

NOTICE OF PRIVACY PRACTICES
STATE OF SOUTH DAKOTA DEPARTMENT OF HEALTH

Effective April 14, 2003

**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 Officer at (605) 773-3361 or doh.sd.gov.

We are required to provide you with this *Notice of Privacy Practices* and to explain our legal duties under the federal Health Insurance Portability and Accountability Act (HIPAA). We are the public health agency in South Dakota that prevents and controls the spread of infectious diseases, promotes health through education and the provision of specified health care services and screenings, provides laboratory testing, maintains the state's vital records systems, and administers regulatory programs related to health care facilities and health protection. To provide some of these services, we must collect certain information about you that may be considered "protected health information". We are required by law to maintain the privacy of any protected health information that we collect and maintain.

"Protected health information" is defined as individually identifiable health information. This includes demographic information, for example, age, address, and account numbers, and information that relates to your past, present, or future physical or mental health or condition and related health care services.

This notice explains:

- How we may use or disclose your protected health information.
- When we must get your permission to use or disclose your protected health information.
- Your rights regarding your protected health information.
- That you will be asked to sign an acknowledgement of receipt of this notice.
- That we may make changes to this notice.
- That you may file a complaint if you believe your privacy rights have been violated.

HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION

This section describes permitted uses and disclosures of your protected health information and contains examples. All situations are not described.

For Treatment. We may use or disclose your protected health care information to provide, coordinate, or manage your health care and related services. This includes the coordination or management of your health care with a third party. For example, information from your medical record (i.e., weight, blood pressure, certain test results, etc.) may be shared with another health care provider for further diagnosis and treatment of your condition.

For Payment. We may use or disclose your protected health care information to obtain payment or to pay for the health care services you receive. For example, information from your medical record (i.e., weight, blood pressure, certain test results, etc.) may be shared with your insurance company for reimbursement purposes.

For Health Care Operations. We may use or disclose your protected health care information in order to manage our agency programs and activities. For example, information from your medical record (i.e., weight, blood pressure, certain test results, etc.) may be shared between Department of Health programs in order to more efficiently manage your care.

As Required by Law. We may use or disclose your protected health information when required by federal or state law.

As Required for Law Enforcement. We may use or disclose your protected health information when required by court order, subpoena, warrant, summons, or similar legal process.

Public Health Activities. We may use and disclose your protected health information for public health activities, such as vital statistics and disease control, and may disclose it to other public health agencies for public health activities.

Public Health Oversight Activities. We may use or disclose your protected health information for public health oversight activities, such as inspecting health care providers.

Abuse Reports and Investigations. We are required by law to receive and investigate reports of abuse.

To Avert a Serious Threat to Health or Safety. We may use or disclose your protected health information when necessary to prevent a serious threat to the health or safety of you or other individuals.

For Research. We may use or disclose your protected health information for research studies and to develop research reports. However, the results of the studies and reports do not identify specific people.

For Appointments & Other Health Information. We may send you reminders for medical care or checkups. We also may use or disclose your protected health information as needed to provide you with information about treatment alternatives or other health-related benefits and services that might interest you. For example, we may use your name and address to send information to you about our programs and services or about other products or services that we believe might benefit you. You have the right to limit our use and disclosure for this purpose.

Disclosures to Family, Friends, & Others. We may disclose your protected health information to your family or other persons involved in your medical care. You have the right to limit our use and disclosure for this purpose.

WHEN WE NEED YOUR PERMISSION TO USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Except for the purposes identified in the section above, we will not use or disclose your protected health information unless we have your specific written authorization. You have the right to revoke a written authorization at any time as long as you do so in writing.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have certain rights regarding your protected health information, as listed below. To exercise these rights, you must submit a written request on a form that you can obtain from our Compliance Officer. In some instances, we may charge you for the costs associated with providing you with the information you request.

Our Compliance Officer can answer your questions and give you guidance in pursuing these rights. Please be aware that we may deny your requests under certain circumstances authorized by law. You also may seek a review of our denial under certain circumstances as authorized by law.

Right to Access, Inspect, and Copy. You may access, inspect, and obtain a copy of your protected health information for as long as we maintain the protected health information. This right does not include access to the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to law that prohibits access to protected health information.

Right to Request Amendment. If you believe that the information we have about you is incorrect or incomplete, you may request an amendment to your protected health information as long as we maintain this information. However, we may deny your request for certain reasons authorized by law.

Right to an Accounting of Disclosures. You may request that we provide you with an accounting of the disclosures we have made of your protected health information. However, we may deny your request for certain reasons authorized by law.

Right to Request Restrictions. You may ask us to not use or disclose any part of your protected health information for treatment, payment, or health care operations. However, we may deny your request for certain reasons authorized by law.

Right to Request Confidential Communications. You may request that our communications with you remain confidential and that we communicate with you using alternative means or an alternative location. We will not ask you the reason for your request. We will accommodate reasonable requests, when possible.

Right to Obtain a Copy of this Notice. You have the right to ask for a paper copy of this notice at any time.

ACKNOWLEDGEMENT OF RECEIPT OF THIS NOTICE

You will be asked to provide a signed acknowledgment of receipt of this notice. The delivery of your health care services or your participation in any of our programs will in no way be discontinued if you decline to sign an acknowledgement. Even if you decline, we may use and

disclose your protected health information for treatment, payment, health care operations, and other program activities when necessary and authorized by law.

CHANGES TO THIS NOTICE & HOW TO GET A COPY

We will abide by the terms of this notice, including any future revisions that we may make to this notice as required or authorized by law. This notice is effective in its entirety as of **April 14, 2003**. We reserve the right to change this notice and to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future.

You may obtain a copy of our current *Notice of Privacy Practices* by accessing our website at doh.sd.gov, calling our Compliance Officer at (605) 773-3361 or asking for a printed copy at any of our offices.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a written complaint with our Compliance Officer or the Secretary of the U.S. Department of Health and Human Services. No retaliation will occur against you for filing a complaint.

CONTACT INFORMATION

You may contact our Compliance Officer for further information about the complaint process, or for further explanation of this document. Our Compliance Officer may be contacted at:

South Dakota Department of Health
Attn: HIPAA Compliance Officer
600 East Capitol Avenue
Pierre, South Dakota 57501-2536
(605) 773-3361
doh.sd.gov

This notice is effective in its entirety as of April 14, 2003.