



COMMONWEALTH of VIRGINIA
Department of Health

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Virginia Department of Health
Office of Privacy and Security

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information.

This notice tells you all about the law that lets us use or disclose your health information. It tells you about your rights to see and change your health records. This has nothing to do with your being able to get the health care you need. It is only about the health records we keep. If you have any questions about what this paper says, please call the Privacy and Security Officer of Henrico County Health Department, phone number (804) 501-4522.

The Virginia Department of Health must keep your protected health information private. It is the law and it is your right. The law lets us share your records with other health care givers and with other agencies in special cases. This paper tells you what those special cases are, whom we may share your health records with, what your rights are and how you can make a complaint if you think your rights have not been protected.

The Virginia Department of Health must provide you with a notice of our privacy practices and provide you with a revised notice if changes take place. Every time you receive services from the health department staff, we will write in your record what your problem is and what we did to take care of you. This is known as "protected health information". Protected health information covers your past, present or future physical or mental health, related health care services and other information that may identify you.

The following pages explain how we can use your health information and when we can share it with others. Sometimes, for example, we may have to share information with other doctors so you can get the care and medicine you need. We may have to share the information with an insurance company so payment for your care can be made.

1. WHEN WE CAN USE AND SHARE YOUR HEALTH RECORDS

• **To Treat You**

When we take care of you we will need to look at your health information. And we may need to share your health information with other health workers who take care of you. For example, if you have sugar in your blood (diabetes), your doctor may have to let the nutritionist know that so you can get information about the right food to eat.

- **To Pay for Your Care**
We may have to share your health information so we can collect payment for the your care from an insurance company or Medicaid/Medicare.
- **To Make Sure You Receive Good Care**
We may look at your health information to see if your treatment was good and if the staff took good care of you. We may share your records with other health workers so they can learn and become better at their jobs. For example, we may share your health information with other department of health employees for clinic service notices.
- **To Obey the Law**
We may use or share your health records if it is required by law. We will not use or share health information for any other reasons than what the law says.
- **In Emergencies**
We will use or share your health information if you need emergency treatment.
- **To Protect the Public's Health**
We will share your health information if it is needed to help stop the spread of a disease or prevent injury and disability.
- **For Health Oversight**
We may share your health information with a government agency that has the duty to review government benefit programs, civil rights laws or health care providers.
- **To Prevent Abuse or Neglect**
We may share your health information with agencies that have the legal right to get reports of abuse or neglect. We may share your record if we believe that you have been the victim of abuse, neglect or domestic violence. We will follow the federal or state law that applies to your case.
- **To Report Harmful Events or Products**
We may share your health information with a person or company required by the U.S. Food and Drug Administration to report defects or problems with products, any harmful events; to track products, to recall products, or to repair or replace products.
- **For Legal Proceedings**
We may share your health information with officers of the court if we have a court order or other legal order to do so.
- **To Enforce the Laws**
We may share your information if there are reasons to enforce the laws. These reasons may include: (1) to identify and locate someone; (2) to treat victims of a crime; and (3) suspicion that criminal conduct has caused a death.
- **To Aid the Work of Coroners, Funeral Directors and Organ Donation**
We may share your health information with a coroner or medical examiner so they can identify your body, find out why you died or perform other duties allowed by law. We may share the health information with funeral to know of an infectious disease. We may use or share the records in cases where you may want to donate your organs, eyes or tissue.

- **For Research**
We may share your health information with researchers, but only after a review board has read a research proposal and has made sure that your health information is protected.
- **In Case of Criminal Activity**
If a serious threat to the health or safety of a person or the public is likely to happen soon, we may share your health information if we believe that it will help prevent or lessen the threat.
- **For Military Activity and National Security**
In some cases, we may use or share health information of people who are in the armed forces if military commanders think it necessary, or to help the Department of Veterans Affairs see if you are eligible for benefits. We may share your health information with a foreign military command if you are a member of that country's armed forces. We may share your health information with federal workers who protect national security, including the safety of the President and others.
- **Workers' Compensation**
We may share your health records in order to obey workers' compensation laws.
- **Prison Inmates**
If you are in jail or prison, we may use or share your health information with those who are providing your medical care.
- **Parents**
- If you are a minor, we may share your health information with your parent or guardian if requested.

2. YOUR RIGHTS

You have the following rights in regard to your health information.

The Right to See and Copy

You have the right to see and copy your health information. Usually, this includes medical and billing records but may not include notes about mental health care. Your request must be made in writing. We may charge a fee for the cost of copying, mailing or other supplies needed for your request. We may deny your request to see or copy your health information in certain very limited cases. If we deny you access to your health information, you may request the denial be reviewed by contacting the Privacy and Security Officer at Henrico County Health Department, 8600 Dixon Powers Drive, P.O. Box 27032, Richmond, Virginia 23273-7032. If your request to see and copy your health record is not approved, you may request a second review by the Virginia Department of Health Privacy Officer at this address: HIPAA Privacy Officer, 1500 E. Main Street, Suite 104, Richmond, Virginia 23219.

- **The Right to Amend (Change)**

You may ask us to change your health record if you feel that it is not correct or complete. . Your request must be made in writing and sent to the Privacy and Security Office at (Enter Health Department and address). You must give a reason for your request. We may say no to your request if it is not in writing or does not include a reason for the request. We may say no to your request if you ask us to amend information that: (1) Is accurate and complete; (2) Was not created by us; (3) Is not part of the health record kept by us; and (4) Is not part of the record

that you could see or copy. If your request to change your health record is not approved, you may request a second review by the Virginia Department of Health Privacy Officer at this address: HIPAA Privacy Officer, 1500 E. Main Street, Suite 104, Richmond, Virginia 23219.

- **The Right to Know With Whom We Shared Your Health Information**

You must submit your request in writing to the Privacy and Security Office, at Henrico County Health Department, 8600 Dixon Powers Drive, P.O. Box 27032, Richmond, Virginia 23273-7032. Your request must state a time period that you would like the information for. It may not be longer than six years from the date of the request, and may not include dates before April 14, 2003. We will respond to your request within 60 days.

- **The Right to Ask for Limits**

You have the right to ask us to restrict or limit the health information we use or share about you for treatment, for payment or to make sure you receive good care. You have the right to ask that we not share your health or payment information with someone, such as a family member or friend, who helps take care of you.

- In an emergency situation we may share your health information so you can receive proper care.

You must make your request in writing to the Privacy and Security Office, Henrico County Health Department, 8600 Dixon Powers Drive, P.O. Box 27032, Richmond, Virginia 23273-7032. You must tell us: (1) what information you want us to keep private; (2) whether you want to limit our own use or limit who we share the information with or both; and (3) who you do not want to have the information. If we agree, we will do what you ask.

- **The Right to Ask for Confidential Communication**

You have the right to ask that we inform you about health matters in a certain way or at a certain address or phone number. For example, you can ask us to contact you by mail or at work, instead of at home.

You must make your request in writing to the Privacy and Security Office at Henrico County Health Department, 8600 Dixon Powers Drive, P.O. Box 27032, Richmond, Virginia 23273-7032. You do not have to have a reason for your request. You must say how or where you want us to contact you. We will honor all requests within reason.

- **The Right to Have a Paper Copy of This Notice**

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

- **COMPLAINTS**

If you believe that we have not protected your rights to privacy, you may make a complaint to the Virginia Department of Health Privacy and Security Office at the Virginia Department of Health, 1500 East Main Street, Suite 104, Richmond, VA 23219. You can make a complaint directly to the Secretary of the U.S. Department of Health and Human Services electronically at <http://www.hhs.gov/ocr/howtofile.html> or by letter to Regional Manager, Office for Civil Rights, U.S. Department of Health and Human Services, 150 S. Independence Mall West, Suite 372, Philadelphia, PA 19106-3499.

If you need help with filing a complaint you may ask to talk with the Privacy and Security Officer Henrico County Health Department, 8600 Dixon Powers Drive, P.O. Box 27032, Richmond, Virginia 23273-7032, phone number (804) 501-4522.

We will not punish you in any way or deny any services to you if you wish to make a complaint.

2. OTHER USES OF YOUR HEALTH RECORDS

We will not use or share your health information for other reasons not covered in this notice or by the laws that we have to follow unless you give us your written permission. If you do give us permission to use or share your health information, you may withdraw that permission, in writing, at any time. If you withdraw your permission, we will not use or share your health record for other reasons such as research and marketing.

THIS NOTICE WAS PUBLISHED AND BECOMES EFFECTIVE APRIL 14, 2003.