

Our Privacy Commitment to You.

We care about your privacy. The information we collect about you is private. We are required to give you a notice of our privacy practices. 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, and business operations or when we are required by law to do so.

◆ **Treatment:** We may disclose medical information about you to coordinate your health care. For example, we may notify your doctor about care you get here. We may also send appointment reminders to you. You may tell us how you would prefer to receive these reminders.

◆ **Billing:** We may use and disclose information so the care you get can be properly billed and paid for. For example, we may ask your treatment provider before we submit the bill for your care.

◆ **Business Operations:** We may need to use and disclose information for our business operations. For example, we may use information to review the quality of care you get.

◆ **Exceptions:** For certain kinds of records, your permission may be needed even for release for treatment, payment and business 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 order, 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. If you give us permission, you have the right to change your mind and revoke it. This must be in writing, too. We cannot take back any uses or disclosures already made with your permission.

Your Privacy Rights

You have the following rights regarding the health information that we have about you. Your requests must be made in writing to the Lapeer County Health Department at the address on the back of this pamphlet.

◆ **Your Right to Inspect and Copy:** In most cases, 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.

LAPEER COUNTY HEALTH DEPARTMENT **PRIVACY NOTICE**

For Clients Using Services

Effective April 14, 2003

**THIS NOTICE DESCRIBES HOW
PERSONAL AND MEDICAL
INFORMATION ABOUT YOU MAY
BE USED AND DISCLOSED AND
HOW YOU CAN GET ACCESS TO
THIS INFORMATION. PLEASE
REVIEW IT CAREFULLY.**

**Understanding the Type of
Information We Have.** We get information about you when you receive services from us. It may include your date of birth, sex, ID number and other personal information. We may submit and obtain bills, reports from your doctor and other data about your medical care.

◆ **Your Right to Amend:** You may ask us to change your records if you feel 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 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 your family, or information that was sent with your authorization.

◆ **Your Right to Request Restrictions on Our Use or 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 basis for your request.

Changes to This Notice

We reserve the right to revise this notice. A revised notice will be effective for medical 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 the notice will be posted within our facility.

How to Use Your Rights Under this Notice

If you want to use your rights under this notice, you may call us or write to us. If your request to us must be in writing, we will help you prepare your written request, if you wish.

◆ **Complaints to the Federal**

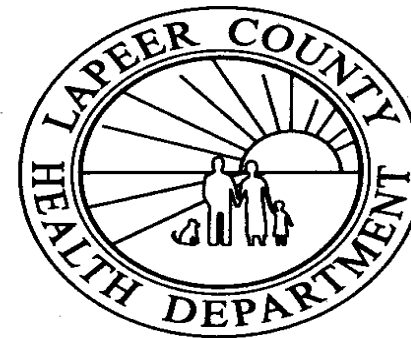
Government: If you believe that your privacy rights have been violated, you have the right to file a complaint with the federal government. You may write to:

**Office of Civil Rights
Dept. of Health & Human Services
200 Independence Avenue, SW
Washington, D.C. 20201
Phone: 866-627-7748
TTY: 886-788-4989
Email: ocrprivacy@hhs.gov**

You will not be penalized for filing a complaint with the federal government.

For Further Information contact:

Administrative Services Secretary
(810) 667-0391



Lapeer County
Health Department
is an Equal Opportunity Employer,
Services and
Program Provider

**LAPEER COUNTY
HEALTH DEPARTMENT**

**PRIVACY
NOTICE**

**For All Health Department
Programs**

Effective April 14, 2003

◆ Complaints and Communications

to Us: If you want to exercise your rights under this notice or if you wish to communicate with us about privacy issues or if you wish to file a complaint, you can write to:

Privacy Officer
Lapeer County Health Department
1800 Imlay City Road
Lapeer, MI 48446
(810) 667-0391
Website: lchd.lapeer.org

You will not be penalized for filing a complaint.

Copies Of This Notice

You have the right to receive an additional copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. Please call or write to us to request a copy.

This notice is available in other languages and alternate formats that meet the guidelines for the Americans with Disabilities Act (ADA) upon request.

Esta notificación está disponible en otras lenguas y formatos diferentes que satisfacen las normas del Acta de Americans with Disabilities (ADA).

