
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.

OUR LEGAL DUTY

Thurston County is required by law to maintain the privacy of your protected health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your protected health information. We are required to notify you following a breach of your unsecured protected health information. We must follow the privacy practices that are described in this Notice currently in effect.

Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request. We reserve the right to change our privacy practices and the terms of this Notice at any time. Changes will be available from the County office that provides your service. Any changes in our privacy practices and the new terms of our Notice will be effective for all protected health information that we maintain, including protected health information we created or received before we made the changes.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

The following categories describe the ways that we may use and disclose your health information:

For treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you. For example, if we refer you to a physician for a service that we cannot provide, your health information will be disclosed to that office.

For payment: We may use and disclose your health information to obtain payment for services we provide to you or to coordinate your medical benefits. For example, if an insurance company pays for your service, it may be necessary to disclose your health information to that company.

For healthcare operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

To provide appointment reminders: We may disclose limited health information to provide you with appointment reminders such as voicemail messages, postcards, or letters.

To persons involved in your care: We may use or disclose health information to notify or assist in the notification of a family member or personal representative of your location, your general condition, or death. If you are present, then we will provide you with an opportunity to object to such uses or disclosures before they are made. In the event of your incapacity or emergency circumstances, we may disclose information that is directly relevant to the person's involvement in your healthcare, if we determine that it is in your best interest to do so.

As required by law: We may disclose your health information when we are required to do so by federal, state or local law.

Business Associates: We may disclose health information to third party "business associates" who perform various activities involving your health information (e.g., claims payment or case management services) for the County. The County will implement written contracts to ensure the business associates will appropriately safeguard the information and to limit the use or disclosure of health information.

For public health activities: We may use and disclose medical information about you for public health activities, including to report births and deaths, and notify appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or other crimes.

For public safety: We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

For health oversight activities: We may disclose health information to a health oversight agency for activities authorized by law.

For judicial and administrative proceedings: We may disclose health information about you in response to a court or administrative order. We may disclose health information in response to a subpoena, discovery request, or other lawful process, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

For law enforcement purposes: We may disclose health information to law enforcement officials when certain conditions are met.

To coroners, medical examiners and funeral directors: We may disclose health information to coroners, medical examiners and funeral directors as authorized by law.

For workers' compensation: We may release health information about you for workers' compensation or similar programs.

For national security and similar government functions: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials, health information required for lawful intelligence, counterintelligence, and other national security activities.

To correctional institutions or law enforcement officials: If you are an inmate of a correctional institution or under custody of a law enforcement official, we may disclose information about you to the institution or official under certain circumstances.

For organ and tissue donation: If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank as necessary.

Research: We may disclose information to researchers when their research has been approved by an Institutional Review Board that has reviewed the research protocol and determined that adequate safeguards exist to ensure the privacy of your health information.

With your authorization: Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written authorization. Unless otherwise allowed by law, your written authorization is required before use or disclosure of psychotherapy notes or use or disclosure of protected health information for marketing purposes or disclosure for the sale of health information. (Thurston County does not market or sell health information in any event.) If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect.

Specially Protected Types of Health Information: Some types of health information have greater protection under Washington State or federal laws. When required by law we will obtain your authorization before releasing HIV-related and sexually transmitted disease information that is protected by Washington State laws; alcohol and substance abuse treatment information that is protected under both Washington State and federal laws; and mental health treatment information that is protected under both Washington State and federal laws.

YOUR RIGHTS

Access: You have the right to look at and get copies of your protected health information, with limited exceptions. You may make your request for access to your medical records orally or in writing by using

forms we provide or sending us a letter to the address at the end of this Notice. If you request copies, we will charge you \$0.50 for each page plus postage if you want the copies mailed to you. We may deny your request in certain very limited circumstances. If you are denied access to your protected health information, you may request that the denial be reviewed. Another licensed health care professional not directly involved in the decision to deny your request will review your request and the denial. We will abide by the outcome of the review.

Disclosure accounting: You have the right to receive a list of disclosures we or our business associates made of your protected health information for purposes other than treatment, payment, healthcare operations and certain other activities for a period of time up to six years prior to the date of the accounting request, but not including dates before April 14, 2003. You must make this request in writing to our Contact Officer. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for providing the list.

Request restrictions: You have the right to request that we restrict how we use or disclose your protected health information for treatment, payment, or health care operations or the disclosures we make to someone who is involved in your care or the payment for your care, such as a family member, other relative, or friend. We are not required to agree to your request, unless you are asking us to restrict the use and disclosure of your protected health information to a health plan for payment or health care operations and the information you seek to restrict pertains solely to a health care item or service for which you have paid the health care provider out-of-pocket in full.

Confidential communication: You have the right to request that we communicate with you about your protected health information by alternative means or at alternative locations. You must make your request in writing to the Contact Officer and may use forms we provide. Your request must specify the alternative means or location, and provide satisfactory explanation of how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your protected health information. Your request must be in writing, and it must give a reason for your request. We may deny your request if you ask us to amend information that was not created by us, is not part of the information kept by the County, is not part of the information you would be permitted to inspect and copy, or is accurate and complete. Any denial will be in writing and state the reason for the denial.

Paper Copy: You have the right to get a paper copy of this Notice if you request it, even if you have agreed to receive the Notice electronically.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights or if you disagree with a decision we made about use or disclosure of your protected health information, you may complain to us using the contact information listed here. You also may submit a written complaint with the Secretary of the U.S. Department of Health and Human Services. You will not be retaliated against for filing a complaint.

Contact Officer: Tammy Devlin
Telephone: (360)786-5498
E-mail: devlint@co.thurston.wa.us
Address: 929 Lakeridge Drive SW, Building 4, Room 202
Olympia, WA 98502