to obtain your health plan’s prior approval or to determine whether your plan will cover the treatment.

Health Care Operations. We may use and disclose health information about you for our day-to-day operations, and may disclose health information about you to other health care providers or to your health plan so that they can arrange for payment relating to your care. We may use and disclose health information about you to other health care providers or to your health plan so that they can arrange for payment relating to your care. We may also disclose health information about you to other health care providers or to your health plan so that they can arrange for payment relating to your care.

Appointment Reminders. We may use and disclose health information about you to contact you as a reminder that you have an appointment with us. Please let us know if you do not wish to be contacted or if you wish to have us use a different address when sending this information to you.

Missed Appointments. We may use and disclose your health information to bill and collect payment from you, your insurance company, including Medicaid and Medicare, or other third party that may be able to reimburse us for some or all of your health care. We may also disclose health information about you to other health care providers or to your health plan so that they can arrange for payment relating to your care.

Individuals Involved in Your Care or Payment for Your Care. We may use or disclose health information to a family member, relative, close personal friend, or other person you identify who is involved in your care or the payment for your care. We may also disclose health information to a family member, relative, close personal friend, or other person you identify who is involved in your care or the payment for your care.

We may disclose health information about you to your family, a close personal friend, or any other person you identify as involved in your care. We may use health information to review the services that we provide and to evaluate the performance of our staff in caring for you. We may disclose health information about you to your family, a close personal friend, or any other person you identify as involved in your care. We may use health information to review the services that we provide and to evaluate the performance of our staff in caring for you.

You may request restrictions on some of your health information that you wish to share with your family, a close personal friend, or any other person you identify as involved in your care. We will consider your request and notify you if we agree to the requested restrictions. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the corrections institution or law enforcement official. This release would be necessary (1) for the institution to provide health services for the inmate or (2) for the law enforcement official to meet legal obligations.

You may request restrictions on some of your health information that you wish to share with your family, a close personal friend, or any other person you identify as involved in your care. We will consider your request and notify you if we agree to the requested restrictions.