



JCDH NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL AND DENTAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective Date: This Notice takes effect March 1, 2024 and stays in effect until replaced.

Who will follow this Notice

This Notice describes the health information practices of Jefferson County Department of Health (JCDH) medical and dental clinics. All JCDH medical and dental clinics follow the terms of this Notice. In addition, the clinics may share health information with each other for treatment, payment, or health care operations purposes described in this Notice.

Our pledge regarding health information

We understand that information about you and your health is personal, and we are committed to protecting the information we collect about you. We create a record of the services you receive at our clinics to ensure we provide you with quality care and to comply with certain legal requirements. This Notice applies to all the records of your care generated by JCDH clinics. This Notice will tell you about the ways in which we may use and disclose health information about you, certain obligations we have regarding the use and disclosure of health information and describes your rights. We are required by law to:

- Make sure that health information that identifies you is kept private;
- Give you this Notice of our legal duties and privacy practices with respect to health information about you;
- Notify you in the case of a breach of your identifiable health information; and
- Follow the terms of the Notice that is currently in effect.

How we may use and disclose health information about you

The following categories describe different ways that we use and disclose health information. While every use or disclosure may not be listed, all permitted uses and disclosures will fall within one of the categories.

For Treatment and Treatment Alternatives. We may use health information about you to provide, coordinate, and manage your healthcare, treatment, and related services. This may include communication with your JCDH healthcare team, or with other providers outside of JCDH when coordinating healthcare services and/or treatment for you. For example, if you or your child is referred to a specialist, the specialist may need to know certain lab test or X-ray results that will impact your care. In addition, we may use and disclose your health information to tell you about or recommend treatment options or alternatives that may be of interest to you. For example, if you are diagnosed with diabetes, we may tell you about nutritional or other counseling services.

For Payment. We may use and disclose your health information to you, an insurance company, or a third-party vendor for the purposes of billing and collecting payment for treatment and services provided to you.

For Routine Health Care Operations. We may use and disclose your health information to conduct activities that are called healthcare operations. Examples of healthcare operations include, but are not limited to reviewing and improving the quality, efficiency, and cost of care provided to you and other patients, evaluating the skills and performance of our staff, providing training for students and our staff, cooperating with oversight agencies to evaluate the quality of care we provide, and other business management activities.

For Contacting You. We may use and disclose information to contact you about appointments, surveys, provide instructions about your care, or other general communications. We may contact you by mail, telephone, email, or text message based on your preferred method if noted in your record.

De-Identified Information and Limited Data Set. We may use your health information to create "de-identified" information that is not identifiable to any individual in accordance with HIPAA guidelines. The de-identified information may be combined with other de-identified data to create a limited data set. Limited data sets are used and disclosed to evaluate the health of a community, for business operations, or for public health purposes. If the limited data set is disclosed to an outside agency, the agency must sign an agreement to protect the information.

Individuals Involved in Your Care or Payment for Your Care. We may share with a family member, friend, or other person identified by you who participates in your care, health information that is directly relevant to that person's involvement in your care or payment for your care. In addition, we may disclose health 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.

Electronic Health Information Exchange (HIE). We may elect to participate in a HIE that permits health care providers or other health care entities such as health care plans/insurers to share your health information for treatment, payment, or other purposes permitted by law. If JCDH elects to participate in an HIE in the future, the name of the HIE will be listed on our website. You have the right to restrict your health information from being disclosed to an HIE. You can inform staff during registration or send your request to the Privacy Officer at hipaaprivacyofficer@jcdh.org. We will make reasonable efforts to limit the sharing in HIEs if you opt out.

Opting out will not recall information that has already been shared.

Business Associates. There are services provided at JCDH through contracts with business associates. Examples include copier service we use to print your health record, consultants, accountants, lawyers, and language interpretation services. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we have asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information.

SPECIAL SITUATIONS

We may use and disclose health information about you for circumstances where you do not have to consent, give authorization, or otherwise have an opportunity to agree or object. These include:

As Required by Law. We will disclose health information about you when required to do so by federal, state, or local law or other judicial or administrative hearings.

To Avert a Serious Threat to Health or Safety. We may use and disclose your health information when necessary to avert a serious threat to your health and safety or the health and safety of the public. Any disclosure would only be to someone able to help prevent or reduce the threat.

Public Health Activities. We may disclose your health information to appropriate government authorities for public health activities. These include:

- To prevent or control disease, injury, or disability;
- To report notifiable diseases;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- For recalls of medications or products;
- To notify someone who may have been exposed to a disease or may be at risk of contracting or spreading a disease;
- To report adults who may be the victim of abuse or neglect;
- To support public health surveillance and combat bioterrorism; and
- To report administered vaccines to the state immunization registry.

Health Oversight Activities. We may disclose health 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. During any judicial or administrative proceeding, we may disclose your health information in response to a court or administrative order, subpoena, discovery request, or other lawful process.

Law Enforcement. We may disclose health information for law enforcement purposes as required by law, in response to a valid subpoena, for identification and location of fugitives, witnesses, or missing persons, for suspected victims of crime, for deaths that may have resulted from criminal conduct, and for suspected crimes on the premises.

Coroners, Medical Examiners and Funeral Directors. We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

Organ and Tissue Donation. If you are an organ donor, we may use or release health information to organizations that manage organ procurement or other entities engaged in procurement, banking, or transportation of organ, eye, or tissue to facilitate organ or tissue donation and transplantation.

Specialized Government Functions. We may disclose health information about you as it relates to military and veterans' activities, national security and intelligence activities, protective services for the President, and medical suitability determinations of the Department of State.

Workers' Compensation. We may release your health information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Inmates or Individuals in Custody. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your health information to the correctional institution or law enforcement official. This release is required 1) for the institution to provide you with health care; 2) to protect your health and safety or the health and safety of others; and/or 3) for the safety and security of the correctional facility.

Other uses and disclosures. We will obtain your authorization to use or disclose your psychotherapy notes (other than for uses permitted by law without your authorization); to use or disclose your health information for marketing activities; and prior to selling

your health information to any third party. Any uses and disclosures not described in this Notice will be made only with your written authorization.

Your rights regarding healthcare information about you

All records concerning your care and treatment are the property of JCDH. However, you have the following rights regarding health information we create, store, and maintain about you:

Right to Inspect and Receive a Copy. You have the right to inspect and obtain a copy of your health information. You are encouraged to register for a Patient Portal that provides direct access to the information contained in your record. To register for the Patient Portal, you can request assistance at your next visit or call (205) 588-JCDH (5234). To request to inspect your record, contact the Release of Information Division at (205) 930-1491 or email at roi.info@jcdh.org for more information.

To obtain a copy of your health information, you must submit a written request using the Authorization to Disclose Protected Health Information form. Forms can be obtained at any JCDH clinics, on our website www.jcdh.org, or by emailing roi.info@jcdh.org. An Authorization to Disclose Protected Health Information form must be completed by the patient, legal guardian, or patient representative to obtain a copy of your health record. Under certain situations, we may deny your request in writing, describing the reason for the denial, and your rights to request a review of our denial. We reserve the right to charge a fee for the costs of copying, mailing, or other supplies associated with your request.

Right to Amend. You have the right to request that we make amendments to clinical, billing, and other records used to make decisions about your care. Your request must be in writing and explain the reason(s) for the amendment. Please note you may be required to provide sufficient proof to support the requested amendment. You can obtain the Request for Amendment of Health Information form at any JCDH clinic, from our website www.jcdh.org, or you can request a form be mailed to you by calling (205) 588-JCDH (5234). The completed form and supporting documents can be faxed to (205) 930-1305, mailed (address below) or sent via secure email to roi.info@jcdh.org or hipaaprivacyofficer@jcdh.org:

Release of Information Division
Jefferson County Department of Health
1400 6th Avenue South
Birmingham, Alabama 35233

We may deny your request to amend your health information for the reasons below. We will tell you in writing the reason for the denial and describe your rights to give us a written statement disagreeing with the denial. Potential reasons for denial are listed.

- The health information was not created by JCDH.
- The information is not part of the health information used to make decisions about you.
- We believe the health information is correct and complete.
- You would not have the right to inspect and copy the record as described above.

If we accept your request to amend the health information, we will make reasonable efforts to inform others of the amendment, including persons you name that have received your health information.

Right to an Accounting of Disclosures. You have the right to request an accounting of disclosures or list of certain disclosures of health information we made about you. You may request a list of the disclosures made up to six years before the request date. Below are exceptions that will not be included on the list.

- Disclosures made for treatment, payment, or operations.
- Disclosures occurring as a by-product of permitted uses and disclosures.
- Disclosures made to you, requested by you, or that you authorized.
- Disclosures made to individuals involved in your care.
- Disclosures made for national security, intelligence purposes, or for disaster relief.
- Disclosures made to correctional institutions or law enforcement.
- Disclosures made as a limited data set that does not include certain health information that would identify you.

This list will include the date of the disclosure, the name (and address if available) of the person or organization who received your health information, a brief description of the health information disclosed, and the purpose of the disclosure. To request an accounting of disclosures, you must submit a Request for Accounting of Disclosures form to the Release of Information Division using the address referenced above or by emailing completed form to roi.info@jcdh.org. Forms can be obtained at any JCDH clinic, from our website www.jcdh.org, or you can request a form be mailed to you by calling by calling (205) 588-JCDH (5234). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the cost of providing the list. 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 that we restrict or limit the use or disclosure of your health information. You also have the right to request a limit on the health information we disclose about you to someone who participates in your care or the payment for your care, like a family member or friend. We may not agree to your request to restrict the use or disclosure with

one exception: We will honor your request to restrict a disclosure to your health plan if the disclosure is for payment or healthcare operations purposes (and it is not otherwise required by law) and the health information pertains solely to items or services which you paid for out of pocket in full. If we agree to your request, there are certain situations that arise in the future when we may not be able to comply with your request. These situations include emergency treatment, disclosures to the Department of Health and Human Services, and uses and disclosures that do not require your authorization.

Request for restrictions must be submitted in writing by completing the Request for Restrictions of Use and Disclosures of Health Information form. You may obtain the form at any JCDH clinic, from our website www.jcdh.org, or you can request a form be mailed to you by calling (205) 588-JCDH (5234). Completed forms can be given to your health care team, mailed to the Release of Information Division using the address referenced above or emailed to roi.info@jcdh.org or hippaprivacyofficer@jcdh.org via secure email.

Right to Request Alternative Confidential Communications. You have the right to request that we communicate with you about health care 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. We will accommodate reasonable requests; however, we may condition that accommodation on you providing us with information regarding how payment, if any, will be managed and your specification of an alternative address or other method of contact. To request confidential communications, you must make your request in writing using the Request for Alternative Confidential Communications form. Forms can be obtained at any JCDH clinic, from our website at www.jcdh.org or you can request a form be mailed to you by calling (205) 930-JCDH (5234). Completed forms can be given to your healthcare team, mailed to the Release of Information Division using the address referenced above or by secure email to hipaaprivacyofficer@jcdh.org. We will not ask you the reason for your request.

Right to Revoke Authorization. You have the right to revoke your authorization to use or disclose your health information except to the extent that action has already been taken in reliance on your authorization.

Right to a Paper Copy of This Notice. You have the right to receive a paper copy of this Notice. You may request a copy at any time from any of our clinics or by contacting the JCDH Privacy Officer at hipaaprivacyofficer@jcdh.org. You may view an electronic copy of this Notice by visiting our website www.jcdh.org.

Changes to this Notice

We reserve the right to change this Notice. We also reserve the right 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. We will post a copy of the current Notice in JCDH facilities with the effective date on the first page. In addition, you can request a copy of the current Notice in effect at any time.

Contact for Questions or Complaints

If you have concerns regarding this Notice or our privacy policies, if you believe your privacy rights have been violated, or you wish to file a complaint about our privacy practices, you may contact:

Privacy Officer

Jefferson County Department of Health

1400 6th Avenue South

Birmingham, Alabama 35233

(205) 930-1535

hipaaprivacyofficer@jcdh.org

You may also send a written complaint to the United States Secretary of the Department of Health and Human Services. You will not be retaliated against for filing a complaint.

Notice effective date is March 1, 2024.