

Communication Barriers

The County may use and disclose protected health information if it believes it has attempted to obtain an Authorization from you but is unable to do so due to substantial communication barriers and the County has determined, using professional judgment, that you intend to agree to the use or disclosure under the circumstances.

Authorization to Disclose Your Protected Health Information

Other uses and disclosures of your protected health information will be made only with your written authorization unless otherwise permitted or required by law. You may instruct the County, and give your written authorization, to disclose your PHI to another party for any purpose. Your authorization is required to be on the County standard form.

Individual Rights

You have the following rights. To exercise these rights, you must make a written request on the County's standard form.

Access

With certain exceptions, you have the right to look at or receive a copy of your PHI contained in the group of records that are used by or for the County to make decisions about you. The County reserves the right to charge a reasonable cost-based fee for copying and postage. If you request an alternative format, such as a summary, the County may charge a cost-based fee for preparing the summary. If your request for access is denied, the County will tell you the basis for its decision and whether you have a right to further review.

Disclosure Accounting

You have the right to an accounting of certain disclosures of your PHI, such as disclosures required by law. This accounting requirement applies to disclosures the County makes beginning on and after April 14, 2003. If you request this accounting more than once in a 12-month period, a fee may be charged covering the cost of responding to these additional requests.

Restriction Requests

You have the right to request that the County place restrictions on the way it uses or discloses your PHI for treatment, payment or health care operations. The County is not required to agree to these additional restrictions; but if it does, the County will abide by them (except as needed for emergency treatment or as required by law) unless you are notified that the County is terminating the agreement.

Amendment

You have the right to request that your PHI be amended in the set of records described above under Access. If your request is denied, the County will provide you a written explanation. If you disagree, you may have a statement of your disagreement placed in the County's records. If your request to amend the information is accepted, reasonable efforts will be made to inform others, including individuals your name, of the amendment.

This Notice is consistent with standards established under 42 CFR, Part 2; 45 CFR, Parts 160 and 164; and Michigan Law.

Complaints

If you believe that your privacy rights have been violated, you may call or write to the County at:

Oakland County Health Division
Department of Health & Human Services
1200 N Telegraph Road, Bldg 34E, Pontiac, MI 48341
248-858-4001

The Department will not retaliate against any person(s) who makes a complaint under this Notice.

If you believe that your privacy rights have been violated, you have the right to file a complaint with the federal government at:

Office of Civil Rights
Department of Health & Human Services
200 Independence Avenue, SW
Washington, DC 20201
877-696-6775, or visiting
www.hhs.gov/ocr/privacy/hipaa/complaints/.

This Notice was published by the County on April 11, 2003 and became effective on April 14, 2003. Last Reviewed August 30, 2018.

NORTH OAKLAND HEALTH CENTER
1200 N TELEGRAPH ROAD BLDG 34E
PONTIAC MI 48341-0432
General Information 248-858-1280
Toll Free 888-350-0900

SOUTH OAKLAND HEALTH CENTER
27725 GREENFIELD ROAD
SOUTHFIELD MI 48076-3625
General Information 248-424-7000
Toll Free 800-758-9925



The Oakland County Health Division will not deny participation in its programs based on race, sex, religion, national origin, age or disability. State and Federal eligibility requirements apply for certain programs.

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.

PLEASE REVIEW CAREFULLY

This Notice of Privacy Practices is being provided to you as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as amended by the HITECH Act. HIPAA requires the County of Oakland (County) to maintain the privacy of your protected health information (PHI) and to provide you with this Notice detailing the legal duties and privacy practices of the County with respect to your PHI. This Notice describes how the County may use and disclose your PHI to carry out treatment, payment, and health care operations, and for other purposes that are permitted or required by law. PHI is information about you, including demographic data, that can reasonably be used to identify you and that relates to your past, present or future physical or mental health, the provision of health care to you or the payment for that care. Your protected health information may be used or disclosed by the County to others outside the County or to others within the County who are involved in your care and treatment for purposes of providing health services.

In this notice it is explained how the privacy of your PHI is protected, and how it will be used and given out (“disclosed”). The County must follow the privacy practices described in this notice while it is in effect. This notice takes effect April 14, 2003, and will remain in effect until the County replaces or modifies it.

The County reserves the right to change its privacy practices and the terms of this Notice at any time, provided that applicable law permits such changes. The revised practices will apply to your PHI regardless of when it was created and received. Any revised Notice will be provided to you at your next visit and will also be posted on the County web site at, www.oakgov.com/health.

You will be asked to sign an acknowledgement that you received this Notice explaining how Oakland County will use your protected health information.

Uses and Disclosures of Protected Health Information

The following are examples of the types of uses and disclosures of your protected health care information that the County is permitted to make without your written authorization. These examples are not meant to be exhaustive, but only describe the type of uses and disclosures that may be made by the County.

The County must have your written authorization to use and disclose your PHI **except** for the following uses and disclosures:

To You and Your Personal Representative

The County may disclose your PHI to you and/or your Personal Representative. A Personal Representative is someone who has the legal right to act for you.

Treatment

The County will use and disclose protected health information to provide, coordinate and manage your health care and any related services provided by the County. This will include the coordination and management of your health care and related services with third parties that may need to have access to your protected health information. For example, the County may disclose protected health information as necessary to health care workers who work with the County unless prohibited by law.

If you are a recipient of substance abuse treatment, you may need to sign an authorization for us to disclose your PHI in order to provide you with treatment.

Payment

Protected health information will be used, as needed to obtain payment for health-care services. For example this may include activities by your health insurance plans which they may need to undertake prior approval of services, to recommend course of care, make determinations of eligibility for coverage for insurance group benefits, and for determination of whether services are medically necessary.

If you are a recipient of substance abuse treatment you may need to sign an authorization for us to disclose your PHI in order to provide payment, or you may be required to pay for your own treatment.

Health Care Operations

The County may use or disclose, as needed, your protected health information in order to support the business activities of the County. Examples of these activities include, but are not limited to, quality assessment activities, employee review activities, training of medical or nursing students, training of nurse aides, licensing, marketing and fundraising activities, and conducting or arranging for other business activities.

The County will share protected health information with third party business associates who perform various activities for the County. For example, information concerning your care at the County may be disclosed to accountants, consultants, and other parties involved in the auditing and review of the County for purposes of reimbursement for your care. The County is also required by law to provide access to information to the state and federal government for purposes of Medicare and Medicaid, and research and auditing.

The County may also use or disclose protected health information as necessary to provide you with information about treatment alternatives, appointments, or other health related benefits and services that might be of interest to you. The County may also use and disclose protected information for other marketing activities. For example, your name may be used to send you information about the Health Division’s activities.

If you are a recipient of substance abuse treatment your PHI will not be disclosed for these purposes without a signed Authorization from you.

Required By Law

The County may use or disclose protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with and limited to the extent required by law. This could include compliance with Court Orders and other legal processes. A record of such disclosures will be kept in your file or chart if required.

Public Health

The County may use protected health information for public health purposes, and may disclose protected health information to public health authorities that are permitted by law to collect and receive such information. By way of example this could include:

- Public health and safety activities, including disease and vital statistic reporting, and Food and Drug Administration oversight for purposes of adverse drug reaction and product recalls
- Reporting child and adult abuse, neglect or domestic violence, unless you are a recipient of substance abuse services in which case only child abuse may be reported

- Averting a serious threat to the health and safety of others as required by law

Research

The County may disclose protected health information to researchers when an institutional review board that has reviewed the research proposal and has established protocols to ensure the privacy of your protected health information has approved the research. Personal identifiers will not be disclosed in any written report or other document or work product of the research, unless authorized in writing by the participant /subject.

Workers Compensation

Your protected health information may be disclosed for purposes of complying with Michigan Workers’ Compensation laws.

Health Oversight

The County may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies, which may seek this information, include governmental agencies that oversee the health care system, government benefit programs, and other government regulatory programs.

Others Involved in Health-Care

Unless you object, the County may disclose to a member of your family, relative, close friend or any other person you identify protected health information that directly relates to that person’s involvement in your health care. If you are unable to agree or object to such a disclosure, the County may disclose such information as it deems necessary for your best interest, based upon its professional judgment. The County may use or disclose protected health information to notify and/or communicate with family members, personal representatives, or other person(s) who are responsible for your care.