



## **Iroquois County Public Health Department**

### **PRIVACY NOTICE**

THE FOLLOWING NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THE INFORMATION CAREFULLY.

- Your confidential healthcare information may be released to other healthcare professionals for the purpose of providing you with quality healthcare
- Your confidential healthcare information may be released to your insurance provider for the purpose of this agency receiving payment for providing you with needed healthcare services.
- Your confidential healthcare information may be released to public or law enforcement officials in the event of an investigation in which you are a victim of abuse, a crime, or domestic violence.
- Your confidential healthcare information may be released to other healthcare providers in the event you need emergency care.
- Your confidential healthcare information may be released to another public health organization or federal organization in the event of a communicable disease or to report a defective device or adverse reaction to a biological product (food or medication).
- Your confidential healthcare information may not be released for any other purpose than that which is identified in this notice.
- Your confidential healthcare information may be released only after receiving written authorization from you. You may revoke your permission to release confidential healthcare information at any time.
- You may be contacted by this agency for the purposes of raising funds/making donations to support the agency's operations.
- You have the right to restrict the use of your confidential healthcare information. However, this agency may choose to refuse your restriction if it is in conflict of providing you with quality healthcare or in the event of an emergency situation.
- You have the right to receive confidential communication about your health status.
- You have the right to review and photocopy any/all portions of your healthcare information.
- You have the right to make changes to your healthcare information.
- You have the right to know who has accessed your confidential healthcare information and for what purpose.
- You have a right to possess a copy of this Privacy Notice upon request. This copy can be in the form of an electronic transmission or on paper.
- This agency is required by law to protect the privacy of its clients. It will keep confidential any and all protected client healthcare information. This Privacy Notice lists the practices that protect confidential healthcare information.
- Iroquois County Public Health Department will abide by the terms of this notice. This agency reserves the right to make changes to this notice and continue to maintain the confidentiality of all healthcare information. Current home-based clients will receive a copy of any changes to this notice within 60 days of making the changes.

## PRIVACY NOTICE

- If you feel your privacy rights have been violated, you have the right to complain to this agency without fear of intimidation or retaliatory acts. If you feel your privacy rights have been violated, please direct your complaint to:

ATTN: Public Health Administrator  
Iroquois County Public Health Department  
1001 E. Grant Street  
Watseka, Illinois 60970  
(815)432-2483

All complaints will be investigated. No personal issue will be raised for filing a complaint.

- For further information about the Privacy Notice, please contact:  
Privacy Officer  
(815) 432-2483
- This notice is effective as of July 1, 2014.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian (if child is under 18 years of age) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Adoption</b> 7/1/14	<b>Revisions</b>	<b>Review</b>	<b>Rescind</b>
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