



ADAMS COUNTY HEALTH DEPARTMENT

108 W. MAIN, RITZVILLE, WASHINGTON 99169 - TELEPHONE (509) 659-3315
315 N. 14TH, OTHELLO, WASHINGTON 99344 - TELEPHONE (509) 488-2031

Notice of Privacy Practices

Effective Date: _____

This notice describes how medical information about you may be used and disclosed and how you can gain access to this information. Please review it carefully.

Your Health Record

A record is made each time you access personal health services at Adams County Health Department. This record can include (dependent on the reason for your visit) any symptoms you are experiencing, evaluations, health history, test results, immunizations that you share with us and the care or services that you receive here. Your record can also include plans for future visits, case management, referrals or other recommended care that you may need. This record can serve as a means of communication with other health professionals who may contribute to your care. Understanding what information is retained in your record and how that information may be used will help you to ensure its accuracy, and enable you to know who, what, when, where and why others may be allowed access to your health information. This effort is being made to assist you in making informed decisions before authorizing the disclosure of your health information to others. Use or disclosure of your health information will be managed in accordance with the more restrictive state or federal laws that apply.

Understanding Your Health Information Rights

Your health record at the Adams County Health Department is the physical property of this facility, but the content is about you, and therefore belongs to you. You have the right to request restrictions on certain uses and disclosures of your information, and to request amendments be made to your health record. Your rights include being able to review or obtain a paper copy of your health information, and to be given an accounting of all disclosures. You may also request communications of your health information be made by alternative means or to alternative locations. Other than activity that has already occurred, you may revoke any further authorizations to use or disclose your health information.

Our Responsibilities

This office is required to maintain the privacy of your health information and to provide you with notice of our legal commitment and privacy practices with respect to the information we collect and maintain about you. This office is required to abide by the terms of this notice and to notify you if we are unable to grant your requested restrictions or reasonable desires to communicate your health information by alternative means or to alternative locations.

This office reserves the right to change its practices and enact new provisions that enhance the privacy standards of all patient medical information. In the event that changes are made, this office will notify you at your next visit. This office will post changes in our office and [website](#).

Other than for reasons described in this notice, this office agrees not to use or disclose your health information without your authorization.

To Receive Additional Information or Report a Problem

For further explanation of this notice, you may contact **Callie Moore at 509-659-3317**.

If you believe your privacy rights have been violated, you have the right to file a complaint with this office by contacting the individual above, or by contacting the Secretary of Health and Human Services, with no fear of retaliation by this office.

Your Health Information Will Be Used for Treatment, Payment, and Health Care Operations

Treatment – Information obtained by this office will be recorded in your medical record and used to determine the plan of care/treatment that will work best for you. This will consist of the person who provides your care recording that information, treatment and outcomes expected as it pertains to the particular reason you are here. The sharing of health information may progress to others involved in your care, such as your primary care provider, and lab technicians if needed. Your health information may be shared with others in our office that are also involved with your care such as the health officer.

Payment – Your health care information will be used in order to receive payment for services done by this office. A bill may be sent to either you or a third-party payer with accompanying documentation that identifies you, your diagnosis, procedures performed and supplies used.

Health Care Operations – The staff in this office will use your health information to assess the care you received and the outcome of your case compared to others like it. Your information may be reviewed for risk management or quality improvement purposes in our efforts to continually improve the quality and effectiveness of the care and services we provide.

Understanding Our Office Policy for Specific Disclosures

State and Federal law permits or requires disclosure of personal health information without patient authorization under the following conditions:

- **Public Health Authority** – (local, state or federal) for the purpose of preventing and controlling disease or serious harm to people.
- **Persons Who May Have Been Exposed to Certain Communicable Diseases** – for the purpose of preventing and controlling disease.
- **Child Protective Services** – for the purpose of preventing child abuse or neglect.
- **Adult Protective Services** – for the purpose of preventing abuse or neglect of vulnerable adults.
- **Law Enforcement Authority** – for the purpose of preventing and controlling communicable disease, preventing abuse or serious harm to the individual or other potential victim, when an immediate enforcement activity depends upon disclosure and would be adversely affected by waiting until the individual is able to agree to the disclosure, reporting crimes, or other law enforcement purposes including identification and location of people, identification of a crime victim, or about decedents for investigation of deaths.
- **Legal Authority** – In response to an order of the court, or in response to a subpoena, discovery request or other lawful process.
- **Coroners, Medical Examiners and Funeral Directors** – about decedents for investigation of deaths.
- **County Human Resources Representatives** – for processing worker accident or injury reports and/or Worker's Compensation claims.
- **Immunization Records** – to health care providers giving ongoing immunization series to individuals.

Notice of Privacy Practices Availability: The terms described in this notice will be posted at the reception desk. All individuals receiving health services will be given a hard copy.