

YOUR INDIVIDUAL RIGHTS

You have the right to:

- Request restrictions on how we use, share and /or request your health information. We will consider all restriction requests carefully, but are not required to agree to any restriction.
- Request that we use a specific telephone number or address to communicate with you.
- Inspect and copy your health information, including medical and billing records. Fees may apply. Under limited circumstances, we may deny you access to a portion of your health records and you may request a review of the denial.*
- Request corrections or additions to your health information.*
- Request an accounting of certain disclosures of your health information made by us. The accounting does not include disclosures made for treatment, payment, health care operations and some disclosures required by law. Your request must state the period desired for the accounting, which must be within the six years before your request and excludes dates before August 15, 2003. The first accounting is free, but a fee will apply if more than one request is made in a 12-month period.*
- Request a paper copy of this notice, even if you agree to receive it electronically.

OUR ORGANIZATION

This notice describes the privacy practices of the Davis County Health Department at all office locations, and pertains to all Health Department employees and volunteers at such locations.

Davis County Health Department affiliated health plans and affiliated providers (who are not employed by the

* Requests marked with a star (*) must be made in writing. Contact the Davis County Health Department – Office of the Privacy Officer for the appropriate form for your request.

Health Department, but are either authorized to admit patients to a Davis County Health Department facility, or have contractual relationship with the Health Department) may have different privacy practices from those described in this notice.

CONTACT US

If you would like further information about your privacy rights, are concerned that your privacy rights have been violated, or disagree with a decision that we made about access to your health information:

**Contact the Davis County Health Department –
Office of the Privacy Officer:**

P O Box 618
Farmington, UT 84025
Phone: (801) 525-5000

Email: privacyofficer@daviscountytutah.gov

Or,

Contact the Privacy Official at the DCHD Division/office where you received care.

We will investigate all complaints and concerns, and will not retaliate against you for filing a complaint/concern. You may also file a written complaint with the Office of Civil Rights – U.S. Department of Health and Human Services.

DAVIS COUNTY HEALTH DEPARTMENT



NOTICE OF PRIVACY PRACTICES – FOR PROTECTED HEALTH INFORMATION

(EFFECTIVE APRIL 14, 2003)

(Revised August 2015)

This notice describes how medical information about you may be used, disclosed and/or requested, and how you can get access to this information.

**PLEASE REVIEW THIS NOTICE
CAREFULLY.**

PRIVACY PROMISE

The Davis County Health Department ("Health Department") understands that your medical and health information is personal. Protecting your health information is important. We follow strict federal and state laws that require us to maintain the confidentiality of your health information.

HOW WE USE YOUR HEALTH INFORMATION

When you receive care from the Health Department, we may use your health information for treating you, billing for services and conducting our normal business known as health care operations. Examples of how we use your information include:

- **Treatment** – We keep records of the care and services provided to you. Health care providers use these records to deliver quality care to meet your needs.
- **Payment** – We keep billing records that include payment information and documentation of the services provided to you. Your information may be used to obtain payment from you, your insurance company or other third party. We may also contact your insurance company to verify coverage for your care, or to notify them of up coming services that may need prior notice or approval.
- **Health Care Operations** – We use health information to improve the quality of care, train staff and students, provide customer service, manage costs, conduct required business duties, and make plans to better serve our communities.

OTHER SERVICES WE PROVIDE

We may also use your health information to:

- Recommend alternative treatments.
- Tell you about health services and products that may benefit you.

- Share information with third parties who assist us with treatment, payment and health care operations. Our business associates must follow our privacy practices.
- Remind you of an appointment (and at your option – respond to your request that we do not send such reminders to you).

MORE PRIVACY RIGHTS INFORMATION

For more information about your rights:

- Contact our Health Department Privacy Officer at the phone numbers and address listed on the back of this notice.
- Contact the Privacy Official for the Health Department division/office where you received care.

SHARING YOUR HEALTH INFORMATION

There are limited situations when we are permitted or required to disclose health information without your signed authorization.

These situations are:

- For public health purposes such as tracking diseases and injuries, reporting births and deaths, and reporting reactions to drugs and problems with medical devices, as required by law.
- To protect victims of abuse, neglect, or domestic violence, as required by law.
- For state and federal health oversight activities such as investigations, audits and inspections.
- When requested by law enforcement, as required by law or court order.
- To coroners, medical examiners, and funeral directors, as required by law.
- For organ and tissue donations, as required by law.
- For research approved by our review process under strict federal guidelines.
- To reduce or prevent a serious threat to public health and safety, as required by law.

- For state required workers' compensation or other similar programs, if you are injured at work.
- For specialized government functions such as intelligence and national security, as required by law or court order.

All other uses and disclosures, not described in this notice, require your signed consent and authorization. You may revoke your consent and authorization at any time with a written statement.

OUR PRIVACY RESPONSIBILITIES

The Health Department is required by law to:

- Maintain the privacy of your health information.
- Provide this notice that describes the ways we may use, share and request your health information.
- Follow the terms of the notice currently in effect.

We reserve the right to make changes to this notice at any time, and make the new privacy practices effective for all information we maintain. Current notices are available at all Health Department facilities. You may also obtain a copy of any notice from the Davis County Health Department – Office of the Privacy Officer.