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**Effective Date:** September 16, 2013

CITY OF TRAVERSE CITY

NOTICE OF PRIVACY PRACTICES

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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.

**CONTACT PERSON.** If you have any questions about this notice, please contact the City of Traverse City's ("City") Privacy Official: City Clerk.

**PERSONAL HEALTH INFORMATION.** The City understands that health information about you is personal. The City is committed to protecting health information about you. Various City Departments create and maintain health records. This notice applies to all of the records of personal health information maintained by the City, which is covered by the Health Information Portability and Accountability Act and its Rules. This notice describes the City's privacy practices and it will tell you about the way in which the City may use and disclose health information about you as well as your rights and certain obligations the City has regarding the use and disclosure of health information.

**USE AND DISCLOSURE OF YOUR HEALTH INFORMATION.** Health information may be used or disclosed by the City as permitted by the HIPAA Privacy Rule. The City may use or disclose Individually Protected Health Information ("PHI") without authorization in the following circumstances:

1. To the Individual.
2. To provide treatment, receive payment, or other routine health care operations.
  - a. Treatment. We may disclose health information about you to doctors, nurses, technicians, medical students or other medical personnel that are involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process.
  - b. Payment. We may use and disclose health information about you so that the treatment and services you receive by City personnel may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health insurance information about emergency care you received by an employee of the

Traverse City Fire Department so your health insurance will pay us or reimburse you for the care.

- c. Routine Health Care Operations. We may use and disclose health information about you for City operations. These uses and disclosures are necessary to run the City and make sure that individuals and employees receive quality care and service from the City. For example, we may use health information to review our treatment and services and to evaluate the performance of our employees in caring for you.
3. Inadvertent disclosures during otherwise permitted disclosures. Sometimes, despite the existence of safeguards, health information about you is inadvertently disclosed to third persons or employees not authorized to access such information. For example, a conversation regarding your health information may be overheard by a third person or employee.
4. Your health information which does not include information that would enable the person to whom the information is disclosed to identify that information as pertaining to you.
5. The City may disclose your health information to third party organizations that perform certain functions or activities on behalf of the City that involve the use or disclosure of individually identifiable health information. Such disclosure shall only be made after the organization provides assurances to the City that it will use the information only for the purposes intended, will restrict access to the information pursuant to the HIPAA Privacy Rule, and will otherwise take appropriate measures to safeguard the information in its possession.
6. For 12 national priority purposes, which are listed on attached Exhibit A.
7. To inform family members of an individual's status in the event of serious injury resulting in incapacity or death.

All other disclosures will be made only if authorized by you or your designated personal representative. Disclosure by the City pursuant to your authorization will only be to the persons you authorized to receive it and only that amount of information you authorized the person to receive. No authorization shall be considered valid unless it is on the City's Authorization form. If you provide the City with permission to use or disclose health information about you, you may revoke that permission at any time in writing. While not all-inclusive, the city will not release PHI information for marketing, sale, or the disclosure of any psychotherapy notes in its possession without your authorization.

**YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU.** You have the following rights with respect to your health information contained in City records:

- A. Notice. You have a right to receive a paper copy of this notice. In addition you may also view this Notice at the City's website [www.traversecitymi.gov/requestrec.asp](http://www.traversecitymi.gov/requestrec.asp). Whenever you are given a copy of this notice you will be asked to sign a form acknowledging that you have received it.
- B. Access. You have a right to access your health information in most

circumstances. All requests must be made in writing to the City's Privacy Official, the City Clerk. After receipt of your request, the City shall have 30 days to provide your health information to you. If you request a copy of the information, the City may charge a reasonable fee for the costs of copying, mailing or other supplies associated with your request, as allowed by law. The City may deny your request to inspect and copy your health information in very limited circumstances. Under certain conditions, if you are denied access to health information, you may request that the denial be reviewed. The review will not be made by the person who denied your request.

C. Amendment. You have a right to have inaccurate or incomplete health information about you amended. All such requests must be in writing to the City's Privacy Official, the City Clerk, and you must provide a reason for asking for the amendment. The City shall generally have 60 days to amend your health information. However, the City may extend the time for amendment by up to 30 days by notifying you in writing that it is unable to act on your request within the first 60 days. The City may deny the request for the following reasons:

1. The PHI was not created by the City.
2. The record requested to be amended is not a City record.
3. The record request to be amended is not a part of the PHI that the individual would be permitted to inspect or copy; or
4. The record is accurate and complete.

If the City denies in whole or in part your request, the City will provide you with a written explanation.

D. Restriction. You have the right to request that only certain individuals or entities receive access to your health information. The City will attempt to accommodate your request to the extent that your health care will not be compromised and such restriction request is allowed by law. All such requests shall be in writing to the City's Privacy Official, the City Clerk. Your request should include (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

E. Accounting. You have a right to receive a written accounting of all disclosures made by the City of your health information within the past 6 years within 60 days from the date of the request. All such requests shall be in writing to the City's Privacy Official, the City Clerk, and shall include the time period for which you want an accounting, which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. Before preparing the list, we will notify you of the cost involved and you may choose to withdraw or modify your request before the cost is incurred.

F. Confidential Communication. You have a right to request that your health information be communicated to you in a particular manner or location. For example, you have the right to request that the City contact you only at your home phone number about your health information. The City will comply with such a

request to the extent that it is reasonable. Unless the circumstances do not permit, all such requests shall be in writing to the City's Privacy Official, the City Clerk.

- G. Breach. You have the right to receive information from the Privacy Official of any breach involving the accidental release of your PHI.

COMPLAINTS. In the event that you believe your privacy rights have been violated you may file a Complaint with the City's Privacy Official, the City Clerk, on a complaint form provided by the Privacy Official within 180 days of when you knew or should have known that the act or omission complained of occurred, unless the Privacy Official for good cause shown waives the requirement. The Privacy Official shall review all complaints and investigate as necessary. Within 30 days from the date of the complaint, the Privacy Official shall make a determination. In the event that the individual is unsatisfied with the Privacy Official's determination, the individual may appeal such determination to the City Manager within 5 days from the date of the determination. The City Manager shall make a determination within 30 days from the date of filing. Subsequent appeals shall be as provided by HIPAA or other applicable law. The City shall document all complaints received and their disposition.

In addition to or in lieu of the above procedure, the individual may file a complaint with the Secretary of the Department of Health and Human Services. More information about this process may be found at [www.hhs.gov](http://www.hhs.gov).

The City or any of its employees or officers shall not retaliate against any individual or take any other adverse action as a result of the filing of a complaint pursuant to HIPAA and the Privacy Rule.

CHANGES TO THIS NOTICE. We reserve the right to change this notice. We 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 on the official poster compliance board in each City facility. The notice will contain on the first page, in the top right hand corner, the effective date.

OTHER LAWS. In the event that other applicable laws, regulations, or rules regulating or restricting the use or disclosure of your health information are more protective than HIPAA or the Privacy Rule, the City shall follow such other law, rule, or regulation with respect to your health information.

## EXHIBIT A

### 12 NATIONAL PRIORITY PURPOSES

1. Required by law. The City may use and disclose your health information as required by law, including statute, regulation, or court orders.
2. Public health activities. The City may disclose your health information to (1) public health authorities authorized by law to collect or receive such information for preventing or controlling disease, injury, or disability and to public health or other government authorities authorized to receive reports of child abuse and neglect; (2) entities subject to FDA regulation regarding FDA regulated products or activities for purposes such as adverse event reporting, tracking of products, product recalls, and post-marketing surveillance; (3) individuals who may have contracted or been exposed to communicable disease when notification is authorized by law; and (4) employers, regarding employees, when requested by employers, for information concerning a work-related illness or injury or workplace related medical surveillance, because such information is needed by the employer to comply with OSHA, MSHA, or similar state law.
3. Victims of abuse, neglect or domestic violence. In certain circumstances the City may disclose your health information to appropriate government authorities regarding victims of abuse, neglect, or domestic violence.
4. Health oversight activities. The City may disclose your health information to health oversight agencies for purposes of legally authorized health oversight activities.
5. Judicial and administrative proceedings. The City may disclose your health information in a judicial or administrative proceeding if the request for the information is through an order from a court or administrative tribunal. Such information may also be disclosed in response to a subpoena or other lawful process if certain assurances regarding notice to the individual or a protective order are provided.
6. Law Enforcement Purposes. The City may disclose your health information in the following circumstances under certain conditions (1) as required by law and administrative requests; (2) to identify or locate a suspect, fugitive, material witness, or missing person; (3) in response to a law enforcement official's request for information about a victim or suspected victim of a crime; (4) to alert law enforcement of a person's death, if criminal activity is suspected; (5) when it believes that health information is evidence of a crime that occurred on its premises; and (6) in a medical emergency on its premises, when necessary to inform law enforcement about the commission and nature of a crime, the location

- of the crime or crime victims, and the perpetrator of the crime.
7. Decedents. The City may disclose your health information to funeral directors or coroners or medical examiners.
  8. Organ, Eye, or Tissue Donation. The City may disclose your health information to facilitate the donation and transplantation of organs, eyes, and tissue.
  9. Research. The City may disclose your health information for research in the event that it obtains either (1) documentation that an alteration or waiver of an individuals' authorization for the use or disclosure of health information about them for research purposes has been approved by an Institute Review Board or Privacy Board; (2) representations from the researcher that the use or disclosure of the health information is solely to prepare a research protocol or for similar preparatory purpose, that the researcher will not remove any health information, and that the health information is necessary for the research; or (3) representation from the researcher that the use or disclosure is solely for research on the health information of decedents, that the health information sought is necessary for the research, and documentation of death is provided.
  10. Serious threat to health or safety. The City may disclose your health information when it believes is necessary to prevent or lessen a serious and imminent threat to a person or the public if such disclosure is made to someone they believe can prevent or lessen the threat.
  11. Essential Government Functions. The City may disclose or use your health information when necessary to assure proper execution of a military mission, conduct intelligence and national security activities that are authorized by law, provide protective services to the President, make medical suitability determinations for US State Department employees, protect the health and safety of inmates or employees in a correctional institution, and determine the eligibility for or conduct enrollment in certain government benefit programs.
  12. Workers' Compensation. The City may disclose your health information as authorized by, and to comply with, workers' compensation laws and other similar programs providing benefits for work-related injuries or illnesses.