

HIPAA Privacy Notice

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.

It is the policy of the Oklahoma State Department of Health (OSDH) to keep all of your medical and personal information confidential. We will only use or disclose your information for the following reasons:

Treatment: We will share your medical information with other medical providers who are involved in your care (including hospitals and clinics), to refer you for treatment, and to coordinate your care with others. You and all parties involved in therapy of legal age must give written consent to coordinate care unless there is a medical emergency.

Payment: We may use and disclose PHI when it is needed to receive payment for services provided to you. For example, if you have Medicaid or insurance benefits, we will release the minimum information necessary for those entities to pay us.

Health Care Operations: We will use and disclose PHI when it is needed to make sure we are providing you with good service. For instance, we may review your records in order to make certain quality service was given.

Other uses or disclosures of your PHI that may occur include:

If you have given us permission in writing to release part of your information;

When ordered to do so by a valid court order;

When cases of child abuse or neglect are investigated;

Immunization information is shared with schools and childcare centers;

When business associates of OSDH, such as community clinics, sign agreements to protect your privacy;

The SoonerStart Program shares information with the State Department of Education;

When required by state law. For instance, when reporting injuries and disease as required by the Public Health codes or to prevent the spread of diseases such as tuberculosis (TB) or when reporting suspected child abuse or neglect to the Department of Human Services.

We can share your information with anyone as necessary, consistent with Oklahoma law and the Oklahoma State Department of Health's policies and procedures, if we feel there is imminent danger. For example, we will release the minimum information necessary if we believe it will prevent or lessen a serious and imminent threat to the health and safety of a person or the public.

Also, when services are provided to children less than 18 years of age, information will be shared with the state Joint Oklahoma Information Network (JOIN). This is done to help us improve the services given to children. However, no one can use your child's information unless you have given permission in writing. In the case of a severe disaster, we can disclose your information.

For example, if, as a result of a tornado, you are displaced and in need of health care, you may need ready access to health care and the means of contacting family and caregivers. We can disclose your information for the following reasons:

Emergency Coordination: We will share your medical information with other medical providers who are involved in your care to coordinate your care with others (such as emergency relief workers or others that can help in finding you appropriate health services).

Notification: We can share your information as necessary to identify, locate and notify family members, guardians, or anyone else responsible for your care of your location, general condition, or death. For example, if it is necessary, we may notify the police, the press, or the public at large to the extent necessary to help locate, identify or otherwise notify family members and others as to your location and general condition.

Your Rights

You have the right to:

Receive a list of persons or organizations, other than those listed above, to whom we released your information.

Request limits on how your information is used or disclosed; however, we are not required to agree to those limits.

Ask that we not contact you at home.

Inspect and copy your medical records except in cases involving certain psychotherapy notes.

Amend incorrect information in your medical record.

Revoke your written permission for release of information.

Receive a paper copy of this privacy notice.

Our Responsibilities

Federal law requires the Oklahoma State Department of Health and its entities to:

Maintain the confidentiality of your protected health information.

Provide you with a copy of this notice.

Abide by the terms of this notice.

Only change this notice as permitted by federal rules.

Provide you with a way to file complaints regarding privacy issues.

For further information regarding this notice and your rights, or to report any complaints regarding privacy issues, contact:

Mailing Address:

Oklahoma State Department of Health
HIPAA Privacy Officer
123 Robert S. Kerr. Ave., Suite 1702
Oklahoma City, OK 73102-6406

Physical Address:

Oklahoma State Department of Health
HIPAA Privacy Officer
123 Robert S. Kerr Ave.
Oklahoma City, OK
Phone: (405) 271-3751
Email: PrivacyOfficer@health.ok.gov

I acknowledge the receipt of patient privacy policy.

Client: _____ Date: _____

Printed Name: _____

Client: _____ Date: _____

Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____