



Shawnee County Health Agency  
1615 SW 8<sup>th</sup> Avenue - Topeka, Kansas 66606-1688  
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Anne G. Freeze, Director

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**NOTICE OF PRIVACY PRACTICES EFFECTIVE DATE 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.**

*This notice has been revised effective April 1, 2007.*

*If you have any questions about this notice, please contact the Shawnee County Health Agency HIPAA Privacy Officer*

**OUR PLEDGE REGARDING YOUR HEALTH INFORMATION**

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 Shawnee County Health Agency. 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 describe how and what we can disclose regarding your health information privacy. 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**

1. To Inspect and Copy Health Information - You have the right to inspect and copy health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. You must complete a written authorization form. To obtain a copy of the form please contact the HIPAA Privacy Officer as listed above.
2. Fee - A fee may be charged to you if you request a copy of your health record or any part of it. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed by another licensed health care professional chosen by the Shawnee County Health Agency will comply with the outcome of the review. Someone other than the person who initially denied the request will conduct the review.
3. To Request Amendment - You may request an amendment if you believe we have incorrect or incomplete information in your records. You have the right to request an amendment for as long as the information is kept by or for the Shawnee County Health Agency. The request must be in writing and be specific.
4. To Request an Accounting of Disclosures - You have the right to request an accounting of disclosures that we have made of your health information. The request must be made in writing and will include only records we have since April 14, 2003.
5. To Request Restrictions - You have to right to request some restrictions on how we may use or disclose your health information regarding treatment, payment, or health care operations. You must make this request in writing. Your restrictions may include family members or friends regarding your care. We also have the right to not agree with your request.
6. To Request Alternative Methods of Communications - You have the right to request alternative methods of communications with you regarding medical matters in a certain way or certain location. For example, you can ask that we only contact you at work or by mail.
7. To Have A Copy of this Notice - You have the right to a copy of this notice. Any of our staff can obtain a copy of this notice for you may see it on our website, [www.co.shawnee.ks.us](http://www.co.shawnee.ks.us).

**COMPLAINTS**

If you believe your rights with respect to health information about you have been violated by the Shawnee County Health Agency, you may file a complaint with the Shawnee County Health Agency or with the **Secretary of the Department of Health and Human Services**. To file a complaint with the Shawnee County Health Agency, contact the person identified on the first page of this Notice. All complaints must be submitted in writing. If you need assistance in writing the complaint we will provide the assistance at the Health Agency. **You will not be penalized for filing a complaint.**

**USES AND DISCLOSURES OF MEDICAL INFORMATION WITHOUT YOUR SPECIFIC WRITTEN AUTHORIZATION**

1. Treatment - We may use information about you to provide you with medical treatment or services. We may disclose health information about you to nurses, technicians, or other personnel who are involved in taking care of you at the Shawnee County Health Agency. Different departments of the Health Agency also may share health information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We may disclose health information about you to other health care providers (to provide medical treatment to you), family and friends, or others that provide services as a part of your care. We will give you an opportunity, however, to restrict such communications.
2. Payment - We may use and disclose health information about you so that the treatment and services you receive at the Health Agency may be billed to and payment may be collected from you, an insurance company, or other third party. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. For example, we may need to give your plan your information about treatment you received so your health plan will pay us or to reimburse you for treatment.
3. Treatment Options - We may use or disclose health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
4. Health Oversight Activities - We may use and disclose your 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.

5. Business Associates - We may use or disclose health information about you to our Business Associates. There are some services provided in our organization through contracts or arrangements with business associates. To protect your health information, however, we require our business associates to appropriately safeguard your information.
6. Friends and Family - We may release 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.
7. Research - Under certain circumstances, we may use and disclose health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process.
8. Appointment Reminders - We may use and disclose health information to contact you as a reminder that you have an appointment for treatment or medical care at the Shawnee County Health Agency. Unless you direct us to do otherwise, we may leave messages on your telephone answering machine identifying the Shawnee County Health Agency and asking for you to return our call. Unless we are specifically instructed by you otherwise in a particular circumstance, we will not disclose any health information to any person other than you who answer your phone except to leave a message for you to return the call.
9. As Required By Law - We will disclose health information about you when required to do so by federal, state, or local law.
10. 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 address or prevent the threat.
11. 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.
12. Military and Veterans - If you are a member of the armed forces, we may release health information about you as required by military command or other government authority for information about a member of the domestic or foreign armed forces.
13. Employers - We may release health information about you to your employer if we provide health 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. Other health information will be given only if you execute a specific authorization for the release.
14. 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.
15. Public Health Risks - We may use or disclose information about you for public health reasons in order to prevent or control disease, injury or disability; or to report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medication or problems with products.
16. 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.
17. 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 or to funeral directors as necessary to perform their duties.
18. Law Enforcement - We may release health information if asked to do so by a law enforcement official, in response to a court order, subpoena, warrant, summons or similar process. Examples to identify or locate suspects; or missing person; about the victim of a crime; a death believed may be the result of criminal conduct.
19. Surveys - We may use and disclose health information to contact you to assess your satisfaction with our services.
20. National Security and Intelligence Activities - We may release health information about you to authorize federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, or to conduct special investigations.
21. 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.
22. For Health Care Operations - We may use and disclose health information about you for our internal operations. Our organization makes use of the information to run the Shawnee County Health Agency and ensure we provide quality care to all patients. For example, we may use health information to evaluate the performance of our staff in caring for you. We may need to release information about your treatment to your health care provider or health plan.
23. 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 or as allowed by law. 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.
24. 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 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.
25. 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 the Shawnee County Health Agency is not conditioned upon your providing the written acknowledgement.