

## Notice of Privacy Practices

**THIS NOTICE DESCRIBES HOW 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 North Central District Health Department at (208) 799-3100.
- You may request a copy of this notice at any time. Copies of this notice are available at all North Central District Health Department offices.

### PURPOSE OF THIS NOTICE

This Notice of Privacy Practices describes how North Central District Health Department handles confidential information, following state and federal requirements. All programs in the Department may share your confidential information with each other as needed to provide you services and for normal business purposes. The Department may also share your confidential information with others outside of the Department as needed to provide you services.

We are dedicated to protecting your confidential information. We create records of the services you receive from the Department. We need these records to give you quality care and services. We also need these records to follow various local, state, and federal laws.

We are required to:

- use and disclose confidential information as required by law;
- maintain the privacy of your information;
- give you this notice of our legal duties and privacy practices for your information; and
- follow the terms of that notice that is currently in effect.

**This Notice of Privacy Practices does not affect your eligibility for services.**

### YOUR RIGHTS ABOUT YOUR CONFIDENTIAL INFORMATION

#### **1. Right to Review and Copy**

You have the right to ask to review and copy your information as allowed by law.

If you would like to ask to review and copy your information, a **“Records Request”** form is available at Department offices. You must complete this form and return it to a Department office for processing. The Department will respond to your request within ten (10) working days of receipt of your request. The Department may extend the response time if the information you have requested cannot be located or retrieved within the original ten (10) days. You will be sent a notification of an extension and the reason for the extension.

If you ask to receive a copy of the information, we may charge a fee.

You will be told if there is information we are legally prevented from disclosing to you.

## 2. Right to Amend

You have the right to ask us to make changes to your information if you feel that information we have about you is wrong or not complete.

If you would like to ask the Department to change your information, a **“Request to Amend Records”** form is available at Department offices. You must complete this form and return it to a department office for processing. The Department will respond to your request within ten (10) days.

We may deny your request if you ask us to change information that:

- was not created by the Department;
- is not part of the information kept by or for the Department;
- is not part of the information which you would be allowed to review and copy; or
- we determine ***is correct*** and complete.

## 3. Right to Restrict Health Information Disclosures

You have the right to ask us not to share your health information for your treatment or services or normal business purposes. You must tell us what information you do not want us to share and who we should not share it with.

If you would like to ask the Department to not share your information, a **“Request to Restrict Health Information Disclosures”** form is available at Department offices. You must complete this form and return it to a Department office for processing. The Department will respond to your request within ten (10) days.

If we agree to your request, we will comply unless the information is needed to give you emergency treatment, or until you end the restriction.

## 4. Right to a Report of Health Information Disclosures

You have the right to ask for a report of the disclosures of your health information. This report of disclosures will not include when we have shared your health information for treatment, payment for your treatment or normal business purposes, or the times you authorized us to share your information.

If you would like to ask for a report of your health information disclosures, a **“Request to Receive a Report of Health Information Disclosures”** form is available at Department offices. You must complete this form and return it to a Department office for processing. The Department will respond to your request within ten (10) days.

The first report you ask for and receive within a calendar year will be free of charge. For additional reports within the same calendar year, we may charge you for the costs of providing the report. We will tell you the cost and you may choose to remove or change your request at that time before any costs are charged to you.

## HOW THE DEPARTMENT MAY USE AND SHARE YOUR INFORMATION

### Times When Your Permission Is Not Needed

- **For Treatment.** We may use your information to give you treatment or services. We may share your information with a nurse, medical professional, or other personnel who are giving you treatment or services. The programs in the Department may also share your information in order to bring together the services that you may need. We also may share your information with people outside of the Department who are involved in your care, such as family members, informal or legal representatives, or others that give you services as part of your care.
- **For Payment.** We may use and share your information so that the treatment and services you receive through the department can be paid. For example, we may need to give your medical insurance company information about the treatment or services that you received so that your medical insurance can pay for the treatment or services.
- **For Business Operations.** We may use and share your information for business operational purposes. This is necessary for the daily operation of the Department and to make sure that all of our clients receive quality care. For example, we may use your information to review our provision of treatment and services and to evaluate the performance of our staff in providing services for you.

### Times When Your Permission Is Needed

- **For Reasons Other Than Treatment, Payment, or Business Operations.** There may be times when the Department may need to use and share your information for reasons other than for treatment, payment and business operations as explained above. For example, if the Department is asked for information from your employer or school that is not part of treatment, payment or business operations, the Department will ask you for a written authorization permitting us to share that information. If you give us permission to use or share your information, you may stop that permission at any time, if it is in writing. If you stop your permission, we will no longer use or share that information. You must understand that we are unable to take back any information already shared with your permission.
- **Individuals That Are Part of Your Care or Payment for Your Care.** We may give your information to a family member, legal representative, or someone you designate who is part of your care. We may also give your information to someone who helps pay for your care. If you are unable to say yes or no to such a release, we may share such information as needed if we determine that it is in your best interest based on our professional opinion. Also, we may share your information in a disaster so that your family or legal representative can be told about your condition, status, and location.

### Other Uses and Sharing of Your Information That May Be Made Without Your Permission

- For Appointment Reminders
- For Treatment Alternatives
- As Required by Law
- For Public Health Risks
- To Law Enforcement
- For Lawsuits and Disputes
- To Coroners, Medical Examiners, Funeral Directors
- For Organ and Tissue Donation
- For Emergency Treatment
- To Prevent a Serious Threat to Health or Safety
- To Military and Veterans Organizations
- For Health Oversight Activities
- For National Security and Intelligence Activities
- To Correctional Institutions

## **SPECIAL REQUIREMENTS**

Information that has been received from a federally funded substance abuse treatment program or through the infant toddler program will not be released without specific authorization from the individual or legal representative.

## **CHANGES TO THIS NOTICE**

The Department has the right to change this notice. A copy of this notice is posted at our Department offices. The effective date of this notice is shown in the top right-hand corner of each page. If the Department makes any changes to this Notice of Privacy Practices, the Department will follow the terms of the notice that is currently in effect.

## **COMPLAINTS**

If you believe your information privacy rights have been violated, you may file a written complaint with North Central District Health Department. All complaints turned in to the Department must be in writing on the **"Privacy Complaint"** form that is available at Department offices. To file a complaint with the Department, send your completed Privacy Complaint form to:

Privacy Officer  
North Central District Health Department  
215 10<sup>th</sup> Street  
Lewiston, ID 83501

If you believe your health information privacy rights have been violated, you may also file a complaint with the Secretary of Health and Human Services. Your complaint must be in writing and you must name the organization that is the subject of your complaint and describe what you believe was violated. Send your written complaint to:

Secretary of Health and Human Services  
200 Independence Avenue, SW  
Washington, D.C. 20201

A complaint filed with either North Central District Health Department or the Secretary of Health and Human Services must be filed within 180 days of when you believe the privacy violation occurred. This time limit for filing complaints may be waived for good cause.

**You will not be punished or retaliated against for filing a complaint.**