

Your Rights

- ❖ **You have the right 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 an amendment to your PHI.**

In order to request an amendment, please contact Polk County's 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.**

Complaints

Where to File

Polk County Health Department
1907 Carpenter
Des Moines, IA 50314

Polk County Privacy Officer

Terri Henkels, Director
Polk County Health Department
(515) 286-3798

Notice

This notice is effective beginning April 1, 2003 and Polk County will abide by it while it is in effect. 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 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.



Polk County General Assistance

Protected Health Information Privacy Rights

Polk County General Assistance

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 read this brochure carefully.

If you have questions about this notice, please contact our Privacy Officer, Terri Henkels, Director, Polk County Health Department at 286-3798.

Protected Health Information (PHI) 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.

Uses and Disclosure of Protected Health Information (PHI)

Uses and disclosure of information without your written authorization:

1. Treatment, payment and operations

Unless we are required to do so by law, General Assistance will not release PHI without your authorization. We communicate freely with the Iowa Department of Human Services (IDHS) and Iowa Workforce Development (IWD) 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 Iowa Department of Public Health.

Uses and Disclosure of PHI With Your Written Authorization:

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

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 the 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 restrictions of the disclosure of your health information with Polk County’s Privacy Officer.