

# WASHINGTON COUNTY MENTAL HEALTH DISABILITY SERVICES

---

2175 LEXINGTON BLVD.  
WASHINGTON, IOWA 52353  
PHONE (319) 653-7751  
FAX (319) 653-7755

---

Bobbie Wulf, MHDS Director and CPC Administrator  
Errin Sorrell, MHDS CPC Assistant  
Kim Dickinson, Administrative Assistant

---

---

## NOTICE OF PRIVACY PRACTICES

### Purpose of this Notice:

To describe how Washington County Mental Health Disability Services (WCMHDS) may use and disclose your protected health information to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information.

**“Protected Health Information” (PHI)** is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

**“Minimum Necessary Standard”** is the standard which WCMHDS takes to make reasonable efforts to limit PHI to the minimum necessary to accomplish the intended business (i.e. determine eligibility, to provide funding for services, etc.). WCMHDS will also limit PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure or request for information.

**“Business Associates”** are agencies, organizations, departments that have entered into an agreement with WCMHDS for the purpose of protecting individuals’ PHI within the realm of providing treatment, payment, and healthcare operations.

### Uses and Disclosures of Protected Health Information:

Your protected health information (PHI) may be used and disclosed by WCMHDS staff for the purpose of providing or accessing health care services on your behalf. PHI may also be used and disclosed to pay health care bills and to support the business operations of Washington County.

Following are examples of the types of uses and disclosures of your protected health care information that WCMHDS is permitted to make once you have signed the Notice of Privacy Practice Acknowledgement and Consent form. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that WCMHDS may complete.

**Treatment:** WCMHDS may use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information (i.e. disclose PHI, as necessary, to a facility/service provider to which you have been referred to ensure that the facility/service provider has the necessary information to treat you or to accept/deny the referral).

**Payment:** Your PHI will be used, as needed, to obtain/provide payment for your health care services. This may include certain activities that the WCMHDS office, your health insurance plan, and/or your service provider may undertake before it approves to pay/provide for the health care services recommended such as; making a determination of eligibility, reviewing services provided to you for necessity, providing payment to providers, communicating with alternative funders (i.e. county of legal settlement, IVRS, etc.) and/or undertaking utilization review activities.

**Healthcare Operations:** WCMHDS may use or disclose, as needed, your PHI in order to supply our business activities. These activities include, but are not limited to, quality assessment activities, employee review activities, licensing, marketing and fundraising

activities, and conducting or arranging for other business activities (i.e. WCMHDS may use a sign in sheet at the registration desk where you will be asked to sign your name. WCMHDS may also call you by name when staff is ready to see you).

WCMHDS will share your PHI with third party “business associates” that perform various activities (i.e. billing, accounting, service provisions, etc.) for us. Whenever an arrangement between WCMHDS office and a business associate involves the use or disclosure of your PHI, WCMHDS will have a written contract that contains terms that will protect the privacy of your protected health information.

WCMHDS may use or disclose your PHI, as necessary, to provide you with information about treatment alternatives or other health related benefits and services that may be of interest to you. WCMHDS may also use and disclose your PHI for other marketing activities (i.e. your name and address may be used to send you a newsletter about services or provide information to you). You may contact the WCMHDS office to request that these materials not be sent to you or that they be sent to you by alternative means or at an alternative location.

### **Uses and Disclosures of Protected Health Information Based Upon Your Written Authorization**

#### ***Other Permitted and Required Uses and Disclosures That May Be Made With Your Consent, Authorization or Opportunity to Object***

Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that WCMHDS staff has taken an action in reliance on the use or disclosure indicated in the authorization.

WCMHDS staff may use and disclose your PHI in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your PHI. If you are not present or able to agree or object to the use or disclosure of the PHI, then WCMHDS may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your health care will be disclosed.

**Others Involved in Your Healthcare:** Unless you object, WCMHDS may disclose to a member of your family, a relative, a close friend or any other person **you identify**, your PHI that directly relates to that person’s involvement in your health care. If you are unable to agree or object to such a disclosure, WCMHDS may disclose such information as necessary if determined that it is in your best interest, based on professional judgment. WCMHDS may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, WCMHDS may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your care.

**Emergencies:** WCMHDS may use or disclose your PHI in an emergency treatment situation. If this happens, WCMHDS shall try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If WCMHDS staff have attempted to obtain your consent but are unable to obtain your consent, we may still use or disclose your protected health information to treat you.

**Communication Barriers:** WCMHDS may use and disclose your protected health information if WCMHDS attempts to obtain consent from you but are unable to, due to substantial communication barriers and it is determined, using our professional judgment, that your intent was to consent to use or disclose under the circumstances.

### **Uses and Disclosures of Protected Health Information Without Your Written Authorization**

#### ***Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object***

WCMHDS may use or disclose your PHI in the following situations without your consent or authorization. These situations include:

**Required By Law:** WCMHDS staff may use or disclose your PHI as required by law. The use and disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.

**Public Health:** WCMHDS may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. WCMHDS may also disclose your PHI, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

**Communicable Diseases:** WCMHDS may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Health Oversight:** WCMHDS may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information may include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

**Abuse or Neglect:** WCMHDS may disclose PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, WCMHDS may disclose your PHI if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

**Food and Drug Administration:** WCMHDS may disclose your PHI to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to ensure product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

**Legal Proceedings:** WCMHDS may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request, civil commitments or other lawful process.

**Law Enforcement:** WCMHDS may also disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on county premises, and (6) medical emergency (not on the county's premises) and it is likely that a crime has occurred.

**Coroners, Funeral Directors, and Organ Donation:** WCMHDS may disclose PHI to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. WCMHDS may also disclose PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. WCMHDS may disclose such information in reasonable anticipation of death. PHI may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

**Research:** WCMHDS may disclose your PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

**Criminal Activity:** Consistent with applicable federal and state laws, WCMHDS may disclose your PHI, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. WCMHDS may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Military Active and National Security:** When the appropriate conditions apply, WCMHDS may use or disclose PHI of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. WCMHDS may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

**Workers' Compensation:** Your PHI may be disclosed by WCMHDS as authorized to comply with workers' compensation laws and other similar legally-established programs.

**Inmates:** WCMHDS may use or disclose your protected health information if you are an inmate of a correctional facility and WCMHDS created or received your PHI in the course of providing care to you.

**Required Uses and Disclosures:** Under the law, WCMHDS must make disclosures to you and when required by the Secretary of the Department of Human Services to investigate or determine your compliance with the requirements of 45 C.F.R. section 164.500 et. Seq.

### **Your Rights:**

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise your rights.

1. **You have the right to inspect and copy your protected health information.** This means you may inspect and obtain a copy of your protected health information that is contained in a designated record set for as long as WCMHDS maintains the protected health information. A “designated record set” contains medical and billing records and any other records that are used in normal business operations. Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable.
2. **You have the right to request a restriction of your protected health information.** This means you may ask WCMHDS not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

WCMHDS employees are not required to agree to a restriction that you may request. If WCMHDS believes that it is in your best interest to permit use and disclosure of your protected health information, your PHI will not be restricted. If WCMHDS does not agree to the requested restriction, the office may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with WCMHDS staff. You may request a restriction by writing to the applicable division head or the WCMHDS privacy officer.

3. **You have the right to request to receive confidential communications from WCMHDS by alternative means or at an alternative location.** WCMHDS will accommodate reasonable requests. WCMHDS may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. WCMHDS will not request an explanation form from you as to the basis for the request. Please make this request in writing to the applicable division head or WCMHDS privacy officer.
4. **You may have the right to have WCMHDS amend your protected health information.** This means you may request an amendment of PHI about you in a designated record set for as long as WCMHDS maintains this information. In certain cases, WCMHDS may deny your request for an amendment. If WCMHDS denies your request for amendment, you have the right to file a statement of disagreement with us and WCMHDS will prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact the assigned WCMHDS staff person, the applicable division head, or the WCMHDS privacy officer if you have questions about amending your PHI.
5. **You have the right to receive an accounting of certain disclosures WCMHDS staff has made, if any, of your protected health information.** This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures staff may have made to you, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occur after April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations. Please contact the WCMHDS privacy officer to request the disclosure record.
6. **You have the right to obtain a paper copy of this notice from us.** Upon request, even if you have agreed to accept this notice electronically, a paper copy of this notice or any subsequent notice may be mailed to you as requested.

*WCMHDS will continue to obtain written authorization to obtain/disclose any information relating to mental health, substance abuse, and/or HIV as required by state law.*

**Complaints:**

WCMHDS employees are required to abide by the terms of this Notice of Privacy Practices. WCMHDS may change the terms of this notice at any time. The new notice will be effective for all protected health information that is maintained at that time. Upon your request WCMHDS will provide you with any revised Notice of Privacy Practices.

You may file a complaint by notifying the WCMHDS Director, the WCMHDS Privacy Officer, or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by WCMHDS staff. WCMHDS will not retaliate against you for filing a complaint.

You may contact:

Bobbie Wulf, Privacy Officer  
MHDS Director/CPC Administrator  
PO Box 902  
2175 Lexington Blvd.  
Washington, Iowa 52353  
(319) 653-7751  
Email: [bwulf@co.washington.ia.us](mailto:bwulf@co.washington.ia.us)

Errin Sorrell, MHDS CPC Assistant  
PO Box 902  
2175 Lexington Blvd.  
Washington, Iowa 52353  
(319) 653-7751  
Email:  
[esorrell@co.washington.ia.us](mailto:esorrell@co.washington.ia.us)

This notice was published and becomes effective on April 14, 2003.

Revised April 2005  
Revised May 2006  
Revised October 2007  
Revised January 2009  
Revised June 2009