

KITSAP COUNTY JUVENILE
Notice Of Privacy Practices

April 2004 Version

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

If you have any questions about this Notice, please contact our Compliance office at:
JUVENILE

Attention: Privacy Officer

*1338 Old Clifton Road * Port Orchard * WA * 98366*

Main Listing Phone (360) 337-5401

WHO WILL FOLLOW THIS NOTICE

This Notice describes *JUVENILE* practices and that of:

Any employee authorized to enter information into your claims history or member profile,

All departments and units of *JUVENILE*

All employees, staff and other *JUVENILE* personnel.

All Juvenile Services Department employees who process *JUVENILE* claims follow the terms of this Notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record about you when you are enrolled in the *JUVENILE* program. We continue to add to that record as we obtain claims information from healthcare providers. We need this record to provide you with quality service and to comply with certain legal requirements. This Notice applies to all of the records generated by *JUVENILE*.

This Notice will tell you about the ways in which we may use and disclose medical information about you.

We endeavor to:

make sure that medical information that identifies you is kept private;

make available to you this Notice of our privacy practices with respect to medical information about you; and

follow the terms of the Notice that is currently in effect. This Notice may change, in the manner described below under "CHANGES TO THIS NOTICE".

This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with members' need for privacy of their medical information. Before we use or disclose medical information for research being conducted, the project will have been approved through this research approval process. However, we may disclose medical information about you to people preparing to conduct a research project, for example, to help them look for members with specific medical needs, so long as the medical information they review does not leave JUVENILE. We will almost always ask for your specific permission (on an authorization form) if the researcher will have access to your name, address or other information that reveals who you are.

As Required By Law. We will disclose medical information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Special Situations. We may also use and disclose medical information about you in the situations described under "SPECIAL SITUATIONS" below.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written authorization. A form for those authorizations, both those that you request and those that we request, is available from our Compliance Office at the location noted on the first page of this Notice. If you give us an authorization, you may later revoke that permission in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. In that case, however, we will be unable to take back any disclosures we have already made with your permission, and we will still be required to retain our records of the care that we provided to you.

SPECIAL SITUATIONS

Military and Veterans. If you are a member of the armed forces, we may release medical information about you as required by military command authorities or, some cases if needed to determine benefits, to the Department of Veterans Affairs. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Health Oversight Activities. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits,

may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by JUVENILE will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of that review.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of the disclosures we have made of medical information about you, with some exceptions. The exceptions are governed by federal health privacy law, and include routine disclosures for treatment, payment and operations conducted pursuant to your signed consent form.

You must submit any request for an accounting of disclosures to our Compliance Office at the location noted on the first page of this Notice, in writing. (A form for that request is available from that office.) Your written request must state a time period, which may not be longer than six years and may not include dates before April 14, 2004, when current federal health privacy laws became effective for JUVENILE. Your request should indicate whether you want the report on paper or electronically. The first report you request within a 12-month period will be free. For additional reports, we may charge you for the costs of providing the report. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. Please note that we are *not required* to agree to your request. However, if we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

You must submit any request for restrictions to our Compliance office at the location noted on the first page of this Notice, in writing. (A form for that request is available from that office.) Your written request must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.