



**NOTICE OF PRIVACY PRACTICES**  
**Effective Date: September 25, 2013**  
**Updated Date: November 8, 2018**

**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 .**

If you have any questions about this notice, please contact

**Jamie Downs , Director**

**206 N. Griffith St ., Suite B, El Dorado, KS 67042**  
**316-321-3400 Fax 316-321-1338**

**OUR PLEDGE REGARDING YOUR HEALTH INFORMATION .**

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for your future care or treatment, and billing-related information. Such records are necessary for the healthcare provider to provide you with quality care and to comply with certain legal requirements.

We are committed to protecting the confidentiality of our records containing information about you. This notice applies to all records of your care created or received by The Butler County Health Department, who from

herein shall be referred to as BCHD. Other healthcare providers from whom you obtain care and treatment may have different policies or notices regarding the use and disclosure of your health information created or received by that provider. Also, health plans in which you participate may have different policies or notices concerning information they receive about you.

This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of health information.

We are required by law to maintain the privacy of your health information; give you this notice of our legal duties and privacy practices and make a good faith effort to obtain your acknowledgement of receipt of this notice; and follow the terms of the notice that is currently in effect.

**YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION .**

**Right To Inspect and Copy.** You have the right to inspect and copy health information maintained by Butler County Health Department. To do so, you must complete a specific form providing information needed to process your request. If you request copies, we may charge a reasonable fee. We may deny you access in certain limited circumstances. If we deny access, you may request review of that decision by a third party, and we will comply with the outcome of the review.

**Right To Request Amendment** If you believe your records contain inaccurate or incomplete information, you may ask us to amend the information. To request an amendment, you must complete a specific form providing information we need to process your request, including the reason that supports your request..

We may deny your request for an amendment if you fail to complete the required form in its entirety. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the health information kept by or for BCHD;
- Is not part of the information that you would be permitted to inspect and copy; or
- Is accurate and complete.

If your request is denied, you will be informed of the reason for the denial and will have an opportunity to submit a statement of disagreement to be maintained with your records.

**Right to an Accounting of Disclosures .** You have the right to request a list of disclosures of your health information we have made, with certain exceptions defined by law. To request an accounting or an access report, you must complete a specific written form providing information we need to process your request.

**Right to Request Restrictions .** You have the right to request a restriction on our uses and disclosures of your health information for treatment, payment, or health care operations. You must complete a specific written form providing information we need to process your request. BCHD's Privacy Officer is the only person who has the authority to approve such a request. BCHD is not required to honor your request for restrictions, except if (a) the disclosure is for purposes of carrying out payment or health care operations and is not

otherwise required by law, and (2) the protected health information pertains solely to a health care item or services for which you or any person (other than a health plan on your behalf) has paid BCHD in full.

**Right to Request Alternative Methods of Communications** . You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Rights Relating to Electronic Health Information Exchange**. BCHD participates in electronic health information exchange, or HIE. Technology allows a provider or health plan to make a single request through a health information organization, or HIO, to obtain electronic records for a specific patient from HIE participants for treatment, payment, or healthcare operations.

You can permit authorized individuals to access your electronic health information through an HIO. If you choose this option, you do not have to do anything. You can restrict access to all of your electronic health information (except access by properly authorized individuals as needed to report specific information as required by law). If you wish to restrict access, you must complete and submit a specific form available at <http://www.khie.org>. You cannot restrict access to certain information only; your choice is to permit or restrict access to all of your information.

If you have questions regarding HIE or HIOs, please visit <http://www.khie.org> for additional information. Your decision to restrict access through an HIO does not impact other

disclosures of your health information. Providers and health plans may share your information directly through other means (e.g., facsimile or secure e-mail) without your specific written authorization.

If you receive health care services in a state other than Kansas, different rules may apply regarding restrictions on access to your electronic health information. Please communicate directly with your out-of-state health care provider about what action, if any, you need to take to restrict access.

**Right to a Paper Copy of This Notice**. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our website, <https://www.bucoks.com/260/Health>

To obtain a paper copy of this notice, contact the person identified on the first page of this Notice.

### **COMPLAINTS**

If you believe your rights with respect to health information about you have been violated by BCHD, you may file a complaint with BCHD or with the Secretary of the Department of Health and Human Services. To file a complaint with BCHD, contact the person identified on the first page of this Notice. All complaints must be submitted in writing.

**You will not be penalized for filing a complaint** .

### **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU WITHOUT YOUR SPECIFIC AUTHORIZATION** .

BCHD may use and disclose your health information for the following purposes without your express consent. If you desire to restrict

our use of your health information for any of these purposes, you need to submit a request for restrictions in the manner described above.

**For Treatment** . We may use your health information to provide you with medical treatment. We may disclose information to doctors, nurses, technicians, medical students, or other personnel involved in your care. We also may disclose information to persons outside BCHD involved in your treatment, such as other health care providers, family members, and friends.

We may use and disclose health information to discuss with you treatment options or health-related benefits or services or to provide you with promotional gifts of nominal value. We may use and disclose your health information to remind you of upcoming appointments. Unless you direct us otherwise, we may leave messages on your telephone answering machine identifying BCHD and asking for you to return our call. We will not disclose any health information to any person other than you except to leave a message for you to return the call.

We also may disclose health information about you to people outside BCHD who may be involved in your medical care after you leave BCHD, such as family members, friends, or others we use to provide services that are part of your care. We will give you an opportunity, however, to restrict such communications.

We may disclose health information about you to other health care providers who request such information for purposes of providing medical treatment to you.

**For Payment** . We may use and disclose your health information as necessary to collect payment for services we provide to you. We

also may provide information to other health care providers to assist them in obtaining payment for services they provide to you.

**For Health Care Operations**. We may use and disclose health information about you for our internal operations. These uses and disclosures are necessary to run BCHD and make sure that all of our patients receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you.

**Surveys**. We may use and disclose health information to contact you to assess your satisfaction with our services.

**Treatment Alternatives**. We may use and disclose health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health-Related Benefits and Services**. We may use and disclose health information to tell you about health-related benefits or services that may be of interest to you, or to provide you with promotional gifts of nominal value.

**Business Associates**. BCHD provides some services through contracts or arrangements with business associates. We require our business associates to appropriately safeguard your information.

**Individuals Involved In Your Care or Payment For Your Care.**

We may release health information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. In addition, we may disclose health information about you to an organization assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

**Creation of de-identified health information.**

We may use your health information to create de-identified health information. This means that all data items that would help identify you are removed or modified.

**Research.**

Under certain circumstances, we may use and disclose health information about you for research purposes. We will almost always ask for your specific permission if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care at BCHD.

**As Required By Law.**

We will disclose health information about you when required to do so by federal, state, or local law.

**To Avert a Serious Threat to Health or Safety.**

We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

**Organ and Tissue Donation.**

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

**Military and Veterans.**

If you are a member of the armed forces, we may release health information about you as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.

**Employers.**

We may release health information about you to your employer if we provide health care services to you at the request of your employer, and the health care services are provided either to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether you have a work-related illness or injury. In such circumstances, we will give you written notice of such release of information to your employer. Any other disclosures to your employer will be made only if you execute a specific authorization for the release of that information to your employer.

**Workers' Compensation.**

We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks.**

We may disclose your health information to a government agency authorized (a) to collect data for the purpose of preventing or control disease, injury, or disability; or (b) to receive reports of child abuse or neglect. We also may disclose such information to a person who may have been exposed to a communicable disease if permitted by law.

**Health Oversight Activities.**

We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system,

government programs, and compliance with civil rights laws.

**Lawsuits and Disputes.**

If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**ACKNOWLEDGEMENT OF RECEIPT OF REVISED NOTICE OF PRIVACY PRACTICES**

I acknowledge that I have received a copy of the Butler County Health Department's Notice of Privacy Practices effective September 25, 2013

\_\_\_\_\_  
Signature of Patient/Patient Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Patient

Original to be maintained in Patient 's permanent medical record.

**Law Enforcement**. We may disclose your health information to a law enforcement official as required by law or in compliance with a court order, court-ordered warrant, a subpoena, or summons issued by a judicial officer; a grand jury subpoena; or an administrative request related to a legitimate law enforcement inquiry.

**Coroners, Medical Examiners and Funeral Directors**. We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about patients of BCHD to funeral directors as necessary for them to carry out their duties.

**National Security and Intelligence Activities**. We may disclose your protected health information as required to comply with governmental requirements for national security reasons or for protection of certain government personnel or foreign dignitaries.

**Inmates/Persons In Custody**. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

**Disclosures for fundraising**. We may disclose demographic information and dates of service to an affiliated foundation or a business associate that may contact you to raise funds for BCHD. You have a right to opt out of receiving such fundraising communications.

**OTHER USES OF HEALTH INFORMATION** .

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. If you provide us authorization to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization. Of course, we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

**INFORMATION ON HIPAA PRIVACY RULE BREACH NOTIFICATION**

Federal law requires BCHD to provide notice to any person whose unsecured protected health information has been breached by BCHD or its business associates. If BCHD does not have current contact information for such an individual, BCHD must provide such notice on its website.

**CHANGES TO THIS NOTICE** .

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice at our facility and on our website. The notice will contain on the first page the effective date.

**ACKNOWLEDGEMENT** .

You will be asked to provide a written acknowledgement of your receipt of this Notice. We are required by law to make a good faith effort to provide you with our Notice and obtain such acknowledgement from you. However, your receipt of care and treatment from BCHD is not conditioned upon your providing the written acknowledgement.

