

BANNOCK COUNTY INDIGENT SERVICES

Notice of Privacy Practices

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

If you have any questions about this Notice, please contact the Chief Civil Deputy Prosecutor, Bannock County HIPAA Privacy Officer, at (208) 236-7020 or by email at nancyn@bannockcounty.us.

You may request a copy of this notice at any time. Copies of this notice are available at the Bannock County Indigent Services office. This notice is also available on the Bannock County website at <http://www.bannockcounty.us>. Even if you have previously agreed to receive this notice electronically, whether through e-mail or the County website, you have the right to obtain a paper copy of this notice from Bannock County Indigent Services upon request.

PURPOSE OF THIS NOTICE

This Notice of Privacy Practices describes how Bannock County (the "County") handles confidential information, following state and federal requirements. All Bannock County programs, including Bannock County Indigent Services, may share your confidential information with each other as needed to provide you benefits or services, and for normal business purposes. The County may also share your confidential information with others outside of the County as needed to provide you benefits or services.

We are dedicated to protecting your confidential information. We create records of the benefits or services you receive from the County. We need these records to give you quality care and services. We also need these records to follow various local, state and federal laws. We are required to:

- use and disclose confidential information as required by law;
- maintain the privacy of your information;
- give you this notice of our legal duties and privacy practices for your information; and
- follow the terms of the notice that is currently in effect.

This Notice of Privacy Practices does not affect your eligibility for benefits or services.

YOUR RIGHTS REGARDING YOUR CONFIDENTIAL INFORMATION

1. Right to Review and Copy

You have the right to ask to review and copy your information as allowed by law.

If you would like to ask to review and copy your information, a "Records Request" form is available at the County Indigent Services office. You must complete this form and return it to the County Indigent Services office for processing. The County will respond to your request within 3 working days of receipt of your request. The County may extend the response time to 7 additional working days if the information you have requested cannot be located or retrieved within the original 3 days. You will be sent a notification of an extension and the reason for the extension.

If you ask to receive a copy of the information, we may charge a fee. If your request produces more than 100 pages, the fee will be \$0.10 per page over 100 pages.

You will be told if there is information we are legally prevented from disclosing to you.

2. Right to Amend

You have the right to ask us to make changes to your information if you feel that the information we have about you is wrong or not complete.

If you would like to ask the County to change your information, a "Request to Amend Records" form is available at the County Indigent Services office. You must complete this form and return it to the County Indigent Services office for processing. The County will respond to your request within 10 days.

We may deny your request if you ask us to change information that:

- Was not created by the County;
- Is not part of the information kept by or for the County;
- Is not part of the information which you would be allowed to review and copy; or
- We determine is correct and complete.

3. Right to Restrict Health Information Disclosures

You have the right to ask us not to share your health information for your treatment or services, or normal business purposes. You must tell us what information you do not want the County to share and with whom we should not share it.

If you would like to ask the County to not share your information, a "Request to Restrict Health Information Disclosures" form is available at the County Indigent Services office. You must complete this form and return it to the County Indigent Services office for processing. The County will respond to your request within 10 days.

The County is not required to agree to the requested restriction. If we agree to your request, we will comply unless the information is needed to give you emergency treatment, or until you end the restriction.

4. Right to an Alternate Means of Delivery

You have the right to ask that we deliver your information to you at a different mailing address. For example, you can ask that we send your information from one program to a different mailing address from other programs from which you receive services or benefits.

If you would like to ask for an alternate means of delivery for your information, a written request must be sent to the County Indigent Services office for processing. The County will respond to your request within 10 days.

We will not ask you the reason for your request. Reasonable requests will be approved.

5. Right to a Report of Health Information Disclosures

You have the right to ask for an accounting of the disclosures of your health information. This accounting will not include instances in which the County has shared your health information for treatment, payment for your treatment or normal business purposes, or instances in which the County has shared your health information when you have authorized the County to do so.

If you would like to ask for a report of your health information disclosures, an "Accounting of Disclosures Request Form" is available at the County Indigent Services office. You must complete this

form and return it to the County Indigent Services office for processing. The County will respond to your request within 10 days.

The first report you ask for and receive within a calendar year will be free of charge. For additional reports within the same calendar year, we may charge you for the costs of providing the report. We will tell you the cost, and you may choose to remove or change your request at that time before any costs are charged to you.

HOW BANNOCK COUNTY INDIGENT SERVICES MAY USE AND SHARE YOUR INFORMATION

1. Times when your permission is not needed

For Treatment. We may use your information to give you benefits, treatment or services. We may share your information with a physician, nurse, medical professional or other personnel who are giving you treatment or services. County programs may also share your information in order to bring together the services that you may need. We also may share your information with people outside of the County who are involved in your care, such as family members, informal or legal representatives, or others that give you services as part of your care.

For Payment. We may use and share your information so that the County can determine your eligibility for payment for treatment and services you have received or will receive.

For Business Operations. We may use and share your information for business operational purposes. This is necessary for the daily operation of the County and to make sure that all of our clients receive quality care. For example, we may use your information to review our provision of treatment and services and to evaluate the performance of our staff in providing services for you.

2. Times when your permission is needed

For reasons other than treatment, payment or business operations. There may be times when the County may need to use and share your information for reasons other than for treatment, payment and business operations as explained above. For example, if the County is asked for information from your employer or school that is not part of treatment, payment or business operations, the County will ask you for a written authorization permitting us to share that information. The County would also need your permission to share your information for marketing purposes, sell your information, psychotherapy notes or fundraising efforts. If you give us permission to use or share your information, you may stop that permission at any time, if it is in writing. If you stop your permission, we will no longer use or share that information. You must understand that we are unable to take back any information already shared with your permission.

Individuals that are part of your care or payment for your care. We may give your information to a family member, legal representative, or someone you designate who is part of your care. We may also give your information to someone who helps pay for your care. If you are unable to say yes or no to such a release, we may share such information as needed if we determine that it is in your best interest based on our professional opinion. Also, we may share your information in a disaster so that your family or legal representative can be told about your condition, status and location.

3. Other uses and sharing of your information that may be made without your permission

For Appointment Reminders	For Organ and Tissue Donation
For Treatment Alternatives	For Emergency Treatment
As Required by Law	To Prevent a Serious Threat to Health or Safety
For Public Health Risks	To Military and Veterans Organizations
To Law Enforcement	For Health Oversight Activities
For Lawsuits and Disputes	For National Security and Intelligence Activities
To Correctional Institutions	To Coroners, Medical Examiners and Funeral Directors

SPECIAL REQUIREMENTS

Information that has been received from a federally funded substance abuse treatment program will not be released without specific authorization from the individual or legal representative.

CHANGES TO THIS NOTICE

The County has the right to change this notice. A copy of the notice currently in effect will be posted at County offices, including Bannock County Indigent Services, and will be available for distribution at the Bannock County Indigent Services office upon request. The effective date of this notice will be shown in the top right-hand corner of each page. If the County makes any changes to this Notice of Privacy Practices, the County will follow the terms of the notice then in effect.

COMPLAINTS

If you believe your information privacy rights have been violated, you may file a written complaint with the Bannock County Privacy Officer. All complaints turned in to the County must be in writing on the "Privacy Complaint" form that is available at the County Indigent Services office. To file a complaint with the County, send your completed Privacy Complaint form to:

Chief Civil Deputy Prosecutor
Bannock County HIPAA Privacy Compliance Officer
5500 S. Fifth Avenue
Pocatello, Idaho 83204
Email: nancyn@bannockcounty.us

If you believe your health information privacy rights have been violated, you may also file a complaint with the U.S. Department of Health and Human Services. Your complaint must be in writing, and you must name the organization that is the subject of your complaint and describe what you believe was violated. Send your written complaint to:

Office for Civil Rights, Region 10
U.S. Department of Health and Human Services
2201 Sixth Avenue, Suite 900
Seattle, Washington 98121-1831

Complaints may also be filed by e-mail to OCRComplaint@hhs.gov.

A complaint filed with either the County or the Secretary of Health and Human Services must be filed within 180 days of when you believe the privacy violation occurred. This time limit for filing complaints may be waived for good cause.

You will not be punished or retaliated against for filing a complaint.