Notice of Privacy Practices

Tacoma-Pierce County Health Department
Healthy People in Healthy Communities

This notice describes how we may use and disclose medical information about you and how you can access this information. Please review it carefully.

We are committed to protecting the confidentiality of your medical information and are required by law to do so. This notice describes how we may use your medical information within Tacoma-Pierce County Health Department and when we may disclose it to others outside the Health Department. This notice also describes the rights you have concerning your own medical information. Please review it carefully and let us know if you have questions.

How will we use and disclose your medical information?

Treatment

We may use your medical information to provide you with medical services and supplies. We may also disclose your medical information to others who need that information to treat you, such as doctors, physician assistants, nurses, medical and nursing students, technicians, therapists, emergency service and medical transportation providers, medical equipment providers, and others involved in your care. For example, we will allow your physician to have access to your Health Department medical record to assist in your treatment at the Health Department and for follow-up care.

We also may use and disclose your medical information to contact you to remind you of an upcoming appointment, to inform you about possible treatment options or alternatives, or to tell you about health-related services available to you.

Family members and others involved in your care

We may disclose your medical information to immediate family members or another person with whom you have a close personal relationship. We also may disclose your medical information to disaster relief organizations to help locate a family member or friend in a disaster. If you do not want the Health Department to disclose your medical information to family members or others as outlined here, write to:

Tacoma-Pierce County Health Department
Attention: Privacy Officer
3629 S. D St.
Tacoma, WA 98418-6813

Payment

We may use and disclose your medical information to get paid for the medical services and supplies we provide to you. For example, your health plan or health insurance company may ask to see parts of your medical record before they will pay us for your treatment. We may provide this information to them according to the terms set in your prior authorization.

Health Department operations

We may use and disclose your medical information if it is necessary to improve the quality of care we provide to patients or to run the Health Department. We may use your medical information to conduct quality improvement activities, to obtain audit, accounting or legal services, or to conduct business management and planning. For example, we may look at your medical record to evaluate whether Health Department personnel, your doctors, or other healthcare professionals did a good job.

Research
We may use or disclose your medical information for research projects, such as studying the effectiveness of a treatment you received. These research projects must go through a special process that protects the confidentiality of your medical information.

Required by law
Federal, state, or local laws sometimes require us to disclose patient medical information. For instance, we are required to report the abuse or neglect of children or vulnerable adults. We also are required to give information to the State Workers' Compensation Program for work-related injuries.

Public health
We also may report certain medical information for public health purposes. For instance, we report communicable diseases to the state. We also may need to report patient problems with medications or medical products to the FDA or may notify patients of recalls of products they are using.

Public safety
We may disclose medical information for public safety purposes in limited circumstances. We may disclose medical information to law enforcement officials in response to a search warrant or a grand jury subpoena. We also may disclose your medical information to law enforcement officials and others to prevent an imminent threat to health or safety.

Health oversight activities
We may disclose medical information to a government agency that oversees the Health Department or its personnel, such as Washington State Department of Health, the federal agencies that oversee Medicare, Medical Quality Assurance Commission, or Nursing Quality Assurance Commission. These agencies need medical information to monitor the Health Department's compliance with state and federal laws.

Coroners, medical examiners, and funeral directors
We may disclose medical information concerning deceased patients to coroners, medical examiners, and funeral directors to assist them in carrying out their duties.

Organ and tissue donation
If you are an organ donor, we may disclose medical information to organizations that handle organ, eye, or tissue donation or transplantation.

Judicial proceedings
The Health Department may disclose medical information if ordered to do so by a court or if they receive a subpoena or a search warrant. You will receive advance notice about this disclosure in most situations so that you will have a chance to object to sharing your medical information.

Information with additional protection
Certain types of medical information have additional protection under state and federal law. For instance, medical information about HIV and sexually transmitted diseases, mental health, and alcohol and drug abuse treatment receive special protection. For those types of information, the Health Department is required to get your permission before disclosing that information to others in many circumstances.

Other uses and disclosures
If the Health Department wishes to use or disclose your medical information for a purpose that is not discussed in this notice, the Health Department will seek your permission. If you give your permission to the Health Department, you may take back that permission any time, unless we or others have already taken substantial action in reliance on your permission to use or disclose the information.

If you ever would like to revoke your permission, notify the Health Department's Privacy Officer in writing at:

Tacoma-Pierce County Health Department
Attention: Privacy Officer
3629 S. D St.
Tacoma, WA 98418-6813

What are your rights?

Right to request your medical information

You have the right to look at your own medical information and to get a copy of that information. (The law requires us to keep the original record.) This includes your medical record, your billing record, and other records we use to make decisions about your care. To request your medical information, write to:

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3629 S. D St.
Tacoma, WA 98418-6813

If you request a copy of your information, we will charge you for our costs to copy the information. We will tell you in advance what this copying will cost. You can look at your record at no cost.

Right to request amendment of medical information you believe is erroneous or incomplete

If you examine your medical information and believe that some of the information is wrong or incomplete, you may ask us to amend your record. To ask us to amend your medical information, write to:

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Right to get a list of certain disclosures of your medical information

You have the right to request a list of many of the disclosures we make of your medical information. If you would like to receive such a list, write to:

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We will provide the first list to you free, but we may charge for any additional lists you request during the same year. We will tell you in advance what this list will cost.

Right to request restrictions on how the Health Department will use or disclose your medical information for treatment, payment, or healthcare operations

You have the right to ask us not to make uses or disclosures of your medical information to treat you, to seek payment for care, or to operate the Health Department. We will grant your request that we not disclose your medical information to a physician who previously treated you. We are not required to agree to other requests for restrictions, but if we do agree, we will comply with that agreement. If you want to request a restriction, describe your request in detail in writing and mail to:

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Right to request confidential communications

You have the right to ask us to communicate with you in a way that you feel is more confidential. For example, you can ask us not to call your home, but to communicate only by mail. To do this, write to:

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3629 S. D St.
Tacoma, WA 98418-6813

You can also ask to speak with your healthcare providers in private outside the presence of other patients—just ask them!

Right to a paper copy

If you have received this notice electronically, you have the right to a paper copy at any time. You may download a paper copy of the notice from our website, at tpchd.org, or you may obtain a paper copy of the notice at the Health Department.

Changes to the notice

From time to time, we may change our practices concerning how we use or disclose patient medical information, or how we will implement patient rights concerning their information. We reserve the right to change this notice and to make the provisions in our new notice effective for all medical information we maintain. If we change these practices, we will publish a revised Notice of Privacy Practices. You can get a copy of our current Notice of Privacy Practices at any time from our website, at tpchd.org.

Which healthcare providers are covered by this notice?

This Notice of Privacy Practices applies to the Health Department and its personnel, volunteers, students, and trainees.

Do you have concerns or complaints?

Please tell us about any problems or concerns you have with your privacy rights or how the Health Department uses or discloses your medical information. If you have a concern, call (253) 649-1500 or write:

Tacoma-Pierce County Health Department
Attention: Privacy Officer
3629 S. D St.
Tacoma, WA 98418-6813

If for some reason the Health Department cannot resolve your concern, you may also file a complaint with the federal government. We will not penalize you or retaliate against you in any way for filing a complaint with the federal government.

Do you have questions?

The Health Department is required by law to give you this notice and to follow the terms of the notice that is currently in effect. If you have any questions about this notice, or have further questions about how the Health Department may use and disclose your medical information, call (253) 649-1500 or write:

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