



Notice of Privacy Practices Policy

The purpose of this policy is to inform patients of their rights regarding their protected health information (PHI) and to outline how MCHD may use and disclose PHI in compliance with the Health Insurance Portability and Accountability Act (HIPAA).

Mason County Health Department (MCHD) is committed to protecting the privacy of your medical information. We are required by law to maintain the privacy of your PHI and provide you with this Notice of Privacy Practices (Notice), which explains our legal duties and privacy practices with respect to your health information.

Uses & Disclosures of Protected Health Information:

- **Treatment:** We may use or disclose your PHI to provide, coordinate, or manage your healthcare and any related services. This includes sharing your information with other healthcare providers involved in your care.
- **Payment:** We may use or disclose your PHI to obtain payment for healthcare services provided to you. This includes contacting your insurance company for claims and billing purposes.
- **Healthcare Operations:** We may use or disclose your PHI for business activities that are necessary to run our practice and ensure quality care, such as quality assessments, employee reviews, and compliance audits.
- **Special Notices:** We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment. We may contact you by phone or other means to provide results from exams or tests, to provide information that describes or recommends treatment alternatives regarding your care, or to provide information about health related benefits and services offered by our office.
- **In Case of Emergency:** We may use or disclose PHI to notify or assist in notifying a family member, personal representative, or responsible person about your condition or death. If you are unable to consent (e.g., in a disaster relief situation), then your healthcare provider may, using professional judgement, determine whether the disclosure is in your best interest.
- **Other Permitted and Required Uses & Disclosures:** We may use or disclose your PHI without your authorization or objection for the following purposes: as required by state or federal law; for public health and safety issues; for health oversight; in cases of abuse, neglect, or domestic violence; to avert a serious threat to health or safety; for research purposes; in response to a court or administrative order, and subpoenas that meet certain requirements; to a coroner, medical examiner or funeral examiner; for workers' compensation, law enforcement, and government functions (e.g., military, national security); for health plan administration; and as required by the Department of Health and Human Services to ensure our compliance with the requirements of the Privacy Rule.



Your Rights Under the Privacy Rule:

- **Right to a Copy of this Notice:** You have the right to request a paper copy of this Notice at any time, even if you have agreed to receive it electronically. The Notice will also be posted in a conspicuous location in the practice and on the practice's web site.
- **Right to Access:** You have the right to inspect, obtain a copy of your medical records, or direct us to disclose your PHI to a third party. Requests must be in writing, and a reasonable fee may apply. We will provide access within 30 days unless an extension is needed, in which case we'll notify you of the delay and the expected fulfillment date.
- **Right to Amend:** You have the right to request an amendment to your PHI if you believe it is incorrect or incomplete. We may deny your request if the information was not created by us or if we believe the record is accurate.
- **Right to Request Restriction:** You have the right to request restrictions on how we use or disclose your PHI. While we will consider your request, we are not legally required to agree to it unless the restriction is related to payment for services not covered by insurance.
- **Right to an Accounting of Disclosures:** You have the right to request a list of disclosures of your PHI that we have made, except for those related to treatment, payment, healthcare operations, or where you have authorized the disclosure.
- **Right to Request Confidential Communications:** You have the right to request that we communicate with you about your medical matters using an alternative method (i.e., email, fax, telephone) and/or to a destination (i.e., cell phone number, alternative address, etc.) designated by you. We will accommodate reasonable requests.
- **Right to Revoke Authorization:** If you have given us permission to use or disclose your PHI, you have the right to revoke that authorization at any time, in writing. Your revocation will not affect any use or disclosure that has already occurred in reliance on your authorization.
- **Right to Receive a Privacy Breach Notice:** You have the right to receive written notification if the practice discovers a breach of your unsecured PHI and determines through a risk assessment that notification is required.

MCHD reserves the right to change the terms of this Notice at any time. The new Notice will be effective for all PHI that we maintain at that time.

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. Complaints must be submitted in writing. You will not be penalized for filing a complaint.

For questions or more information regarding this Notice of Privacy Practices, please contact our Privacy Office Manager at: 1002 E Laurel Ave, Havana IL 62644
(309) 210-0110