



# ADAMS COUNTY HEALTH DEPARTMENT

*Your Health. Our Mission.*

## **NOTICE OF PRIVACY PRACTICES**

### **Your Information. Your Rights. Our Responsibilities.**

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Adams County Health Department (ACHD) understands that your health information is personal and sensitive. This Notice applies to all protected health information (PHI) generated and/or maintained by ACHD. In compliance with the Health Insurance Portability & Accountability Act (HIPAA), this Notice describes how health information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

#### **Your Rights**

You have the right to:

- Obtain a copy of your paper or electronic health record
- Correct your paper or electronic health record
- Request confidential communications
- Ask us to limit certain information we share
- Get a list of those with whom we've shared your information
- Get a copy of this Privacy Notice
- Choose someone to act on your behalf
- File a complaint if you believe your privacy rights have been violated

#### **Your Choices**

You have some choices in the way that we use and share your information. You can request that we:

- Share or restrict information shared with family and friends involved in your care
- Share or restrict information shared in disaster and emergency situations
- Allow or disallow the use of your information to market our services

#### **Our Uses and Disclosures**

We may use and share your information to:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Comply with the law
- Work with a coroner, medical examiner, or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

## **Your Rights**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

### **Get an electronic or paper copy of your health record**

- You can ask to see or get an electronic or paper copy of your health record and other health information we have about you.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### **Ask us to correct your health record**

- You can ask us to correct your health information that you think is incorrect or incomplete.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or mobile phone, text message, email, etc.) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

### **Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

### **Get a list of those with whom we’ve shared information**

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, health department operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### **Get a copy of this privacy Notice**

You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically. We will provide you with a paper copy promptly.

### **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

### **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting ACHD’s Privacy Officer using the contact information on page 5 of this Notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1.877.696.6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

### **Your Choices**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your health information in the situations described below, tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share or restrict information shared with your family, close friends, or others involved in your care.
- Share or restrict information shared in a disaster relief or emergency situation.

*If you are not able to tell us your preference, we may use our best judgment and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Sharing of psychotherapy or substance abuse notes other than the permitted disclosures mentioned above

### **Our Uses and Disclosures**

#### **How do we typically use or share your health information?**

We typically use or share your health information in the following ways.

#### **Treat you (“Treatment”)**

We can use your health information to remind you of upcoming appointments and share it with your doctor, other professionals, agencies, or our business associates who have a relationship with you. We may also share your information for the purpose of making referrals to other ACHD programs or services. *For example, our nurse asks your doctor about your health condition, or we are working with other providers to coordinate your care.*

#### **Health Department Operations**

We can use and share your health information to evaluate our practice, improve your care, and contact you when necessary. *For example, we use your health information to help manage your treatment and services.*

### **Bill for your services (“Payment”)**

We can use and share your health information to bill and get payment from health plans (e.g. Medicaid) or other entities. *For example, we send your health information to Medicaid so we can be reimbursed for services we have provided you.*

### **How else can we use or share your health information?**

We are allowed or required to share your information in other ways, without your written authorization – usually in ways that contribute to the public good. We must meet many conditions in the law before we can share your information for these purposes. Examples include:

### **Assist with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing or controlling disease, injury, or disability, including public health investigations related to foodborne illness or communicable disease outbreaks
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone’s health or safety

### **Data sharing, or participating in a health information exchange (HIE)**

We can use or share your information related to our participation in data-sharing and health information exchanges (HIE). *Example: ACHD participants in the Colorado Regional Health Information Organization (CORHIO), to share and coordinate health care services with other health care providers.*

### **Comply with the law**

We will share information about you if state or federal laws require it, including with state and federal agencies, to confirm that we’re complying with state and federal privacy laws. Colorado state law requires ACHD staff to report any known or suspected child abuse or neglect, mistreatment or imminent risk of mistreatment of an at-risk elder or an at-risk adult with intellectual and developmental disabilities, and other injuries that may be related to a criminal act, including domestic violence. We will share information about you if such abuse, neglect, mistreatment, or injury is discovered or suspected.

### **Work with a coroner, medical examiner, or funeral director**

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### **Comply with workers’ compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers’ compensation claims
- For law enforcement or court-ordered purposes or with a law enforcement or legal official
- With health oversight agencies for activities authorized by law

- For special government functions such as military, national security, and emergency preparedness services

### **Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

### **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach that has compromised the privacy or security of your protected health information occurs.
- We must follow the duties and privacy practices described in this Notice and give you a copy of it.
- We will not use or share your information other than as described in this Notice or as authorized by you in writing.
- All disclosures of protected health information include the minimum amount of information necessary to accomplish the purpose for which the information is being disclosed.
- If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your permission, and we are required to retain records of the care that we provided to you.

For more information, see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### **Changes to the Terms of this Notice**

We may need to change the terms of this Notice, and any such changes would apply to all protected health information we already have about you. If this occurs, the new notice will be posted in our offices and on our website at <https://adamscountyhealthdepartment.org/notice-privacy-practices>. Paper copies are always available upon request.

**EFFECTIVE DATE:** January 1, 2024.

### **CONTACT INFORMATION:**

Adams County Health Department  
Attn: HIPAA Privacy Officer  
4430 S. Adams County Pkwy.  
Brighton, CO 80601  
Phone: 303-220-9200  
Email: [publichealthhipaa@adcogov.org](mailto:publichealthhipaa@adcogov.org)