Your Health Information Rights

Although your health record is the property of the Mobile County Health Department, the information in the record belongs to you. You have certain rights in connection with your health information. You have the following rights:

Right to Request Restrictions. You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you may request that we not disclose health information about you to a certain doctor or other health care professional, or that we not disclose information to your spouse about certain care that you received.

To request a restriction, you must make your request in writing at your service delivery site. In your request, you must tell us what information you want to limit and to whom you want the limits to apply. We will respond within 30 days of receiving your request.

We are not required to agree to your request for restrictions if it is not feasible for us to comply with your request or if we believe that it will negatively impact our ability to care for you. We will notify you if we are unable to agree to a requested restriction. If we do agree, however, we will comply with your request unless the information is needed to provide emergency treatment.

Right to Receive Confidential Communications. You have the right to request that we communicate with you about health matters in a certain way. We will accommodate, to the best of our ability, reasonable requests that you may have to communicate health information by alternative means or at alternative locations. For example, you can ask that we only contact you at work or by mail to a specified address.

To request that we communicate with you in a certain way, you must make your request in writing at your service delivery site. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted.

Right to Restrict Disclosures to Health Plan. You have the right to restrict disclosures of protected health information (PHI) to a health plan if the disclosure is for payment or health care operations and pertains to a health care item or service for which you have paid out of pocket in full.

Right to be Notified of Breach. You have the right to or you will be notified following a breach of unsecured PHI if you are affected by the breach.

Right to Access and Copy. You have the right to access and copy the health information in your medical and billing records, or in any other group of records that we maintain and use to make health care decisions about you. This right does not include the right to access and copy psychotherapy notes. We may, at your request and on payment of the applicable fee, provide you with a summary of your medical and billing records.

To access and copy your personal health information, you must submit your request in writing at your service delivery site. We will respond within 30 days of receiving your request. If you request a copy of the information, we may charge a fee for the copying and mailing costs, and for any other costs associated with your request.

We may deny your request to access and copy in certain very limited circumstances. If your request is denied, you may request that the denial be reviewed. We will designate a licensed health care professional to review our decision to deny your request. The person conducting the review will not be the same person who denied your request. We will comply with the outcome of this review. Certain denials, such as those relating to psychotherapy notes, however, will not be reviewed.

Right to Amend. If you feel that the health information we maintain about you is incorrect or incomplete, you may ask us to amend the health information. You have the right to request an amendment for any health information that we maintain about you. To request an amendment, your request must be made in writing at your service delivery site. The request must be legibly handwritten or typed. In addition, you must provide a reason that supports your request for an amendment. We will respond within 30 days of receiving your request

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- was not created by us, unless the person or organization that created the health information is no longer available to make the amendment,
- is not part of the health information kept by or for the Mobile County Health Department,
- is not part of the health information which you would be permitted to access and copy,
- is accurate and complete.

Any amendment we make to your health information will be disclosed to the health care professionals involved in your care and to others to carry out payment and health care operations, as described in this notice.

Right to Receive an Accounting of Disclosures. You have the right to receive an accounting of certain disclosures of your health information that we have made. Any accounting will not include all disclosures that we make. For example, an accounting will not include disclosures:

- to carry out treatment, payment and health care operations as described in this notice,
- pursuant to your written authorization,
- to a family member, other relative, or personal friend involved in your care or payment for your care when you have given us permission to do so,
- to law enforcement officials.

To request an accounting of disclosures, you must submit your request in writing to the Privacy Officer at the address given on page one of this notice. Your request must state a time period which may not be more than six (6) years and may not include dates before April 14, 2003. The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
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 the first service rendered on or 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 are required, by law, to maintain the privacy of your health information, provide you with a notice as to our legal duties and privacy practices with respect to health information we collect and maintain about you, and abide by the terms of the notice currently in effect.

We also understand that individuals with limited English proficiency often seek care or services at our facilities. We will make all reasonable attempts to provide the information within this notice to these individuals in a way that they can understand.

Changes to this Notice. We reserve the right to change our privacy practices without prior notification 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, to your rights, to our legal duties, or to other privacy practices contained within this notice, 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.

Notice of Privacy Practices

Family Health

healthcare for all generations

"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."

This notice, which is effective starting September 23, 2013, describes the privacy practices of the Mobile County Health Department and the privacy practices of:

- all of our doctors, nurses, and other health care professionals authorized to enter information about you into your medical record;
- all of our departments, including, e.g., our medical records and billing departments;
- all Mobile County Health Department service delivery sites;
- all of our employees, staff, volunteers and other personnel who work for us or on our behalf.

This notice applies to all of our records about your care, whether made by our health care professionals or others working in our facilities, and tells you about the ways in which we may use and disclose your health information. This notice also describes your rights with respect to the health information that we keep about you and the obligations that we have when we use and disclose your health information.

For More Information, Please Contact Us

For more information concerning this notice or the Mobile County Health Department's privacy practices, please contact us by mail or phone. Write to: the Privacy Officer, Mobile County Health Department, P.O. Box 2867, Mobile, AL 36652-2867; Or call: (251) 544-2135.

Understanding Your Health 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 will help you better understand who, 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.

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Your health record serves as: a basis for planning your care and treatment; a communication tool for the health professionals who contribute to your care; a legal document that describes the care that you received; a means to verify that billed services were actually provided; an educational tool for health care professionals; a source of data for public health officials charged with improving the health of Mobile County and the nation; a source of data for facility planning; and a way to assess and continually improve the care we render and the outcomes we achieve.

How We May Use and Disclose Your Health Information

We may use and disclose your health information, without your written authorization, for these purposes:

Treatment. We may use health information about you to provide you with health care treatment or services. We may disclose health information about you to the doctors, nurses, technicians, medical students and others who are involved in your care. They may work at the Mobile County Health Department, at the hospital if you are hospitalized 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 service. They may also include doctors and other health care professionals who work at the Mobile County Health Department, or elsewhere, whom we consult about your care. For example, we may consult with a specialist who lends his/her services to the Mobile County Health Department about your care or disclose to an emergency room doctor, who is treating you for a broken leg, that you have diabetes, because diabetes may affect your body's healing process.

Payment. We may use and disclose health information about you to bill and collect payment from you, your insurance company, including Medicaid and Medicare, or other third party that may be available 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. For example, if you have health insurance, we may need to share information about your office 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 involved in your care or to your health plan for use in their day-to-day operations. These uses and disclosures are necessary to run the Mobile County Health Department and to make sure that all of our patients receive quality care, and to assist other providers and health plans in doing so as well. For example, 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 also combine health information about our patients with health information from other health care providers to decide what additional services the Mobile County Health Department should offer, what services are not needed, whether new treatments are effective or to compare how we are doing with others and to see where we can make improvements. We may remove information that identifies you from this set of health information so others may use it to study health care delivery without learning who our patients are.

Health-Related Services and Treatment Alternatives. We may use and disclose health information to tell you about health-related services or recommend treatment options or alternatives that may be of interest to you. Please let us know if you do not wish us to contact you with this information, or if you wish to have us use a different address when sending this information to you.

Business Associates. We will share your health information with our business associates, only when necessary, to conduct operations or provide services. For example, we will share health information about you with the Alabama Department of Public Health, if this information is necessary for the operation of state and federal programs. Also, outside business associates sometimes provide laboratory, radiological, and other consultative services that are not directly available to our patients at the Mobile County Health Department. Additionally, we may use a copy service to make copies of your health record, as needed. When business associates are contracted, we may disclose your health information to our business associates so that they can perform the job we have asked them to perform and then bill you or your third party payer for services rendered. To protect your health information, however, we require business associates to appropriately safeguard your health information.

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 us to contact you with this information, 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 contact you concerning an appointment that you missed. 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.

Individuals Involved in Your Care or Payment for Your Care. We may release health information about you, upon your consent (whether written, oral, or perceived by the health care provider), to a friend or family member who is involved in your health care or the person who helps pay for your care. For example, using their best judgment, health care professionals may disclose to a family member, relative, close personal friend, or any other person you designate or is perceived to be involved with your care, health information relevant to that person's involvement (and only that person's involvement with a particular episode of care) in your care or payment. Home care patients may designate a caregiver who will assist in the patient's care and who will have access to the home care patient's health information.

Research. Under certain circumstances, we may use and disclose health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of health information, trying to balance the research needs with a patient's need for privacy. Before we use or disclose health information for research, the project will have been approved through this special approval process, although we may disclose health information about you to people preparing to conduct a research project. For example, we may help potential researchers look for patients with specific health needs, so long as the health information they review does not leave our facility. Generally, we will ask for your authorization if the researcher will have access to your name, address, or other information that reveals who you are or will be involved in your care.

As Required By Law. We will disclose health information about you when required to do so by federal, state or local law. For example, we will disclose your immunization information to you, a parent, a legal custodian/guardian, a care giver, a health care provider (private or public), or to the patient's school or the patient's day care facility for enrollment purposes.

To Avert a Serious Threat to Health or Safety. We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Military and Veterans. If you are a member of the armed forces or separated/ discharged from military services, we may release health information about you as required by military command authorities or the Department of Veterans Affairs (VA) as may be applicable. We may also release health information about foreign military personnel to the appropriate foreign military authorities.

Coroners, Health Examiners and Funeral Directors. We may release health information about our patients to a coroner or health examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information to funeral directors as may be necessary for them to carry out their duties.

Health Oversight Activities. We may disclose health information about you to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

Public Health Activities. We may disclose health information about you for public health activities, as required by law, for the purpose of preventing or controlling disease, injury or disability; reporting births and deaths; notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Abuse and Neglect. We may disclose your health information as required by law to agencies authorized by law to receive reports of abuse and neglect. Examples include reporting child abuse or neglect and notifying the appropriate government authority if we believe or suspect a patient has been the victim of abuse, neglect or domestic violence.

Food and Drug Administration (FDA). We may disclose health information about you to the FDA relative to adverse events with respect to food, medications, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Lawsuits and Disputes. We may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request or other lawful process that is not accompanied by a court or administrative order, but only if efforts have been made to notify you about the request or to obtain an order protecting the information requested. To the extent that MCHD has any substance use disorder patient records, subject to 42CFR Part 2, MCHD will not share that information for investigation or legal proceedings against you without your written consent, or a court order and subpoena.

Law Enforcement. If asked to do so by a law enforcement official, we may release health information about you: in response to a court order, subpoena, warrant, summons or similar process; to identify or locate a suspect, fugitive, material witness or missing person; under certain limited circumstances, about the victim of a crime; about a death we believe may be the result of criminal conduct; about criminal conduct at the Mobile County Health Department; in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

National Security, Intelligence Activities, Protective Services for the President and Others. We may disclose health information about you to authorized federal officials for intelligence, counterintelligence, and national security activities authorized by law to provide protection to the President, other authorized persons, or foreign heads of state or conduct special investigations.

Inmates. 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 you with health care, (2) to protect your health and safety or the health and safety of others, or (3) for the safety and security of the correctional institution.

Workers' Compensation. We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Organizational Accreditation and Compliance Audits. We may disclose health information to accreditation agencies for purposes of obtaining or maintaining accreditation. We may also disclose health information to federal, state, and local auditors when necessary to prove compliance with federal, state and local laws.

Other Uses and Disclosures of Your Health Information

Other uses and disclosures of health information not covered by this notice or applicable law will be made only with your written authorization. If you give us your written authorization to use or disclose your health information, you may revoke your authorization at any time. Send your written revocation to the Privacy Officer, at the address given on page one of this notice. If you revoke your authorization, we will no longer use or disclose your health information for the reasons covered by your written authorization. You understand that we are unable to take back any uses and disclosures that we have already made with your authorization, and that we are required to retain our records of the care that we have provided to you.