

# KITSAP COUNTY JAIL

## 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 Compliance office at:

JAIL

Attention:

614 Division Street \* Port Orchard, WA \* 98366

Main Listing Phone (360) 337-

### WHO WILL FOLLOW THIS NOTICE

This Notice describes JAIL practices and that of:

Any employee authorized to enter information into your claims history or member profile,

All departments and units of JAIL

All employees, staff and other JAIL personnel.

All Sheriff Department employees who process JAIL claims follow the terms of this Notice.

### OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record about you when you are enrolled in the JAIL program. We continue to add to that record as we obtain claims information from healthcare providers. We need this record to provide you with quality service and to comply with certain legal requirements. This Notice applies to all of the records generated by JAIL.

This Notice will tell you about the ways in which we may use and disclose medical information about you.

We endeavor to:

make sure that medical information that identifies you is kept private;

make available to you this Notice of our privacy practices with respect to medical information about you; and

follow the terms of the Notice that is currently in effect. This Notice may change, in the manner described below under "CHANGES TO THIS NOTICE".

### HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures, we provide examples, but not every use or disclosure in a category is listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**For Payment.** We may discuss medical information about you with healthcare providers so that the treatment and services you receive at healthcare providers may be billed and payment may be collected. We may also discuss your treatment with your primary health plan. We may receive paid claims and encounter data about the care you received from healthcare providers from other health plans.

**For Health Care Operations.** We may use and disclose medical information about you for JAIL operations. These uses and disclosures are necessary to run LEOFF 1 operations and make sure that all of our members receive quality care. For example, we may use medical information to review the treatment and services provided by contracted providers and to evaluate the performance of providers in caring for you. We may also combine medical information about many JAIL members to decide what additional services JAIL should offer, what services are not needed, and whether certain new treatments are effective. We may also combine the medical information we have with medical information from other health plans to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information, so others may use it to study health care and health care delivery without learning who the specific members are.

**Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

**Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort, so that your family can be notified about your condition, status and location.

**Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all members who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with members' need for privacy of their medical information. Before we use or disclose medical information for research being conducted, the project will have been approved through this research approval process. However, we may disclose medical information about you to people preparing to conduct a research project, for example, to help them look for members with specific medical needs, so long as the medical information they review does not leave JAIL. We will almost always ask for your specific permission (on an authorization form) if the researcher will have access to your name, address or other information that reveals who you are.

**As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

**Special Situations.** We may also use and disclose medical information about you in the situations described under "SPECIAL SITUATIONS" below.

## OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written authorization. A form for those authorizations, both those that you request and those that we request, is available from our Compliance Office at the location noted on the first page of this Notice. If you give us an authorization, you may later revoke that permission in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. In that case, however, we will be unable to take back any disclosures we have already made with your permission, and we will still be required to retain our records of the care that we provided to you.

## SPECIAL SITUATIONS

**Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities or, some cases if needed to determine benefits, to the Department of Veterans Affairs. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

**Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:  
In response to a court order, subpoena, warrant, summons or similar process;  
To identify or locate a suspect, fugitive, material witness, or missing person;  
About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;  
About a death we believe may be the result of criminal conduct;  
About criminal conduct at JAIL; and  
In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**National Security, Intelligence and Federal Protective Service Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law, and to authorized federal officials where required to provide protection to the President of the United States, other authorized persons or foreign heads of state or conduct special investigations.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official where necessary for the institution to provide you with health care; to protect your health and safety or the health and safety of others; or for the safety and security of the correctional institution.

## YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

**Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

You must submit any request to inspect and copy your medical information to our Compliance Office at the location noted on the first page of this Notice, in writing. (A form for that request is available from that office.) If you request a copy of your information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by JAIL will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of that review.

**Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of the disclosures we have made of medical information about you, with some exceptions. The exceptions are governed by federal health privacy law, and include routine disclosures for treatment, payment and operations conducted pursuant to your signed consent form.

You must submit any request for an accounting of disclosures to our Compliance Office at the location noted on the first page of this Notice, in writing. (A form for that request is available from that office.) Your written request must state a time period, which may not be longer than six years and may not include dates before April 14, 2004, when current federal health privacy laws became effective for LEOFF 1. Your request should indicate whether you want the report on paper or electronically. The first report you request within a 12-month period will be free. For additional reports, we may charge you for the costs of providing the report. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. Please note that we are *not required* to agree to your request. However, if we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

You must submit any request for restrictions to our Compliance office at the location noted on the first page of this Notice, in writing. (A form for that request is available from that office.) Your written request must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

You must submit any request for confidential communications restrictions to our Compliance office at the location noted on the first page of this Notice, in writing. (A form for that request is available from that office.) Your written request must tell us how or where you wish to be contacted. We will not ask you the reason for your request. We will accommodate all reasonable requests.

**Right to a Paper Copy of This Notice.** You may ask us to give you a paper copy of this Notice at any time, even if you have agreed to receive this Notice electronically, by contacting our Compliance office at the location noted on the first page of this Notice. [You may also obtain a copy of this Notice at our website, [www.\\_\\_\\_\\_](http://www.____).]

#### CHANGES TO THIS NOTICE

We reserve the right to change this Notice. When we do, we may make the changed Notice effective for medical information we already have about you then, as well as any information we receive in the future. We will post a copy of the current Notice in our Compliance Office. Each Notice will contain on the first page, in the top right-hand corner, its effective date.

#### COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with LEOFF 1. To file a complaint with LEOFF 1, contact our Compliance office at the location noted on the first page of this Notice. All complaints must be submitted in writing. **YOU WILL NOT BE PENALIZED FOR FILING A COMPLAINT.**