



STATE OF ALABAMA DEPARTMENT OF  
**PUBLIC HEALTH**

Donald E. Williamson, MD  
State Health Officer

February 19, 2002

POLICY ID# 03-10  
CLEARED BY: DD  
DATE: 02-19-03

**MEMORANDUM**

**TO:** All ADPH Employees

**FROM:** Donald E. Williamson, MD  
State Health Officer

**SUBJECT:** ADPH Policy on Notice of Privacy Practices

The attached policy becomes effective April 14, 2003. Its purpose is to assure the department is in compliance with federal HIPAA regulations for privacy practices and for giving notice of such practices.

The policy requires that a copy of the Notice be offered to every person entering the clinic for services, be given to every home care patient, and be posted at every clinic site.

A master version of this policy statement will be available at [adph.org](http://adph.org).

DEW:fbk



POLICY ID# 03-10  
CLEARED BY: DD  
DATE: 02-19-03

STATE OF ALABAMA DEPARTMENT OF  
**PUBLIC HEALTH**

Donald E. Williamson, MD  
State Health Officer

**ALABAMA DEPARTMENT OF PUBLIC HEALTH  
NOTICE OF PRIVACY PRACTICES  
Effective Date: April 14, 2003**

**This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

**Permitted and Required Uses and Disclosures**

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. Protected health information (specifically, your medical, financial, and demographic information) collected about you by the Alabama Department of Public Health (hereinafter called "Department") shall be used in providing your health related care and services and in submitting reimbursement requests for services covered by your health insurance - Medicaid, Medicare, private, or other - at county health departments, in the home and at other sites throughout the state of Alabama. When you sign the {new form replacing CHR-3, Authorization for Services, and others} you are authorizing the Department to use and disclose some or all of your protected health information in one or more ways without your specific, further consent.

**Several examples of disclosures for treatment, payment or operations follow:**

- To Department employees involved in your care such as Physicians, nurse practitioners, dentists, other health professionals, and certain caregivers providing services to you under contract to the Department or through other provider arrangements
- To other Alabama county health departments where you may be receiving care or services
- For contacting the patient, parent, or legal custodian/guardian to provide appointment reminders
- For immunization information only, to the patient, parent, legal custodian/guardian, care giver, other provider (private or public), the patient's school or the patient's day care facility
- For negative skin tests, to the patient, parent, or legal custodian/guardian

- For lab results and to provide information about treatment alternatives, to the patient, parent, or legal custodian/guardian
- To Medicaid, Medicare, or the patient's insurance provider to verify eligibility or to request reimbursement for covered services
- To another agency for health oversight of activities as required by law or for quality reviews to assess the care and outcomes as documented in your health records in order to continually improve the quality and effectiveness of health care and service provided by the Department.

Other types of disclosures:

- **Required by law:** Use or disclosure of your protected health information will be made in compliance with the law and will be limited to relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.
- **Public health:** Only to the extent permitted by law and in accordance with strict Department policies, disclosure of your protected health information will be made for the purpose of controlling disease, injury, or disability.
- **Abuse and neglect:** We may disclose your protected health information as required by law to agencies authorized by law to receive reports of abuse or neglect.
- **Food and Drug Administration (FDA):** We may disclose your protected health information to a person or company required by the FDA to report adverse events, product defects or problems, biologic product defects, track products; to enable product recalls; to make repairs or replacement; or to conduct post marketing surveillance, as required.
- **Law enforcement:** We may disclose your protected health information, so long as applicable legal requirements are met, for law enforcement purposes and in response to a valid subpoena.
- **Inmates:** We may disclose your protected health information as required by law if you are an inmate of a correctional facility.
- **Medical examiners, coroners, or funeral directors:** We may disclose your protected health information to medical examiners, coroners, or funeral directors consistent with applicable law to carry out their duties.
- **Research:** We may disclose your protected health information to researchers when their research has been approved by the Department Overview and Approval of Research Committee and/or the Department Institutional Review Board.
- **Workers' Compensation:** We may use your protected health information to the extent authorized by and to the extent necessary to comply with

laws related to workers' compensation or other similar programs established by law.

Other uses and disclosures of your protected health information will be made only with your written authorization, which you may give using the {new form replacing CHR-6, Release/Request for Confidential Patient Information, and others}. You may revoke this authorization at any time upon giving written notice of such revocation to the county health department.

Home care patients may designate a caregiver who will assist in the patient's care and who will have access to the home care patient's protected health information.

**Your Individual Rights:**

The Department assures your following rights with respect to your protected health information:

- To inspect and copy your protected health information
- To amend your incorrect or incomplete protected health information
- To receive an accounting of disclosures of your protected health information other than those required by law or for treatment, payment or operations
- To request restrictions on certain uses and disclosures of your protected health information (noting that the Department is not required to agree to any requested restriction if such restriction compromises the quality of the related care or service)
- To receive confidential communications of your protected health information
- To obtain a paper copy of this notice upon request

**Department's Duties and Responsibilities:**

The Department is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to such information no later than the first service delivery, including service delivered electronically such as requests for vital records.

The Department will provide the Notice to each individual receiving care and services through the Department, upon request. This will be accomplished on the date of the first service delivery after the compliance date in the following ways:

- Upon request, give each person receiving care and services in or through the Department a copy of the Notice for them to take with them
- Post the Notice in a clear and prominent location within county health department facilities

Give each person receiving home care services a copy of the Notice on the first service visit

- Post the Notice on the Department's web page at *adph.org*
- Send the Notice by e-mail upon request
- Have copies of the Notice available in languages most commonly spoken by individuals with limited English proficiency seeking care or services through the Department as required as a condition of receiving federal financial assistance under Title VI of the Civil Rights Act of 1964

The Department is required to abide by the terms of the Notice currently in effect.

The Department reserves the right to change the terms of the Notice and to make new notice provisions effective for all protected health information that it maintains.

The Department will provide individuals with revised notice whenever there is material change to the uses and disclosures, the individual's rights, the Department's legal duties, or other privacy practices stated in the notice no later than the first service delivery after the effective date of the revision, including service delivered electronically such as requests for vital records, in the same manners as described above for dissemination of the original Notice.

**Complaints:**

You may complain to the Department in writing to the Department Privacy Officer, Office of General Counsel, PO Box 303017, Suite 1540, Montgomery, AL 36130-3017, and to the Secretary, US Department of Health and Human Services, Washington, DC 20201 if you believe their privacy rights have been violated.

The Department will not retaliate against you for filing a complaint.

**Contact Information For Home Care Services:**

For more information or to make a request for release or change of protected health information, contact: Our Nursing Supervisor for \_\_\_\_\_ Counties at \_\_\_\_\_ or by mail at \_\_\_\_\_.

**Contact Information For All Other Services:**

For more information or to make a request for release or change of protected health information, contact (*County Health Department Stamp*).