

Westport Weston Health District
180 Bayberry Lane
Westport, CT 06880

Effective Date: June 30, 2003
Reviewed: 7/12, 7/13, 7/14
Revised: 8/15, 7/18

HIPAA PRIVACY NOTICE

The Westport Weston Health District (WWHD) provides this notice to you to describe how health information about you may be used or disclosed by its Department of Community Health, and how you may obtain access to this information. Please review it carefully.

Healthcare organizations are required by law to maintain the privacy of “protected health information” (PHI). PHI includes any identifiable information that we obtain from you or others that relates to your physical or mental health, the health care you have received, or payment for your health care.

As provided by law, we are permitted to use or disclose your PHI for purposes of treatment, payment and health care operations.

- For treatment: We may use and disclose your protected health information in order to provide health care services, and coordinate or manage your health care. This may include consultations between health care providers regarding your care, and make referrals for health care from one health care provider to another.
- For payment: We may use and disclose your PHI so that we can bill and receive payment for the treatment and services you receive from us. For billing and payment purposes, we may disclose your PHI to an insurance company or managed care company, Medicare, Medicaid, or any third party payer.
- For Healthcare Operations: We may use and disclose your PHI in performing business operations that we call “healthcare operations.” These include internal operations, such as general administrative activities, improvement in office function, training programs and to monitor the quality of care you receive at our facility.

In addition, we may use and disclose health information to contact you:

- to remind you that you have, or are due to schedule, an appointment with us;
- to determine whether recommendations given to you were acted upon
- to notify you of health related benefits and services that may be of interest to you.

When appropriate, we may share PHI with a person who you identify that is involved in your medical care or in payment for your medical care, such as a family member, close friend, caregiver, or other person you identify or individual who is directly relevant to information. If present you may object sharing of information.

Other uses and disclosures we may make without your written authorization:

Disclosure of protected health information (PHI) without individual authorization for public health activities is explicitly permitted under the Privacy Rule. WWHD, as a public health authority, is legally authorized to collect, receive or disclose PHI for the purposes of preventing or controlling disease, injury, or disability, including but not limited to:

- reporting of disease, injury, and vital events (e.g., birth and death);
- conducting public health surveillance, investigations, and interventions;

- providing or facilitating disaster relief in conjunction with public or private agencies involved in disaster relief activities.
- reporting child abuse, neglect, or domestic violence to a public health authority legally authorized to receive such reports;
- notifying a person subject to jurisdiction of the Food and Drug Administration (FDA) concerning the quality, safety, or effectiveness of an FDA-related product or activity for which that person has responsibility;
- notifying a person who may have been exposed to a communicable disease or condition, when legally authorized to notify the person as necessary to conduct a public health intervention or investigation; and
- releasing information to an individual's employer, under certain circumstances and conditions, as needed for the employer to meet the requirements of the Occupational Safety and Health Administration, or similar federal and state laws.

For the purposes of monitoring trends in the health of the community and educating residents in regard to the incidence of disease and risk factors, aggregate findings may be presented or published, with all identifying personal information removed. Except for the general uses and disclosures described above, we will not disclose your PHI for any other purposes unless you provide a written authorization which is valid for a one time authorization. If another request is made it will require another written authorization

Your Rights (as long as WWHD maintains your PHI) include:

- You have the right to read and make copies of information contained in your record in the Community Health Department of the WWHD. Exceptions under the Privacy Rule include information compiled for use in civil, criminal, or administrative actions, and reports maintained by a covered entity subject to the Clinical Laboratory Improvement Amendments of 1988.
- You have the right to request the amendment of your PHI contained in records created by WWHD. If you believe that medical information we have is incorrect or incomplete, you may ask WWHD to amend the information.
- You have the right to request an accounting of disclosures made about your PHI.
- You have the right to request restriction or limitation of the medical information we use or disclose about you for treatment, payment, or health care operations, and to limit the medical information we disclose to someone involved in your care. We are not required to agree to your request, particularly if your request is considered to be in conflict with public health standards and practice.
- You have the right to request confidential communications directed to you at a specific location or in a specific manner (e.g., at work, by mail).
- You have a right to receive a copy of this notice.

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If you believe your privacy rights have been violated, please contact our Privacy Officer at 203-227-9571. Additionally, you may file a complaint with the Secretary of the Department of Health and Human Services

HIPPA PRIVACY NOTICE

The Westport Weston Health District has provided me with notice of its HIPPA Privacy Rule that describes how health information about me may be used or disclosed by its Department of Community Health, and how I can obtain access to this information. I have read the notice and have been offered a copy.

Name: _____

Date: _____