



Public Health

# Schuyler COUNTY HEALTH DEPARTMENT



Public Health

## NOTICE OF PRIVACY RIGHTS

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

1. Below is a description, including at least one (1) example, of the types of uses and disclosures that the above organization (Schuyler County Health Department) is permitted to make for each of the following purposes: treatment, payment and health care operations.

Disclosures to other health care providers, including, for example, to patient's attending physicians. Submission of claims and supporting documentation including, for example, to organization (Schuyler County Health Department)s responsible to pay for services provided by the organization (Schuyler County Health Department). Disclosure to conduct the operations of the organization (Schuyler County Health Department), including, for example, sharing information to supervisors of staff members who provide care to patients.

2. Below is a description of each of the other purposes for which the organization (Schuyler County Health Department) is permitted or required to use or disclose protected health information without an individual's written consent or authorization.

To patients, incidents to another permitted use or disclosure, by agreement, to the Secretary of the U.S. Department of Health and Human Services, as required by law, for public health activities, information about victims of abuse, neglect or domestic violence, health oversight activities, for judicial and administrative proceeding, for law enforcement proceeding, about decedents, for cadaveric organ, eye or tissue donation, for research purposes, to avert a serious threat to health safety, for specific government functions, to business associates of the organization (Schuyler County Health Department), to personal representatives, de-identified information, to workforce members who are victims of crimes, to workers' compensation programs, for involvement in the individual's care and for notification purposes, with the individual present, for limited uses and disclosure when the individual is not present, and for disaster relief purposes.

3. Other uses and disclosures, such as disclosure of psychotherapy notes, use of protected health information for marketing activities and the sale of protected health information, will be made only with the individual's written authorization and the individual may revoke such authorization.
4. The organization (Schuyler County Health Department) may contact the individual to schedule visits and for other coordination of care activities.
5. The individual has the right to request further restrictions on certain uses and disclosures of protected health information, but the organization (Schuyler County Health Department) is not required to agree to any request restrictions(s), except disclosures must be restricted to health

213 South Green PO Box 387 Lancaster, MO 63548  
Phone 660-457-3721 Fax 660-457-2238



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plans if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law and the protected health information pertains solely to a health care item or service for which the individual or person other than the health plan on behalf of the individual has paid the organization (Schuyler County Health Department).

6. The individual has the right to receive confidential communications of protected health information, the right to inspect and copy protected health information, the right to amend protected health information, the right to receive an accounting of disclosures of protected health information the right to obtain a paper copy of this Notice from the organization (Schuyler County Health Department)
7. The organization (Schuyler County Health 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 protected health information and to notify affected individuals following a breach of unsecured protected health information.
8. The organization (Schuyler County Health Department) is required to abide by the terms of this Notice currently in effect.
9. The organization (Schuyler County Health Department) reserves the right to change the terms of its Notice and to make the new notice provisions effective for all protected health information that it maintains. Individuals may obtain a revised copy of this Notice upon request.
10. Individuals may complain to the organization (Schuyler County Health Department) and to the Secretary of the U.S. Department of Health and Human Services if they believe their privacy rights have been violated. Complaints should be directed to Kathryn Magers and/ or Ron Stewart at the organization (Schuyler County Health Department) at the following telephone number: 660-457-3271. Individuals will not be retaliated against for filing a complaint
11. For further information, individuals should contact Kathryn Magers and/or Ron Stewart at the organization (Schuyler County Health Department) at the following telephone number: 660-457-3721.
12. This Notice is in effect as of September 23, 2013.
13. My signature below is an acknowledgement that I have received a copy of this notice.

\_\_\_\_\_  
Patient/Client

\_\_\_\_\_  
Date:

Documentation of good faith efforts to obtain the patient's signature if unable to obtain:

**SCHUYLER COUNTY HEALTH DEPARTMENT  
PATIENT INFORMATION SHEET**

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient's Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Marital Status: S M W D SEP      Sex: M F      Patient's Phone: \_\_\_\_\_

Medicare #: \_\_\_\_\_ Medicaid #: \_\_\_\_\_ SS#: \_\_\_\_\_

Other Insurance: \_\_\_\_\_

Primary Physician's Name: \_\_\_\_\_

Primary Physician's Address: \_\_\_\_\_

Primary Physician's Phone: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Contact's Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Patient's Pharmacy Name & Number: \_\_\_\_\_



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## CONSENT FOR HEALTH CARE AND SERVICES

Delegated to the staff at Schuyler County Health Department is the authority to deliver health care services, including but not limited to immunizations, well child care, HIV and sexually transmitted disease care, family planning, other chronic disease, wellness screening services related to epidemiological investigation and related treatment, as defined by established guidelines. These tasks may be performed by staff within their scope of practice and for which they have skill, training, education, and competence.

I, the undersigned, hereby consent to and permit Schuyler County Health Department's employee to provide me treatment and care as may be deemed necessary and available to me during my office visit, including but not limited to tests, examination, medical treatment or other necessary procedures. I understand that by signing this consent, I am authorizing them to provide care for me for as long as I seek care from Schuyler County Health Department provider or until I withdraw my consent in writing.

Print Patients Name: \_\_\_\_\_

Signature of Patient/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_