
Changes to This Notice

We reserve the right to revise this notice. A revised notice will be effective for medical information we already have about you as well as any information we may receive in the future. We are required by law to comply with whatever notice is currently in effect. Any changes to the notice will be posted within our facility.

How to Use Your Rights Under this Notice

If you want to use your rights under this notice, you may call us or write to us. If your request to us must be in writing, we will help you prepare your written request, if you wish.

◆ Complaints to the Federal

Government: If you believe that your privacy rights have been violated, you have the right to file a complaint with the federal government. You may write to:

**Office of Civil Rights
Dept. of Health & Human Services
200 Independence Avenue, SW
Washington, D.C. 20201
Phone: 866-627-7748
TTY: 886-788-4989**

Email: ocrprivacy@hhs.gov

You will not be penalized for filing a complaint with the federal government.

◆ Complaints and Communications

to Us: If you want to exercise your rights under this notice or if you wish to communicate with us about privacy issues or if you wish to file a complaint, you can write to:

Privacy Officer
Lapeer County Health Department
1800 Imlay City Road
Lapeer, MI 48446
(810) 667-0391
Website: lchd.lapeer.org

You will not be penalized for filing a complaint.

Copies Of This Notice

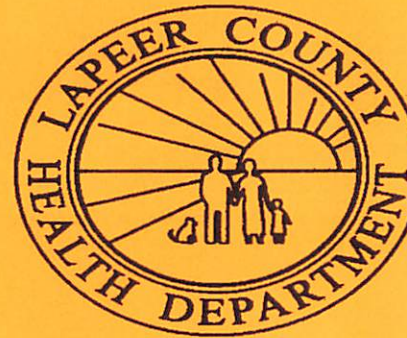
You have the right to receive an additional copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. Please call or write to us to request a copy.

This notice is available in other languages and alternate formats that meet the guidelines for the Americans with Disabilities Act (ADA) upon request.

Esta notificación está disponible en otras lenguas y formatos diferentes que satisfacen las normas del Acta de Americans with Disabilities (ADA).

For Further Information contact:

Administrative Services Secretary
(810) 667-0391, Ext. #7



Lapeer County
Health Department
is an Equal Opportunity Employer,
Services and
Program Provider

LAPEER COUNTY HEALTH DEPARTMENT

PRIVACY NOTICE

**For All Health
Department Programs**

**Effective
*November 01, 2013***

LAPEER COUNTY HEALTH
DEPARTMENT
PRIVACY NOTICE
For Clients Using Services

Effective:
November 01, 2013

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

**Understanding the Type of
Information We Have.** We get
information about you when you
receive services from us. It may
include your date of birth, sex, ID
number and other personal
information. We may submit and
obtain bills, reports from your doctor
and other data about your medical
care.

Our Privacy Commitment to You.

We care about your privacy. The information we
collect about you is private. We are required to
give you a notice of our privacy practices. Only
people who have both the need and the legal
right may see your information. Unless you give
us permission in writing, we will only disclose your
information for the purposes of treatment,
payment, and business operations or when we are
required by law to do so.

◆ **Treatment:** We may disclose medical
information about you to coordinate your
health care. For example, we may notify
your doctor about care you get here. We
may also send appointment reminders to
you. You may tell us how you would prefer
to receive these reminders.

◆ **Billing:** We may use and disclose
information so the care you get can be
properly billed and paid for. For example, we
may ask your treatment provider before we
submit the bill for your care.

◆ **Business Operations:** We may need
to use and disclose information for our
business operations. For example, we may
use information to review the quality of care
you get.

◆ **Exceptions:** For certain kinds of
records, your permission may be needed
even for release for treatment, payment and
business operations.

◆ **Your Right to Amend:** You may ask
us to change your records if you feel there is
a mistake. We can deny your request for
certain reasons, but we must give you a
written reason for our denial.

◆ **Your Right to a List of
Disclosures:** You have the right to ask for
a list of disclosures made after **November
01, 2013**. This list will not include the times
that information was disclosed for treatment,
payment, or health care operations. The list
will not include information provided directly
to you or your family, or information that
was sent with your authorization.

◆ **Your Right to Request Restrictions
on Our Use or Disclosure of
Information:** You have the right to ask
for limits on how your information is used or
disclosed. We are not required to agree to
such requests.

◆ **Your Right to Request
confidential Communications:** You
have the right to ask that we share
information with you in a certain way or in a
certain place. For example, you may ask us
to send information to your work address
instead of your home address. You do not
have to explain the basis for your
request.

◆ **As Required by Law:** We will
release information when we are required
by law to do so. Examples of such releases
would be for law enforcement or national
security purposes, subpoenas or other court
order, communicable disease reporting,
disaster relief, review of our activities by
government agencies, to avert a serious
threat to health or safety or in other kinds
of emergencies.

◆ **With Your Permission:** If you give
us permission in writing, we may use and
disclose your personal information. If you
give us permission, you have the right to
change your mind and revoke it. This must
be in writing, too. We cannot take back any
uses or disclosures already made with your
permission.

Your Privacy Rights

You have the following rights regarding the
health information that we have about you.
Your requests must be made in writing to
the Lapeer County Health Department at
the address on the back of this pamphlet.

◆ **Your Right to Inspect and Copy:**
In most cases, you have the right to look at
or get copies of your records. You may
request an electronic copy of records held
in electronic format. You may be charged a
fee for the cost of copying your records.
