

**Polk County Family Enrichment Center  
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 it carefully.

If you have any questions about this notice, please contact our Privacy Officer who is Cathy Mussett, Youth Services, 1548 Hull Avenue, Iowa 50309. Her phone number is 875-5567.

**Protected Health Information** is information about you that may identify you and that relates to your physical or mental health or condition and related health care services. It might include your diagnosis along with such information as your age and address.

**Other Health/Confidential Information:**

- Information in your file which supports your eligibility for benefits.
- Medical information regarding the need for services.
- Substance abuse and mental health information.

This notice is effective beginning April 1, 2003 and Polk County will abide by it while it is in effect. PC may change this notice and if there is a change, you may receive it by accessing our website at [www.co.polk.ia.us](http://www.co.polk.ia.us) or by requesting at a future time that the current notice be sent to you by mail. You may also pick one up

the next time you are in the General Assistance Offices, 1907 Carpenter, Des Moines, IA 50314.

**Note:** Under Iowa law, information which is in a government agency is public unless there is a law which keeps the information confidential. Determining whether any specific information is public requires making a specific legal judgment about the law covering that information. Polk County will make its best effort to apply the law correctly to requests for information about you.

**I. Uses and disclosure of Protected Health Information (PHI)**

**A. Uses and disclosure without your written authorization:**

**1. Treatment, payment and operations**

Unless we are required to do so by law, FEC will not release PHI about you without your authorization. We communicate freely with DHS and PROMISE JOBS about your eligibility.

We may discuss PHI in our internal operations such as training, planning, screening, coordination and the like.

Special authorization is required to release substance abuse and mental health information.

Polk County may use PHI for the purpose of reporting child, domestic, or dependent abuse.

**2. When required by law:**

- To report to a government agency something about you such as a gunshot wound, your death, communicable diseases, child or dependent abuse, domestic abuse, and the like.
- When requested by law enforcement or by the courts for a judicial proceeding or for an administrative proceeding.
- To oversight agencies such as the Food and Drug Administration, the Iowa Foundation for Medical Care or the Iowa Medical Examiners, or the Department of Public Health. \When you authorized the release of information in writing:

**B. Uses and disclosure with your written authorization:**

Your written authorization is required before we use your PHI for any marketing activities and/or research.

## II. Your Rights

You have the right to look at and copy your PHI. A “designated record set” of information exists at Polk County, which contains the PHI we use to make decisions about you. You may look at the information in that designated record set except:

- There are rules about how to locate and look at your records. For example, not all County records may be available in one location. You may contact our privacy officer for more information about requesting your designated record set.
- You have the right to request a restriction of your PHI. You may ask us not to release certain information for the purposes of treatment, payment or health care operations. You may also request that information not be disclosed to family members or friends who are involved in your care. Although we may not agree, please discuss any potential restricts of the disclosure of your health information with the Community, Family & Youth Services Privacy Officer.
- You have the right to request to receive confidential communications from us for medical treatment by alternative means or at an alternative location. You may direct that we

contact you only at home or only at your place of work or you may leave a special number or method by which we may contact you. You may direct how we make appointment reminders for you and whether we list your name in a directory of persons served, if any.

- You have the right to request amendment of your PHI. In order to request an amendment, please contact the person listed on the appendix to this notice or contact the privacy officer.

You have the right to receive an accounting of certain disclosure of your PHI. For a period of six years after services are received, once a year you may request to see what disclosures have been made of your health information. You will need to let us know what areas of the County have served you during the last six years as there is no “master list” with all of your information on it. There is a form which you may use to request an accounting of disclosures.

You have the right to have a paper copy of this notice.

## III. Complaints

Where to file: Polk County Community, Family & Youth Services ,  
1914 Carpenter, Des Moines, IA 50314  
Name: Cathy Mussett, R.N.  
(515) 875-5569



***Polk County  
Family  
Enrichment  
Center  
Protected  
Health  
Information***