



I. This Notice Describes How Medical Information About You May Be Used and Disclosed and How You Can Get Access to This Information. PLEASE REVIEW CAREFULLY

II. We Have A Legal Duty to Safeguard Your Protected Health Information (PHI):

What is Protected Health Information (PHI)? PHI is individually identifiable health information that is transmitted or maintained in any form or medium by the Springfield-Greene County Health Department. It includes demographic/registration information (ex. address, telephone number, date of birth, citizenship, SSSN, spouse/partner/relative names) and any medical information that relates to past, present, or future physical or mental health conditions of an individual and/or the past, present payment for the provision of healthcare to an individual that identifies or could be reasonably used to identify an individual. Examples of medical information may include medical records, photos, videotapes, diagnostic/therapeutic reports, laboratory/pathology samples, patient business records (such as insurance information or bills for service), verbal information provided by or about a patient, and/or visual observations of clients receiving care or accessing services. We are legally required to protect the privacy of your health information. We must provide you with this notice about our privacy practices that explains how, when and why we use and disclose your PHI. With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure. We are legally required to follow the privacy practices that are described in this notice.

The term "information" or "health information" in this notice includes any information we maintain that reasonably can be used to identify you and that relates to your physical or mental health condition, the provision of health care to you, or the payment for such health care.

III. How We May Use and Disclose Your Protected Health Information (PHI):

We use and disclose health information for different reasons. For some of these uses or disclosures, we need your specific authorization. Below, we describe the different categories of our uses and disclosures and give you some examples of each category.

A. Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations:

We may use and disclose your PHI for the following reasons:

1. **For Treatment:** We may disclose your PHI to physicians, nurses, medical students, and other health care personnel who provide you with health care services or are involved in your care. For example: we may disclose information to physicians or hospitals to help them provide medical care to you.
2. **To Obtain Payment for Treatment:** We may use and disclose your PHI in order to get paid for your treatment and services, to determine your coverage, and to process claims for health care services you receive, including coordination of other benefits you may have. For example: we may provide portions of your PHI to our billing section and your health plan to get paid for the health care services that we provided to you; we may also provide your PHI to our business associates, such as billing companies, claims processing companies, and others that process our health care claims.
3. **For Health Care Operations:** PHI may be used and shared for internal operations. The Health Department may need to use and share this information to run its programs and make sure that all patients receive quality care. For example: health information may be used to review treatment and services and to check on the care you receive from health department staff. This information may be used to decide what additional services should be offered, what services are needed and whether certain processes are effective.
4. **For Reminders and Other Information:** We may use your health information to contact you to remind you about appointments and to give you information on health-related issues and services.

B. Certain Uses and Disclosures Do Not Require Your Authorization:

We may use and disclose your PHI without your authorization/permission for the following reasons:

1. **Required by Federal, State, or Local Law, Judicial or Administrative or Law Enforcement:** We may use or disclose your health information when and to the extent we are required by law to do so. For example, we make disclosures when law requires that we report information to government agencies and law enforcement personnel. This may be in response to a court order, subpoena, warrant or similar process.
2. **For Public Health Activities:** We may disclose your health information for public health purposes to a public health authority that is legally authorized to collect or receive your health information for the purpose of preventing or controlling disease, injury or disability, including but not limited to the reporting of disease, births and deaths.
3. **For Health Oversight Activities:** We may provide your health information to a health oversight agency for activities authorized by law such as audits, investigations, licensing, and inspections. For example: we will provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.
4. **For Research Purposes:** In certain circumstances, we may use or disclose health information for research purposes only, after a special approval process that protects patient safety and confidentiality.
5. **Reporting Abuse:** When required by law, we may disclose to authorities the health information of anyone who we reasonably believe is a victim of abuse or neglect.
6. **Breach Notification:** We may use your contact information and other health information to investigate and provide you or government authorities with any legally-required notice of an unauthorized acquisition, use, or disclosure of or possible access to your information.

C. All Other Uses and Disclosures Require Your Prior Written Authorization:

In any situation not described above, we will not use or disclose any of your health information unless you sign a written authorization that gives us permission to do so. If you sign an authorization and later change your mind, you can let us know in writing. This will stop any future uses and disclosures of your information but will not require us to take back any information we already disclosed.

We do not market or sell your health information.



IV. What Rights You Have Regarding Your Protected Health Information (PHI):

You have the following rights with respect to your PHI:

A. The Right to Request Restrictions on Certain Uses and Disclosures of Your PHI:

You have the right to ask that we limit how we use and disclose your PHI. We will consider your request but are not legally required to accept it. If we accept your request, we will put any restrictions in writing and abide by them except in an emergency.

B. The Right to Receive Confidential Communications of Your PHI:

You have the right to request that we communicate with you in certain ways (such as by letter or phone) or at a certain location. For example: you may ask that we only contact you at home or at work. Your request must be in writing and specify how or where you wish to be contacted. We will accommodate reasonable requests.

C. The Right to Inspect and Obtain Copies of Your PHI:

In most cases, you have the right to inspect or obtain copies of your PHI that we have, but you must make the request in writing. Proof of identity is required. We will respond to you within 60 days after receiving your written request. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have the denial reviewed. If you request copies of your PHI, we will charge you a fee for copying and for each page according to the fee for Medical Records per Section 191.227, RSMO. Instead of providing the PHI you requested, we may provide you with a summary or explanation of the PHI if you agree to that and to the cost in advance.

D. The Right to Obtain an Accounting of Disclosures of Your Health Information:

You have the right to get an accounting of instances in which we have disclosed your PHI. The list will not include uses or disclosures that you have already consented to, such as those made for treatment, payment, or health care operations, directly to you, to your family, or in our facility directory. Your request may cover any disclosures made in the six years before the date of your request.

We will respond within the 60 days of receiving your request. The list we will give you will include disclosures made in the last six years unless you request a shorter time. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. We will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you a fee for each additional request.

E. The Right to Amend Your PHI:

If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. We will respond within 60 days of receiving your request. We may deny your request in writing if the PHI is any one of the following:

1. Correct and complete
2. Not created by us
3. Not allowed to be disclosed
4. Not part of our records

Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement regarding the denial. If you do not file one, you have the right to request that your request and our denial be attached to all future disclosures of your PHI. If we approve your request, we will make the change to your PHI, tell you that we have done it, and tell others that need to know about the change to your PHI.

F. The Right to Get This Notice by Email:

You have the right to get a copy of this notice by email. Even if you have agreed to receive notice via email, you also have the right to request a paper copy of this notice.

V. Complaints Regarding Your Protected Health Information (PHI):

If you think that we may have violated your privacy right, or you disagree with a decision we made about access to your PHI, you may file a complaint with our Privacy Officer listed below or with the Department of Health & Human Services. If a complaint is made, we will not take retaliatory action against you.

Springfield-Greene County Health Department
Privacy Officer
227 East Chestnut Expressway
Springfield, MO 65802
417-864-1658

Missouri Department of Health and Senior Services
Privacy Officer
912 Wildwood
PO Box 570
Jefferson City, MO 65102-0570

VI. Effective Date of This Notice:

notice went into effect on April 13, 2003.
***Amended 11/29/2019

