



NOTICE OF PRIVACY PRACTICES – FOR PROTECTED HEALTH INFORMATION

(EFFECTIVE: APRIL 14, 2003)

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

OUR PRIVACY PROMISE TO YOU

The Bear River Health Department (BRHD) understands that your medical and health information is personal. Protecting your health information is important to us. We follow strict federal and state laws that require us to maintain the confidentiality of your health information.

HOW WE USE YOUR HEALTH INFORMATION

When you receive care from BRHD, we may use your health information for treating, billing, and normal healthcare business operations. Examples of how we use your information include:

- Treatment – We keep records of healthcare and related services we provide to you. We use these records (such as your history of immunizations) to document that we delivered quality care to you.
- Payment – We keep billing records that include payment information and documentation of the services provided to you. Your information may be used to obtain payment from you, your insurance company, or another third party. We may also contact your insurance company to verify coverage for your care, or to notify them of upcoming services that may need prior notice or approval.
- Healthcare Operations – We use health information to improve the quality of care, train staff and students, provide customer service, manage costs, conduct required business duties, and make plans to better serve our communities.

OTHER SERVICES WE PROVIDE

We may also use your health information to:

- Recommend treatment alternatives.
- Tell you about health services and products that may benefit you.
- Share information with third parties (such as our business associates) who assist us with treatment, payment, and healthcare operations (and who must also safeguard your health information).

- Notify authorized immediate family members and personal representative(s) about certain health information (that in our professional judgment pertaining to your best interests) is necessary for them to know and relevant to their involvement in your care.
- Remind you of an appointment (or at your option – respond to your request that we do not send such reminders to you).
- Contact you for fundraising purposes (or at your option – respond to your request that we do not send such reminders to you).

MORE PRIVACY RIGHTS INFORMATION

For more information about your privacy rights and to obtain copies of our medical records release forms:

- Visit our website at www.brhd.org
- Contact BRHD – Office of the Privacy Officer, at the phone number and address listed on this notice.
- Contact the BRHD office where you received care.

SHARING YOUR HEALTH INFORMATION

There are limited situations when we are permitted or required to disclose health information about you without your signed authorization. These situations are:

- For public health purposes such as tracking diseases and injuries, reporting births and deaths, and reporting reactions to drugs and problems with medical devices, as required by law.
- To protect victims of abuse, neglect, or domestic violence, as required by law.
- For required state/federal health oversight activities such as investigations, audits, and inspections.
- For lawsuits and similar proceedings, as required by law or court order.
- When requested by law enforcement, as required by law or court order.
- For coroners, medical examiners, and funeral directors, as required by law.
- For organ and tissue donation, as required by law.
- For research approved by our review process and pursuant to strict federal guidelines.
- To reduce or prevent a serious threat to public health and safety, as required by law.
- For state-required workers' compensation or other similar programs, if you are injured at work.
- For specialized government functions such as intelligence and national security, as required by law or court order.
- Workforce members and business associates may make whistleblower disclosures of an individual's health information, in accordance with policy.
- A workforce member who is a victim of a criminal act has the right to disclose health information about the suspected perpetrator of the criminal act to law enforcement officials.

All other uses/disclosures, not described in this notice, including but not limited to psychotherapy notes, some marketing, and the sale of protected health information, require a signed authorization from you. You may revoke, in writing, such authorization at any time, to the extent it has not been acted upon. If you would like to authorize us to act on a particular health information need that you have, please obtain and complete a copy of our medical records release form from the BRHD office where you received care, from the Office of the Privacy Officer, or on our website at www.brhd.org.

OUR PRIVACY RESPONSIBILITIES

The Bear River Health Department is required by law to:

- Maintain the privacy of your health information.
- Provide this notice that describes the ways we may use, share, and request your health information.
- Follow the terms of our notice currently in effect.
- Notify you following a breach of unsecured health information.

We reserve the right to make changes to this notice at any time and make the new privacy practices effective for all information we maintain. Current notices are available at all BRHD facilities and at our website, www.brhd.org. You may obtain a copy of any previous edition of this notice from BRHD – Office of the Privacy Officer.

YOUR INDIVIDUAL PRIVACY RIGHTS

You have the right to:

- Request restrictions on how we use, share, and/or request your health information. We will consider all requests carefully, but we are not required to agree to all restrictions.*
- Request that we use alternative means or alternative locations in our confidential communications to you.*
- Inspect and copy your health information, including medical and billing records. Fees may apply. Under limited circumstances, we may deny you access to a portion of your health records and you may request a review of the denial.*
- Request corrections or additions to your health information to ensure accuracy.*
- Request an accounting of certain disclosures of your health information made by us. The accounting does not include disclosures made for treatment, payment, healthcare operations, and some disclosures required by law. Your request must state the period of time desired for the accounting, which must be within the six years prior to your request. Fees may apply.*
- Request a paper copy of this notice, even if you agree to receive it electronically.

*To ensure clarity, all requests must be submitted in writing and delivered to the BRHD office where you received care, or to the Office of the Privacy Officer.

(The effective date of this notice is April 14, 2003. This notice was updated February 22, 2024.)

OUR ORGANIZATION

This notice describes the privacy practices of the Bear River Health Department at all office locations and pertains to all BRHD employees and volunteers at such locations.

BRHD may have affiliated healthcare providers and business associates (who are not employed by BRHD, but are either authorized to assist or have a contractual relationship with BRHD) who may have different privacy policies from those described in this notice.

CONTACT US ABOUT YOUR PRIVACY RIGHTS

You have a right to further information about your privacy rights. If you are concerned about a privacy rights problem, wish to file a complaint or concern that your privacy rights have been violated, or disagree with any decision we have made regarding your privacy rights or in the handling of your health information:

- Contact the BRHD office where you received care.
- Contact the Bear River Health Department – Office of the Privacy Officer:
655 East 1300 North
Logan, UT 84341
Phone: 435-792-6500
Email: privacy@brhd.org
- Visit our website at www.brhd.org to file a complaint.

We will promptly and thoroughly investigate all complaints and concerns, and will not retaliate against you for filing a complaint or concern. Additionally, you have a right to file a written complaint with the Office for Civil Rights – U.S. Department of Health and Human Services.