

## **ROOSEVELT CONTY NOTICE OF PRIVACY PRACTICES**

### THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Roosevelt County is required by law to maintain the privacy of Protected Health Information (PHI) and to provide you with notice of our legal duties and privacy practices with respect to PHI. PHI is information that may identify you and that relates to your past, present or future physical or mental health condition and related health services. This Notice of Privacy Practices (Notice) describes how we may use and disclose PHI to carry out our treatment, payment or health care operations and for other specified purposes that are permitted by law. The Notice also describes your rights with respect to your PHI. We are required to provide this Notice to you by the Health Insurance Portability and Accountability Act (HIPAA).

We are required to abide by the terms of this Notice. We may change the terms of our Notice at any time. The new Notice will be effective for all protected health information that we maintain at all times. Upon your request, we will provide you with any revised Notice of Privacy by calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of our next visit to our office.

#### **1. USES AND DISCLOSURE OF PROTECTED HEALTH INFORMATION**

Your protected health information may be used and disclosed by Roosevelt County staff who are involved in your care and treatment for the purpose of providing health care services. Your PHI may also be used and disclosed to pay your Indigent Health Care (IHC) bills.

Following are examples of the types of uses and disclosures of your PHI that the county is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

**Treatment:** We may use your PHI to provide and coordinate the treatment, medications and services you receive. This includes the coordination or management of your health care with another party that has already obtained your permission to access your PHI.

**Payment:** Your PHI will be used, as needed to process claims to allow for payment resulting from health care services you obtained. This may include certain activities that your health insurance plan or the County's Indigent Program may undertake before it approves or pays for your health care services such as making a determination of eligibility or coverage for indigent benefits, reviewing services provided to you for medical necessity and undertaking utilization review activities. For example, we may receive a bill from a third-party claims processor, provider, vendor, etc. which includes information that identifies you, as well as your health care treatment received.

We will share your PHI with third-party "**business associates**" that perform various activities (e.g. billing processing claims) for the County. Whenever an arrangement between our offices and a business associate involves the disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.

**Health Care Operations:** We may use or disclose, as needed, your PHI in order to support the business activities necessary. These activities include, but are not limited to, quality assessment activities and employee review activities.

For example, we may use your PHI to provide you with information about benefits available to you, and, in limited situations, about health-related products or services that may be of interest to you. In addition, we

may use or disclose your PHI, as necessary, to contact you to remind you of your appointment. We may also use your health information to provide you with information about benefits available to you and in limited situations about health-related products or services that may be of interest to you.

**We are permitted to use or disclose your PHI for the following purposes. However, Roosevelt County may never have reason to make some of these disclosures.**

You have the opportunity to agree or object to the use or disclosure of all or part of your PHI. If you are not present or able to agree or object to the use of the disclosure of the PHI, then the county may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your health care will be disclosed.

**To Communicate with Individuals Involved in Your Care or Payment for your Care.** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify in your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

**Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object.** We may use or disclose your PHI in the following situations without your authorization. These situations include:

**Required by Law.** We may disclose your PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified as required by law of any such uses or disclosures.

**Health Oversight Activities.** We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

**Communicable Diseases.** We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Abuse or Neglect.** We may disclose your PHI to a public health care authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your PHI if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental agency or entity authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

**Law Enforcement.** We may disclose your PHI, so long as applicable legal requirements are met, for law enforcement purposes as required by law or in response to a subpoena or court order. These law enforcement purposes include (1) legal and other processes required by law, (2) pertaining to victims of a crime, (3) suspicion that death has occurred as a result of criminal conduct, (4) in the event that a crime occurs on the premises of the County; and (5) medical emergency (not on County premises) and it is likely that a crime has occurred.

**Legal Proceedings.** We may disclose PHI in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions to a subpoena, discovery request or other lawful process.

**Coroners and/or Funeral Directors.** We may disclose PHI to a funeral director or coroner as authorized by law in order to permit them to carry out their duties

**Research.** E may disclose your PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

**Criminal Activity.** Consistent with applicable federal and state laws, we may disclose your PHI, if we believe that the use or disclosure is necessary to prevent or lessen a serious imminent threat to the health or safety of a person or the public. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Military Activity and National Security.** When the appropriate conditions apply, we may use or disclose PHI to individuals who are Armed Forces Personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military service. We may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

**Workers' Compensation.** Your PHI may be disclosed by us as authorized to comply with workers' compensation laws and other similarly legally-established programs.

**Inmates.** We may use or disclose your PHI if you are a detainee of the Roosevelt County Detention Center for the purpose of payment of claims.

**Other Uses and Disclosures of Protected Health Information.** Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law as described above. You may revoke this authorization at any time, in writing, except to the extent that we have taken an action in reliance on the use or disclosure indicated in the authorization.

## **2. YOUR HEALTH INFORMATION RIGHTS**

Following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights.

**You have the right to inspect and copy your protected health information.** In most cases, you have the right to access and copy the PHI that we maintain about you. Under federal law, however, you may not inspect or copy the following records; psychotherapy notes, information compiled in a reasonable anticipation of or use in a civil, criminal or administrative action or proceeding protected health information that is subject to law that prohibits access to PHI.

To inspect or copy your PHI, you must send a written request to the Privacy Officer. We may charge you a fee for the costs of copying, mailing and any supplies that are necessary to fulfill your request. We may deny your request to inspect and copy in certain limited circumstances.

**You have the right to request a restriction on your protected health information.** You have the right to request additional restrictions on our use or disclosure of your PHI by sending a written request to the Privacy Officer. We are not required to agree to those restrictions. We cannot agree to restrictions on uses or disclosures that are legally required, or which are necessary to administer our business. You may request a restriction by completing a form, which can be requested from the County representative.

**You may have the right to have your physician amend your protected health information.** This means you may request an amendment of PHI about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer if you have questions amending your medical record.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.** This right applies to disclosures for purposes other than payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. the right to receive this information is subject to certain exceptions, restrictions and limitations. Your request must specify the time period and the request must be submitted to the Privacy Officer.

**You have the right to obtain a paper copy of this notice from us,** upon request, even if you have agreed to accept this notice electronically.

**Complaints.** You may complain to Roosevelt county if you believe we have violated your privacy rights. You may file a complaint by with us by notifying our Privacy Officer at Roosevelt County, 109 West 1<sup>st</sup> Street, Portales, NM 88130 of (575) 356-5307 or by e-mail at [cwebb@rooseveltcountry.com](mailto:cwebb@rooseveltcountry.com) of your complaint. You may also file a complaint with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

**Effective date.** This notice is effective **April 14, 2003.**

**ROOSEVELT COUNTY  
NOTICE OF PRIVACY PRACTICES  
CONFIRMATION OF RECEIPT**

This notice was given to me by \_\_\_\_\_ on \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name