

Hubbard County Coordinator's Office
NOTICE OF PRIVACY PRACTICES

Summary Notice

Effective Date April 15, 2003

We are providing you with the Hubbard County Notice of Privacy Practices. This Summary Notice provides a summary of the Hubbard County Notice of Privacy Practices and briefly states:

- ◆ How your health information may be used and disclosed;
- ◆ Your rights regarding your health information; and
- ◆ Our legal duty to protect the privacy of your health information.

Normally we do not receive, keep or possess any personal health information on you, except information regarding workers compensation injuries or FMLA leave. This information is exempt from HIPAA Law. For a more complete description of our privacy practices, you should carefully review the Detailed Notice of Privacy Practices following this summary. This Summary Notice does not modify or limit the Hubbard County Detailed Notice of Privacy Practices.

Your Health Information Health information is any information we create or receive about you and your past, present, or future:

- ◆ Physical or mental health or condition;
- ◆ Health care; or
- ◆ Payment for health care provided.

How We May Use And Disclose Your Health Information

In most cases, your written authorization is needed for us to use or disclose your health information. However, Federal law allows us to use and disclose your health information without your permission for certain purposes, including the following:

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| ◆ Treatment | ◆ Law Enforcement | ◆ Health Operations |
| ◆ Eligibility and Enrollment for VA Benefits | ◆ Judicial or Administrative Proceedings | ◆ Coroner or Funeral Activities (with limitation) |
| ◆ Public Health | ◆ Services | ◆ National Security |
| ◆ Research (with strict limitations) | ◆ Correctional Facilities | ◆ Health Care Oversight |
| ◆ Abuse Reporting | ◆ When Required by Law | ◆ Military Activities |
| ◆ Workers' Compensation | ◆ Family Members or Others Involved in your Care (with limitations) | ◆ Health or Safety Activities |
| ◆ Patient Directories | | |
| ◆ Payment | | |

A more detailed description of each use and disclosure purpose is included in the Detailed Notice of Privacy Practices, following this summary.

All other uses and disclosures of your health information will not be made without your prior written authorization.

Your Privacy Rights You have the right to:

- ◆ Review your health information;
- ◆ Obtain a copy of your health information;
- ◆ Request your health information be amended or corrected;
- ◆ Request that we not use or disclose your health information;
- ◆ Request that we provide your health information to you in an alternative way or at an alternative location in a confidential manner;
- ◆ An accounting or list of disclosures of your health information; and
- ◆ Receive our Hubbard County Notice of the Privacy Practices upon request.

Changes We reserve the right to change the Hubbard County Notice of Privacy Practices. The revised privacy practices will be effective for all health information we already have about you, as well as information we receive in the future. We will send to your last address of record, and otherwise make available to you, a copy of the revised Notice within 60 days of any change.

Complaints If you are concerned that your privacy rights have been violated, you may file a complaint to Hubbard County or the U. S. Department of Health and Human Services. To file a complaint with Hubbard County you may contact your Hubbard County Coordinator at jpaul@co.hubbard.mn.us or dial (218)732-2310. Complaints do not have to be in writing, though it is recommended. You will not be penalized or retaliated against for filing a complaint.

NOTE: A large print version of this Notice is available upon request.