Pima County Health Department

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.

This Notice describes the privacy practices of the Pima County Health Department (PCHD). This includes but is not limited to: Family Planning, Well Child, Dental Clinic, TB Clinic, STD Clinic, Well Woman HealthCheck, HIV Counseling & Testing, International Travel, Communicable Disease, Nutrition Services, Colposcopy Services, Immunization, Laboratory and X-Ray.

OUR OBLIGATIONS

Pima County Health Department is required by law to safeguard the privacy of your personal health information (PHI). This Notice will tell you how we may use or disclose your PHI. We are required by law to give you this Notice, and to follow the terms of the Notice that is currently in effect. We reserve the right to change the terms of this Notice and to make any new provisions effective to all of the PHI that we maintain about you. If we change this Notice, we will post the revised Notice on our website.

EXAMPLES OF INFORMATION WE COLLECT AND MAINTAIN

We receive several kinds of PHI from a variety of sources, including (but not limited to):

- We obtain information directly from you, in conversations and from forms that you complete and submit, and from other correspondence and documents you provide to us.
- We obtain information as a result of our payment and enrollment activities that we perform for you or for services rendered to you.
- We obtain information about your health care from providers involved in your health care.
- We obtain information from other entities, such as health care providers or other insurance companies, in order to perform health plan functions or carry out other insurance-related needs.

USES OR DISCLOSURES OF PHI

Uses and disclosures that may be made without your authorization:

The law permits us to use or disclose some of your PHI without your permission for treatment, payment, and health care operations, and under other circumstances permitted by law and/or described in the Health Insurance Portability and Accountability Act (HIPAA) regulations. We may disclose information to subcontractors who are "business associates." In addition:

Treatment:

We may use or disclosure your PHI to health care providers to enable them to provide you with treatment or services. For example, we may disclose to a treating orthodontist the name of your treating dentist so that the orthodontist can request dental X-rays from your dentist.

Payment:

We may use or disclose your PHI to carry out payment activities (such as billing, claims management, coordination of benefits, medical necessity review, subrogation, utilization review, and so on). For example, we may send information about any medical procedures to your insurance provider for billing purposes.

Operations:

We may use or disclose your PHI to carry out plan operations, such as underwriting, premium rating and other insurance activities, disease management, medical review, legal services and auditing, and general administrative activities. For example, we may review the competence or qualifications of health care professionals and conduct quality assessment activities.

We may also place contracts for stop-loss insurance, claims and plan administration, or other services. We may disclose PHI to the health plan sponsor under limited circumstances.

Treatment Alternatives:

We may use your PHI to tell you about other services that may be of interest to you.

In Situations Permitted or Required by Law:

We may use or disclose your PHI for other purposes, such as:

- As authorized by and to the extent necessary to comply with workers' compensation or other no-fault laws
- To a health oversight agency for activities including audits or civil, criminal or administrative hearings
- To a public health authority for purposes of public health activities (such as to the Food and Drug Administration to report consumer product defects)
- To a law enforcement official for law enforcement purposes or in response to a court order or in the course of any judicial or administrative proceedings
- To organ procurement organizations, or to other entities for approved research purposes
- To a government authority, such as a social service or protective services agency, authorized to receive reports of abuse, neglect or domestic violence.

Uses or Disclosures to Which You May Object:

You may object or restrict disclosures for the following purposes. If you do not exercise your right to object to the uses and disclosures described below, we may use and disclose your PHI for these purposes:

Individuals Involved in Your Care or Payment for Your Care:

We may disclose health information to your family or other persons who are involved in your health care or payment for your health care.

Office Directories:

We may use limited information about you to maintain an office directory for notification in emergency situations, for example.

Uses or Disclosures that Require Authorization:

Uses and disclosures not addressed above may only be with your written authorization. You have the right to revoke an authorization. Revocation must be in writing and addressed to the Privacy Official at the address provided in this Notice. If you revoke an authorization, it will stop future uses and disclosures of the information described in the authorization for that purpose, except to the extent that we have already acted in reliance on your authorization.

YOUR RIGHTS

Right to Request Restrictions on How We Use and Disclose Information:

You have the right to request us to restrict how we use and disclose your PHI. We are not obligated to agree to honor all requests, but we must honor your reasonable requests.

Access to Records:

You have the right to access, inspect and copy your PHI in our files. Requests to access or amend your PHI should be sent to the contact person and address listed in this Notice. You may be charged a fee for copying your records. If you authorize us to prepare a summary of your record, you may be charged a fee for that service.

Right to Request Amendment: You have the right to request that we amend PHI that we have in your file. Your request must be in writing and sent to the contact person and address listed in this Notice. We may deny your request in certain circumstances.

Right to an Accounting:

You have the right to request a list of disclosures of your PHI that were made by us for a period of six years prior to the date of the request, except that we are not required to tell you of disclosures made prior to April 14, 2003. This list will not include disclosures made for treatment, payment or health plan operations purposes, or disclosures made to you or your family, or disclosures made at your request. If you request more than one list of disclosures in a 12-month period, we may charge you a fee.

Right to Confidential Communications:

You have the right to receive communications from us in a certain way, or to a certain place. For example, you may request that we contact you at a particular telephone number or address. We will accommodate your reasonable requests.

Right to Copy of This Notice:

You have the right to receive a paper copy of this Notice at any time.

Complaints:

You have the right to file a complaint if you do not agree with how we have used or disclosed information about you. You may also file written complaints with the Secretary of the Department of Health and Human Services in Washington, D.C. We will not retaliate against you if you file a complaint with us or with the Secretary. You may file a complaint with the Privacy Official at this address:

Pima County Health Department
Privacy Inquiries

3950 S. Country Club Road
Tucson, Arizona 85714
(520) 243-7911

Pima County Privacy Officer:

(520) 724-8445

EFFECTIVE DATE OF THIS NOTICE

This Notice is effective April 14, 2003. We reserve the right to change this Notice. Any changes will apply to all PHI that we may already have. We will post revised Notices on our website.

Revised January 2013