

Grant County Health Department Nursing Division

Notice of Privacy Practices

This Notice of Privacy Practices describes how medical information about you may be used and disclosed; and how you can get access to this information. Please review it carefully.

If you have questions about this Notice, please contact our office.

Who Will Follow This Notice

This "Notice of Privacy Practices: (aka Notice) describes the privacy practices of the Grant County Health Department (aka Department) and those of:

- Any health care professional authorized to enter information into your medical chart.
- All divisions and units of the Department, and the operations the Department outsources to certain of our business partners, as well as their Business Associates
- All of our workforce, employed or otherwise.

All these entities, sites and locations follow the terms of this Notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or operations purposes described in this Notice.

Our Pledge Regarding Medical Information

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at our facilities. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated by us. Your hospital or other physicians may have different policies or notices regarding the use and disclosure of medical information they create.

This Notice will tell you about the ways in which we may use and disclose medical information about you. It also describes your rights, and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Make available to you this Notice of our legal duties and privacy practices with Respect to medical information about you; and
- Follow the terms of the Notice that is currently in effect. This Notice may change, in the manner described below under “Changes To This Notice.”

The following categories describe different ways that we use and disclose your medical information (also known as Individually Identifiable Health Information (IIHI) and/or Protected Health Information (PHI)). For each category of use or disclosure, we provide examples, but not every use or disclosure in a category is listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment**

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you. For example, we may forward your records to another specialist to assure that you receive proper care. Also, if you were referred to us by another health care provider, it is likely that we will report back to that provider with information about our diagnosis and plan for treatment.

We may disclose medical information about you to people outside the Department who may be involved in your medical care, such as family members, close friends, clergy or others we use to provide services that are a part of your care. For instance, from time-to-time we may receive calls from concerned family members or close friends to determine if a patient has completed his or her appointment. Unless you have advised us otherwise, in writing, we will let them know your current status with our office. In addition, at some time, it may be necessary for our staff to reach you by telephone in regard to your appointment. Unless otherwise notified by you in writing, we will contact you using numbers you have provided and we may have to leave a voicemail message for you. In certain circumstances, care givers from nursing homes, assisted living centers, etc. will bring a patient to our facility. Often these care givers are exposed to that patient’s personal health information.

- **For Payment**

We may use and disclose medical information about you so that the treatment and Services you receive from us may be billed to collected from you, an insurance company or health plan or other third party. For example, we may need to give your health plan specific information about treatment you received at our office so