

How to use your rights under this notice:

If you have questions or would like more information, you may contact our privacy contact listed below.

If you believe your privacy rights have been violated, you may file a complaint with our privacy contact or with the U.S. Dept. Of Health and & Humans Services listed below.

Complaints to District Health Dept. # 10

If your request to us must be in writing, if you wish, we will help you prepare your written request.

Kevin Hughes, Privacy Contact
District Health Department #10
521 Cobb St
Cadillac, MI 49601
Telephone: 231-775-9942

Complaints to the Federal Government

You have the right to file a complaint with the federal government at the address below.

Office for Civil Rights
U.S. Department of Health & Human
Services
233 N Michigan Ave. Suite 240
Chicago, IL 60601
Fax: 1-312-886-1807
Email: OCRComplaint@hhs.gov

We will not retaliate against you for filing a complaint with the Health Department or the federal government.



Serving the counties of Crawford, Kalkaska, Lake, Manistee, Mason, Mecosta, Missaukee, Newaygo, Oceana and Wexford.

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. YOU HAVE THE RIGHT TO ASK FOR A COPY OF THE PRIVACY PRACTICES AT ANY TIME.

PLEASE REVIEW IT CAREFULLY.

This notice was published and became effective on April 14, 2003. Updated August 13, 2015.

Understanding the type of information we collect:

We collect information about you when you visit the Health Department for services. It may include your date of birth, address, identification numbers (like social security number), and other personal information. It also may include medical, health and billing information.

Our Privacy Commitment to you:

We at the Health Department take confidentiality and privacy of your health information very serious. District Health Department #10 is required, by Federal law, to maintain the privacy of protected health information and to provide you with this notice of our legal duties and our privacy practices with respect to your protected health information. Only people who have both the need and the legal right may see your information. Unless you give us permission in writing, we will only disclose your information for the purposes of treatment, payment, health care operations, or when we are required by law to do so.

Treatment:

We may use and disclose your health information to provide, coordinate, or manage your health care and related services such as Maternal Support Services, or Family Planning Services. For example, a nurse may obtain medical information from you to determine the proper care and services to provide. Our practice may contact you with reminder cards of appointments and/or other services which may benefit your family.

Payment:

We may use and disclose information so that the care you receive can be properly billed and paid for. For example, if you have Medicaid, we will need to disclose your health information to the Medicaid Program in order to be reimbursed for our services.

Health Care Operations:

We may need to use and disclose information for our health care operations. For example, we may use information to review the quality of care you receive.

Exceptions:

Certain kinds of sensitive records will require your written permission to be released even for treatment, payment and health care operations.

As Required by Law:

We will release information when we are required by law to do so. Examples of such releases would be for law enforcement or national security purposes, subpoenas or other court orders, communicable disease reporting, disaster relief, review of our activities by government agencies, to avert a serious threat to health or safety, or in other kinds of emergencies.

With Your Permission:

If you give us permission in writing, we may use and disclose your personal information. You have the right to change your mind and revoke this permission at any time, in writing. We cannot take back any uses or disclosures that have already been made with your previous permission.

Your Privacy Rights:

You have the following rights regarding the health information that we collect about you. Your requests must be made in writing to the Health Department Privacy Contact listed at the end of this document. If your privacy rights have been violated, you have the right to file a complaint.

Your Right to Inspect and Copy:

In most cases, under Federal rules, you have the right to look at or get copies of your records. You may be charged a fee for the cost of copying your records.

Your Right to Amend:

You may ask us to change your records if you feel that there is a mistake. We can deny your request for certain reasons, but we must give you a written reason for our denial.

Your Right to a List of Disclosures:

You have the right to ask for a list of disclosures of your health information made after April 14, 2003. This list will not include the times that information was disclosed for treatment, payment, or health care operations. The list will not include information provided directly to you, or information that was sent with your written permission.

Your Right to Request Restrictions on our Use of Disclosure of Information:

You have the right to ask for limits on how your information is used or disclosed. We are not required to agree to such requests.

Your Right to Request Confidential Communications:

You have the right to ask that we share information with you in a certain way or in a certain place. For example, you may ask us to send information to your work address instead of your home address. You do not have to explain the reason for your request.

Changes to this Notice:

We reserve the right to revise this notice. A revised notice will be effective for health information we already have about you as well as any information we may receive in the future. We are required by law to comply with whatever notice is currently in effect. Any changes to our notice will be posted in our main clinic areas. We will provide you with a revised copy upon your request. Should you receive a copy of the privacy notice electronically, you may also request a paper copy of the District Health Department #10 Privacy Notice.