

NOTICE OF PRIVACY PRACTICES

Effective April 14, 2003

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.

Privacy Promise

SLCoHD 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 SLCoHD, 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. For example, your nurse may share your health information with a specialist who will assist in your treatment. Some health records, including confidential communications with a mental health professional, substance abuse treatment records, and genetic test results, may have additional restrictions for use and disclosure under state and federal laws.

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 upcoming services that may need prior notice or approval. For example, we may disclose information about the services provided to you to claim and obtain payment from your insurance company or Medicare.

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. For example, we may use your health information to evaluate the quality of treatment and services provided by our physicians, nurses, and other health care workers.

Other Services We Provide

We may also use your health information to:

- Recommend treatment alternatives
- Tell you about health services and products that may benefit you
- Share information with family or friends involved in your care or payment for your care.
- 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 (optional, notify the scheduler if you do not wish to be reminded).

More Information

For more information about the practices and rights described in this notice:

- Visit our website at www.saltlakehealth.org
- Contact our Privacy Office at the phone number, email, or address on the back of this notice
- Contact the Privacy Coordinator at the facility where you received care

Sharing Your Health Information

There are limited situations that permit or required us to disclose health information without your signed authorization. These situations are:

- For public health purposes such as reporting communicable diseases, work-related illnesses, or other diseases and injuries permitted by law; reporting births and deaths; and reporting reactions to drugs and problems with medical devices
- To protect victims of abuse, neglect, or domestic violence
- For health oversight activities such as investigations, audits, and inspections
- To the Food and Drug Administration (FDA) to aid in products recalls, repairs, or replacements
- For lawsuits and similar proceedings
- When otherwise required by law
- When requested by law enforcement as required by law or court order

- To coroners, medical examiners, and funeral directors
- For organ and tissue donation
- For research approved by our review process under strict federal guidelines
- To reduce or prevent a serious threat to public health and safety
- For workers' compensation or other similar programs if you are injured at work
- For specialized government functions such as intelligence and national security

All other uses and disclosures, not described in this notice, require your signed authorization. You may revoke your authorization at any time with a written statement. See a Privacy Coordinator at the site where you received your services or the Privacy Officer for more information.

Our Responsibilities

We are required by law to:

- Maintain the privacy of your health information
- Provide this notice that describes the ways we may use and share 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 will be posted in SLCoHD facilities and on our website, www.saltlakehealth.org. You may also request a copy of any notice from the SLCoHD Privacy Office.

Your Individual Rights

You have the right to:

- Request restrictions on how we use and share your health information. We will consider all requests for restrictions carefully but are not required to agree to any restriction. In the even we cannot honor you request, we will notify you of our reasons why, and provide you with information on your rights to appeal.
- Request that we use a specific telephone number or address to communicate with you. Reasonable requests for alternate communications will also be granted.
- 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 information 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, and health care operations and some disclosures required by law. Your request must state the period of time desired for the accounting, which must be within the six years prior to your request and exclude dates prior to April 14, 2003. Fees will apply.*
- Request a paper copy of this notice even if you agree to receive it electronically.

Requests marked with a star () must be made in writing. Contact the SLCoHD Privacy Office for the appropriate form for your request.*

Our Organization

This notice describes the privacy practices of the Salt Lake County Health Department (SLCoHD). SLCoHD includes clinics, and other health care facilities operated by SLCoHD, as well as the SLCoHD employees and volunteers at those facilities. This notice also describes the privacy practices of affiliated providers while they are performing services in an SLCoHD facility, unless they provide you with a notice of their specific privacy practices. Affiliated providers are not employed by SLCoHD but are either authorized to provide services to patients in an SLCoHD facility or have a contractual relationship with SLCoHD.

Affiliated providers may have different privacy practices from those described in this notice. For more information about the privacy practices of SLCoHD and affiliated providers, please contact them directly.

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 or if you would like to file a complaint:

- Contact the SLCoHD Privacy Officer:
2001 S State St S2-600
PO Box 144575
Salt Lake City, UT 84114-4575
385-468-4114
healthprivacy@slco.org
- Or, contact the Privacy Coordinator in the SLCoHD facility where you received care.

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