

## Hamilton Township Division of Health

This notice describes how health information about you, as a client of the *Hamilton Township Division of Health* may be used and disclosed, and how you can get access to your health information. This is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

### OUR COMMITMENT TO YOUR PRIVACY

The *Hamilton Township Division of Health* is dedicated to maintaining the privacy of your health information. We are required by law to maintain the confidentiality of your health information, except in special circumstances.

### DISCLOSURE OF HEALTH INFORMATION FOR SPECIAL CIRCUMSTANCES

- To public health authorities and health oversight agencies that are authorized by law to collect information.
- When required to do so by federal, state, or local law.
- Lawsuits and similar proceedings in response to a court or administrative order.
- When necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. The Hamilton Division of Health will only make disclosures to a person or organization able to help prevent the threat.
- If you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
- To federal officials for intelligence and national security activities authorized by law.
- To correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
- For Workers Compensation and similar programs.

### YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

1. **Communications.** You may request your records be made available for pick up or mailing to your address or an alternate address. We will accommodate reasonable requests.
2. **Restriction in use or disclosure** of your health information for treatment, payment, or health care operation may be requested. Additionally, you may restrict disclosure of information to specific individuals identified by you or those who are in your care or the payment for your care, such as family members and friends. We are not required to agree to a requested restriction, but if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.
3. You have the right **to inspect and obtain a copy of the health information** that may be used to make decisions about you, including your medical record and billing records.
4. You may ask us to **amend your health information** if you believe it is incorrect or incomplete, and as long as the information is kept for our practice.
5. You have a right to a **copy of this notice** and may request a copy at any time.
6. **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with this Division of Health or Secretary of the Department of Health and Human Services.
7. **Right to provide authorization for other uses and disclosures.** This office will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.

**If you have any question regarding this notice or our health information privacy policies, please call (609) 890-3884.**