



**Public Health**  
Prevent. Promote. Protect.

**Woodford County  
Health Department**

1831 S. Main Street  
Eureka, Illinois 61530  
Phone: 309/467 3064  
Fax: 309/467-5104  
www.woodfordhealth.org

## **WOODFORD COUNTY HEALTH DEPARTMENT PRIVACY NOTICE**

**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.**

### **WHO WILL FOLLOW THIS NOTICE**

This notice describes the information practices of the Woodford County Health Department, which consist of:

- Any health care professional authorized to enter information into your chart and/or electronic health record.
- Any member of a volunteer group we allow to help you while you are at the Health Department.
- All employees, staff and volunteers.

### **OUR PLEDGE REGARDING MEDICAL INFORMATION**

We understand that medical information about you and your health is personal. We are committed to protecting your medical information. This notice applies to all of the records of your care generated by the Woodford County Health Department and made by the Health Department's Personnel. Your personal doctor may have different policies and notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to your medical information; and

- Follow the terms of this notice or any subsequent notice that is later in effect.

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

The following categories describe different ways that we use and disclose your medical information. For each category of uses or disclosures we will explain what we mean and give some examples. Not every use or disclosure in any category is listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**For Treatment.** We may use your medical information to provide you with medical treatment or services. We may disclose your medical information to doctors, nurses, technicians, or other hospital personnel who are involved in taking care of you. For example, a doctor treating you for a cut may need to know when you had your last tetanus shot.

We will comply with the requirements of those Illinois laws that limit the use and disclosure of certain medical information even with regard to treatment activities. For example, we will not use or disclose any information regarding your HIV or AIDs status, mental health or developmental disabilities information without your authorization, except as otherwise permitted by those laws regulating the use and disclosure of such information.

**For Payment.** We may use and disclose your medical information so that the treatment and services you receive at the Health Department may be billed and payment may be collected from Medicare, Medicaid, Medicaid HMOs or other private insurance companies.

**Appointment Reminders.** We may use and disclose your medical information to contact you to remind you that you have an appointment at the Health Department.

**Treatment Alternatives.** We may use and disclose your medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health-Related Benefits and Services.** We may use and disclose certain medical information about you, including your name, address, and phone number to send you information about our services that may be of benefit or interest to you. Health Department Personnel also may contact you to provide appointment reminders.

**Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. All research projects, however, are subject to a special approval process. Before we use or disclose medical information for research, the project will have been approved through this research approval process. We may, however, disclose medical information about you to people preparing to conduct a research project, so long as the medical information they review does not leave the facility. We will always ask for your permission 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 your medical information when required to do so by any federal, State or local law.

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

**Incidental Uses and Disclosures.** Health Department Personnel may use and disclose your medical information incidental to another use or disclosure of your medical information that is permitted or required under law.

**Limited Data Sets.** Health Department Personnel may use or disclose a limited data set of your medical information for purposes of research, public health, or health care operations. Prior to our release, any recipient of that limited data set must agree to appropriately safeguard your information.

**Health Oversight Activities.** We may disclose medical information about you to health oversight agencies for activities authorized by law. These activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for government to monitor the healthcare system, governmental programs and civil rights laws.

**Lawsuits and Disputes.** We may disclose medical information about you in response to a subpoena, discovery request or other lawful order from a court.

**Law Enforcement.** We may release medical information about you if asked to do so by a law enforcement official as part of law enforcement activities; in investigations of

criminal conduct or victims of crime; in response to court orders; in emergency circumstances; or when required to do so by law.

**Protective Services for the President, National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations, or for intelligence, counter intelligence and other national security activities authorized by law.

### **Special Situations**

- **Organ and Tissue Donation.** If you are an organ donor/recipient, we may release medical information about you to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank.
- **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.
- **Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs that provide benefits for work-related injuries or illness.
- **Public Health Risks.** We may release medical information about you for public health activities, including the following:
  - To prevent or control disease, injury or disability;
  - To report births and deaths;
  - To report child abuse or neglect;
  - To report reactions to medications or problems with products;
  - To notify people of recalls of products they may be using;
  - As permitted by State law, to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
  - To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.

## **YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION**

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

**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 certain locations. For example: You can ask that we contact you only at work or by mail.

You must make your request for confidential communications in writing and must submit this request to the Health Department. Your request must specify how or where you wish to be contacted.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose for treatment, payment or healthcare options. 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, such as a family member or friend.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the Woodford County Health Department, 1831 S. Main Street, Eureka, IL 61530. In your request, you must state: (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.

**Right to Inspect and Copy.** You have the right to inspect and copy certain medical information that may be used to make decisions about you.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at the Woodford County Health Department.

## **GRIEVANCES OR FURTHER INQUIRES**

If you believe that the Health Department Personnel have violated your privacy rights, you may file a complaint with the Woodford County Health Department, or with the Secretary of the Department of Health and Human Services. To file a complaint with the Health Department, please contact the Health Department Administrator at (309) 467-3064. The Health Department will not retaliate against you for filing a complaint. To file a complaint with the Department of Health and Human Services, please call (877) 696-6775.

## **AMENDMENTS**

The Health Department reserves the right to amend the terms of this Privacy Notice at any time and to apply the terms of the revised Privacy Notice to all medical information that it maintains. If the Health Department amends this Privacy Notice, you will be provided with a revised copy at your next visit, or upon your request. The revised Privacy Notice will also be available on the Health Department's web site, [www.woodfordhealth.org](http://www.woodfordhealth.org).

## **OTHER USES OF MEDICAL INFORMATION**

Uses and disclosures of your medical information not covered by this Notice or the laws that apply to the Health Department and its Personnel will be made only with your written permission. If you provide us with permission to use or disclose medical information about you, you may 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 authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.



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## **Acknowledgement of Receipt of Woodford County Health Department's Privacy Notice**

By signing this document, I acknowledge that I have received a copy of Woodford County Health Department's Privacy Notice.

\_\_\_\_\_  
Client's Name (Print)

\_\_\_\_\_  
Client or Legal Guardian Signature

\_\_\_\_\_  
Date