



Whatcom County Health Department Notice of Privacy Practices

This notice describes how health information about you may be used and how you can get access to this information. Please review it carefully.

Our Legal Duty

We are required by Washington State law to maintain the privacy of your health information. We are also required to provide you notice about our privacy practices and your rights concerning your health information.

We reserve the right to change our privacy practices and the terms of this Notice at any time. A current notice will be available at the Health Department and on our website. Any changes to our Notice of Privacy Practices will be effective for all health information that we maintain, including health information we created or received before we made the changes.

You may request a copy of our Notice at any time.

Uses and Disclosures of Health Information

We use or disclose your health information for the purposes listed below. Not every use or disclosure in a category will be listed, however all of the ways we are permitted to use and disclose your health information will fall within one of these categories. In all cases, we will disclose the “minimum necessary” information to meet the request.

For Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you. For example, if we refer you to a physician for a service that we cannot provide, your health information may be disclosed to that office.

For Payment: We may use and disclose your health information to obtain payment for services we provide. If an insurance company pays for

your service, it may be necessary to disclose your health information to that company.

For Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

To provide appointment reminders: We may disclose limited health information to provide you with appointment reminders such as voicemail messages, postcards, or letters.

To persons involved in your care: We may disclose health information to notify a family member or personal representative of your location or general condition. If you are present, then we will provide you with an opportunity to object to such uses or disclosures before they are made. We may disclose information that is directly relevant to your healthcare if we determine that it is in your best interest to do so.

As required by law: We may disclose your health information when we are required to do so by federal, state or local law.

For public health activities: We may use and disclose health information about you for public health activities, including reporting births and deaths and notifying appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

For health oversight activities: We may disclose health information to a health oversight agency for activities authorized by law.

For judicial and administrative proceedings: We may disclose health information about you in response to a court or administrative order. We may disclose health information in response to a lawful process, but only if the person requesting the information has made efforts to tell you about the request or to obtain an order to protect the information requested.

For law enforcement purposes: We may disclose health information to law enforcement officials when certain conditions are met.

For workers' compensation: We may release health information about you for workers' compensation or similar programs.

For military and special government functions: If you are a member of the armed forces, we may release information as required by military command authorities. We may also disclose information to correctional institutions or for national security purposes.

Research: We may disclose health information to research institutions, but only if efforts have been made to tell you about the request or obtain an order protecting the information requested. Should we receive such a request for research, every effort will be made to disclose information that does not contain individually identifiable information.

With your authorization: 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 give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect.

Your Rights

Access: You have the right to copies of your health information, with limited exceptions. You must make your request for access to your medical records in writing by using forms we provide or sending us a letter to the address at the end of this Notice. If you request copies, we will charge you \$0.15 for each page plus postage if you want the copies mailed to you. We may deny your request in certain limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another licensed health care professional not directly involved in the decision to deny your request will review your request and the denial. We will abide by the outcome of the review.

Disclosure accounting: You have the right to receive a list of disclosures we made of your health information for other than insurance payment and certain other activities. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for providing the list

Request restrictions You have the right to request that we restrict how we use or disclose

your health information for treatment, payment, or health care operations or the disclosures we make to someone who is involved in your care or the payment for your care, such as a family member or friend. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Confidential communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. You must make your request in writing and may use forms we provide. Your request must specify the alternative means or location, and provide satisfactory explanation of how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your health information. Your request must be in writing, and it must give a reason for your request. We may deny your request if you ask us to amend information that was not created by us, is not part of the information kept by the county, is not part of the information you would be permitted to inspect and copy, or is accurate and complete. Any denial will be in writing and state the reason for the denial.

Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights or if you disagree with a decision we made about use or disclosure of your personal health information, you may complain to us using the contact information listed here. You will not be penalized for filing a complaint.

Contact Officer: Compliance Officer

Telephone: (360) 676-4593

Address: 1500 N. State St., Bellingham WA 98225

Website: www.whatcomcounty.us/health

Effective Date: January 1, 2007