



# Sioux County Community Services

## GENERAL ASSISTANCE APPLICATION

### INSTRUCTIONS:

- 1) **Fill out page 1 and 2 of the application COMPLETELY, including all signatures required on page 2**
- 2) **CALL 1-712-737-2999 to SCHEDULE AN APPOINTMENT** for your application review  
*The General Assistance office is located on the first floor of the Sioux County Courthouse in Orange City.*
- 3) **You MUST bring the following verifications with you to your appointment:**
  - Utility and/or Rent Assistance Applicants must contact Mid-Sioux Opportunity** at 1-712-722-3611 or 1-800-859-2025 BEFORE asking For County Assistance. **A copy of Mid-Sioux's response MUST BE PROVIDED.**
  - WAGES/EARNINGS – BEFORE TAXES - of ALL HOUSEHOLD MEMBERS** - provide copies of all household pay stubs for the past 60 days, or a signed statement of earnings from all employers (must be written on company letterhead)
  - A COPY OF BOTH PAGES OF YOUR MOST RECENT FEDERAL TAX INCOME TAX RETURN**
  - ALL OTHER HOUSEHOLD INCOME RECEIVED** – includes: Child Support, Social Security, Social Security Disability, SSI, Unemployment wages, Retirement benefits, Veterans Benefits, etc; interest payments on savings, CD's, retirement accounts, annuities, etc. Proof(s) may include copies of checks, bank deposit slips, Notice of Award, bank statements showing direct deposit etc. *You may also include proof of child support paid by the applicant.*
  - ALL/ANY RESOURCES – HELD BY YOU AND/OR ANY OTHER HOUSEHOLD MEMBER:** this includes checking & savings accounts, life insurance, money market funds, ALL vehicles, ALL real estate (including your home and any other property owned by you or household member), Certificates of Deposit (CD's), etc. Acceptable proofs are: copies of your most recent bank account statements, insurance policy statement(s), savings certificates, bonds, property tax notifications, etc.
  - SHELTER EXPENSE** – Verification of monthly rent or mortgage (no escrow) payment due. Only dated and signed statement from your landlord, including his/her address & phone number, or mortgage coupon will be accepted.
  - UTILITY EXPENSE** - Provide copies of the current bill(s) for all utilities (heat, electric, water, sewer) you are asking us to pay.
  - If UNEMPLOYED AND NOT SEEKING WORK, a letter from your Doctor, supporting unemployability**
  - ORIGINAL PROOF** of United States **Citizenship or Qualified Legal Alien Status** - ORIGINAL Birth Certificate and Social Security Card, QLA's must provide ORIGINAL PERMANENT RESIDENT CARD- NO EXCEPTIONS ALLOWED!

**NOTICE:** If you receive General Assistance based on **ANY INFORMATION PROVIDED** either verbally or on paper, that is found to be false at any point throughout or following the application process, **YOU WILL BE REQUIRED TO REPAY to Sioux County ANY AND ALL DOLLAR AMOUNTS PAID ON YOUR BEHALF by Sioux County FOR ANY AND ALL SERVICES PREVIOUSLY APPROVED.**

**You may MAIL your COMPLETED APPLICATION & VERIFICATIONS, for review prior to your scheduled appointment, to:**

**SIoux COUNTY COMMUNITY SERVICES**  
**P.O. BOX 233, ORANGE CITY, IA, 51041-0233**  
**OR FAX THEM TO: (712) 707-9243**  
**OR bring them to our office located in the Sioux County Courthouse.**

**Please keep the 'Sioux County Notice of Privacy Practices' (last page) for your records and sign the appropriate area of the application to verify receipt of this notice by you.** If all verifications are provided with application, you will be contacted by mail and/or telephone within 5 business days regarding your eligibility for Sioux County General Assistance. All other application decisions will be determined within 5 business days of receipt of required verifications. You may call (712)737-2999 between the hours of 8:00 a.m. and 4:30 p.m., Monday through Friday should you have any questions regarding the application and/or process.



**GENERAL ASSISTANCE APPLICATION - *Fill out completely* - SIOUX COUNTY, IOWA**

Date \_\_\_\_\_ County Use Only: Approve \_\_\_\_\_ Deny \_\_\_\_\_ Reason \_\_\_\_\_  
 Applicant Name \_\_\_\_\_ Spouse/Significant Other Name \_\_\_\_\_  
 SSN \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_  
 Place of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_ Place of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

Street Address, Town, State, Zip (for all Parties) \_\_\_\_\_ Phone# \_\_\_\_\_  
*Applicant:* Length of Legal Residence in Sioux County \_\_\_\_\_ *Spouse/SO:* Length of legal residence in Sioux County \_\_\_\_\_  
 Employer(Name/Phone#): \_\_\_\_\_ Employer(Name/Phone#): \_\_\_\_\_

**If you or spouse are unemployed-** are you **registered with Iowa Workforce Development?** Yes ( ) No ( ) in **Sheldon** ( ) **Orange City** ( )

**Are you or your spouse a VETERAN** whose discharge was other than dishonorable? Yes ( ) No ( ) If **YES, provide copy of discharge and:**

Branch of Service \_\_\_\_\_ Dates Served \_\_\_\_\_

**State why you need assistance** (i.e. layoff, unemployed, fired from or quit job, etc.) \_\_\_\_\_

**What kind of Assistance** are you asking for? ( )Rent/Mortgage ( )Heat ( )Utilities ( )Food ( )Medical ( )Prescriptions ( )Other: \_\_\_\_\_

**Have you contacted Mid-Sioux Opportunity for Assistance?** Yes ( ) No ( ) **What was their response?** \_\_\_\_\_

**How do you plan on paying for your bills next month?** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**MONTHLY INCOME - BEFORE TAXES**

**EARNED & UNEARNED List amounts for ALL Household members!\***

	Applicant	Spouse/SO/Other
Employment Income - Wages	\$ _____	\$ _____
Unemployment Income	\$ _____	\$ _____
Social Security Income	\$ _____	\$ _____
SSD and/or Disability Income	\$ _____	\$ _____
Food stamps	\$ _____	\$ _____
Family Investment Program(FIP)	\$ _____	\$ _____
Other DHS Reimbursement(s)	\$ _____	\$ _____
Utility/Rent Assistance	\$ _____	\$ _____
Child Support Received/Paid(-)	\$ _____	\$ _____
Rental Income Received	\$ _____	\$ _____
Annuity/Trust Fund benefits	\$ _____	\$ _____
Retirement Income (IPERS etc.)	\$ _____	\$ _____
Any other income, not listed	\$ _____	\$ _____

**LIST ALL HOUSEHOLD MEMBERS – other than yourself/spouse**

Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Place of birth \_\_\_\_\_  
 Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Place of birth \_\_\_\_\_  
 Name \_\_\_\_\_ Age \_\_\_\_\_  
 Place of birth \_\_\_\_\_  
 Name \_\_\_\_\_ Age \_\_\_\_\_  
 Place of birth \_\_\_\_\_

**HOUSEHOLD RESOURCES - VALUE**

Primary Residence \$ \_\_\_\_\_ Mortgage Balance \_\_\_\_\_  
 Secondary Residence \$ \_\_\_\_\_ Mortgage Balance \_\_\_\_\_  
 Other Real Estate \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Horses, other livestock- \$ \_\_\_\_\_  
 Boats/Snowmobiles, etc \$ \_\_\_\_\_  
 Vehicles - Make/Model/Value – List ALL \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Checking Account(s): Total ALL Balances \$ \_\_\_\_\_  
 Savings Account(s): Total ALL Balances \$ \_\_\_\_\_  
 Securities, Bonds, etc., Total household \$ \_\_\_\_\_  
 Time Certificates, CD's, etc. Total household \$ \_\_\_\_\_  
 Retirement Accounts (IRA's, IPERS, etc.) Total household \$ \_\_\_\_\_  
 Trust Funds/Annuities \$ \_\_\_\_\_  
 Other (list) \_\_\_\_\_ \$ \_\_\_\_\_

**HOUSEHOLD EXPENSES: Amount Approved –**  
 (average monthly) (Office Use only)

Rent/Mortgage	\$ _____	\$ _____
Food	\$ _____	\$ _____
Dental	\$ _____	\$ _____
Medical/Hospital	\$ _____	\$ _____
Prescription Drugs	\$ _____	\$ _____
Utilities–Fuel/Nat Gas	\$ _____	\$ _____
Utilities–Elect/Wtr/Grbg	\$ _____	\$ _____
Cable	\$ _____	\$ _____
Internet	\$ _____	\$ _____
Phone	\$ _____	\$ _____
Cell Phone	\$ _____	\$ _____
School Tuition	\$ _____	\$ _____
Credit Card Payments	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____

I, \_\_\_\_\_, am requesting payment for the following, to be paid to the person/entity named (approved payments must be issued to the Vendor, not the applicant) for the month of \_\_\_\_\_.

**List Type/Amount of Assistance:**

**Pay to: Name/Address/Phone**

Mortgage/.Rent	\$ _____	_____
Heat (Gas/Propane)	\$ _____	_____
Electric/Water/Sewer	\$ _____	_____
Medical – Dr./Hospital	\$ _____	_____
Rx Drugs	\$ _____	_____
Funeral	\$ _____	_____
Other(list) : _____	\$ _____	_____

X \_\_\_\_\_  
Signature of Applicant Date

**CERTIFICATION STATEMENT(S)**

- 1) I understand I assume full responsibility for the accuracy of the information on this form and I understand Sioux County General Assistance will use this application, and related verifications provided by me, to determine my eligibility for assistance.
- 2) I will notify the office of Sioux County General Assistance within TEN (10) days regarding any change in my income and/or any transaction related to my property and/or income, including but not limited to: anticipated income from sale or rental of property, lump sum payments on delinquent child support or current child support, inheritance, life insurance payments, and/or any change in income or living arrangements for myself or any member of my family.
- 3) **I understand that falsification or misrepresentation of information contained in this application, or related to this application for the primary purpose of obtaining and/or qualifying for assistance is illegal and will automatically result in denial of assistance and/or my obligation to repay to the County, any and all dollar amounts paid to a vendor on my behalf.**
- 4) I understand that any transfer and/or expenditure of household assets in the past 5 years for the primary purpose of qualifying for assistance is not allowed and will result in denial of assistance and/or my obligation to repay to the County, any and all dollar amounts paid to a vendor on my behalf. I understand that there are a limited number of exceptions to this policy, but that I must verify acceptable use of assets to the Director before an exception can be considered, or approved.
- 5) I understand that I must reimburse the County for any money received by me or paid to a vendor on my behalf to which it is subsequently determined, *for any reason*, I am not entitled to.
- 6) I am aware that Iowa laws provide that anyone who obtains, or attempts to obtain, or who aides or abets any person to obtain public assistance to which he or she is not entitled, is guilty of violating the laws of the State of Iowa and may be prosecuted for violation of this law.

**I, \_\_\_\_\_, HEREBY CERTIFY THAT THE STATEMENTS MADE HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

\_\_\_\_\_  
Signature of Applicant (or legal guardian) Date

**CONSENT TO RELEASE AND/OR OBTAIN INFORMATION**

I hereby authorize all persons administering Sioux County General Assistance to release and/or obtain confidential information concerning my eligibility, with regards to this application, to the Board of Supervisors and/or other holders of information related to this application. I authorize the Iowa Department of Human Services to release to and/or obtain from, the Sioux County General Assistance Director and/or his designated representative, confidential information concerning my eligibility and/or participation in any DHS programs that may be related to this application. I also authorize any other holder of information related to this application for assistance to release confidential information to the General Assistance Director and/or his designated representative when such information is deemed necessary for determining general assistance eligibility.

\_\_\_\_\_  
Signature of Applicant (or legal guardian) Date

\_\_\_\_\_  
Signature of Spouse (required for joint accounts and/or bills for those held by spouse singly) Date

**I HEREBY ACKNOWLEDGE RECEIPT OF THE SIOUX COUNTY NOTICE OF PRIVACY PRACTICES POLICY AND PROCEDURE.**

\_\_\_\_\_  
Signature of Applicant or Personal Representative Date

\_\_\_\_\_  
Legal Authority of Personal Representative

*If you are dissatisfied with the action of the office of the Sioux County General Assistance, you may appeal to the Sioux county board of Supervisors through the local office, or directly to the Supervisors.*

# SIoux COUNTY NOTICE OF PRIVACY PRACTICES

**CONSUMER COPY  
- KEEP!! -**

*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.*

If you have any questions about this Notice of Privacy Practices contact Sioux County's Privacy Officer: Shane A. Walter, Community Services Director, P.O. Box 233, Orange City, IA 51041, (712)737-2999, mh-dd@siouxcounty.org.

**This Notice of Privacy Practices describes how Sioux County may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.**

The County is required to abide by the terms of this Notice of Privacy Practices. Changes to policies and procedures will be made as necessary and appropriate to comply with changes in the HIPAA law. The County may change the terms of this notice at any time, provided that the changes are in compliance with regulations and properly documented. The new notice will be effective for all protected health information that the County maintains at that time. Upon request, the County will provide you with a copy of the revised Notice of Privacy Practices which you may pick up at our office, receive by mail, or access on our website [www.sioxcounty.org](http://www.sioxcounty.org). In the event that you request to receive this Notice of Privacy Practices via email transmission and we are aware that the transmission has failed, a paper copy will be sent to you at the address you provide. If you elect to receive an electronic copy of this notice you may also request, and are entitled to receive, a paper copy of this Notice.

#### PERMITTED USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Your protected health information may be used and disclosed by the County for the purpose of providing or accessing health care services for you. Your protected health information may also be used and disclosed to pay your health care bills and to support the business operation of the County.

**The following categories describe ways that the County is permitted to use and disclose health care information. Examples of types of uses and disclosures are listed in each category. Not every use or disclosure for each category is listed; however, all of the ways the County is permitted to use and disclose information falls into one of these categories:**

- 1) **Treatment:** The County may use and disclose your protected health information to provide, coordinate or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. For example, the County would disclose your protected health information, as necessary, to a home health agency that provides care to you. Another example is that protected health information may be provided to a facility to which you have been referred to ensure that the facility has the necessary information to treat you.
- 2) **Payment:** The County may use and disclose health care information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or a third party. The County may also discuss your protected health information about a service you are going to receive to determine whether you are eligible for the service, and for undertaking utilization review activities. For example, authorizing a service may require that your relevant protected health information be discussed with a provider to determine your need and eligibility for the service.
- 3) **Healthcare Operations:** The County may use or disclose, as-needed, your protected health information in order to support its business activities. These activities include, but are not limited to, quality assessment activities, employee review activities, licensing and conducting or arranging for other business activities. For example, the County may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment or to provide information about alternate services or other health-related benefits.

The County may share your protected health information with third party "business associates" that perform various activities (e.g., billing, transcription services) for the County. Whenever an arrangement between the County and a business associate involves the use or disclosure of your protected health information, the County will have a written contract that contains terms that will protect the privacy of your protected health information.

- 4) **Limited Data Sets / De-identified PHI:** The County may provide de-identified PHI for the purposes of research, public health, or health care operations. Whenever an arrangement between the County and a business associate involves the use or disclosure of your de-identified protected health information, the County will have a written contract that contains terms that will protect the privacy of your protected health information.

#### USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION REQUIRING YOUR WRITTEN AUTHORIZATION

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that the County has taken an action in reliance on the use or disclosure indicated in the authorization.

The County may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then the County may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

- 1) **Others Involved in Your Healthcare** - Unless you object, the County may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, the County may disclose such information as necessary if the County, based on its professional judgment, determines that it is in your best interest. The County may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, the County may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.
- 2) **Emergencies** - The County may use or disclose your protected health information in an emergency treatment situation. If this happens, The County shall try to obtain your acknowledgment of receipt of the Notice of Privacy Practices as soon as reasonably practicable after the delivery of treatment.

#### OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR AUTHORIZATION OR OPPORTUNITY TO OBJECT

The County may use or disclose your protected health information in the following situations without your consent or authorization. These situations include:

- 1) **Required By Law** - The County may use or disclose your protected health information to the extent that the use or disclosure is required by law. You will be notified, as required by law, of any such uses or disclosures.
- 2) **Public Health** - The County may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. The County may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.
- 3) **Communicable Diseases** - The County may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease.
- 4) **Health Oversight** - The County may disclose your protected health information to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.
- 5) **Abuse or Neglect** - The County may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, the County may disclose your protected health information if it believes that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.
- 6) **Food and Drug Administration** - The County may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.
- 7) **Legal Proceedings** - The County may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.
- 8) **Law Enforcement** - The County may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on county premises, (6) medical emergency (not on the county's premises) and it is likely that a crime has occurred and (7) In response to a law enforcement official's request for such information for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person, provided that only the following information, if available, is disclosed: (A) Name and address; (B) Date and place of birth; (C) Social security number; (D) ABO blood type and rh factor; (E) Type of injury; (F) Date and time of treatment; (G) Date and time of death, if applicable; and (H)

# SIoux COUNTY NOTICE OF PRIVACY PRACTICES

**CONSUMER COPY**  
**- KEEP!! -**

A description of distinguishing physical characteristics, including height, weight, gender, race, hair and eye color, presence or absence of facial hair (beard or moustache), scars, and tattoos. EXCLUDING disclosure for the purposes of identification or location any protected health information related to the individual's DNA or DNA analysis, dental records, or typing, samples or analysis of body fluids or tissue.

9) Coroners, Funeral Directors, and Organ Donation - The County may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

10) Research - The County may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

11) Marketing - The County may disclose your protected health information as it pertains to marketing in a face to face encounter with you, by means of a promotional gift or service of nominal value; or when making a marketing communication to you concerning the health related products and services the County provided the County is a) identified as the party making the communication and b) it is prominently stated if the County has received, or will receive, direct or indirect remuneration for making the communication. The communication must, except when it is contained in a newsletter or general communication device, contain instructions describing how you may opt out of receiving future such communications. Communication with you must explain why you received it and how the product or service relates to your health. You may opt out of receiving any further marketing communications from the county by sending a written request to the County Privacy . Send to: Attention Shane Walter, Sioux County CPC, P.O. Box 233, Orange City, IA 51041.

12) Fundraising - Only demographic information and dates of health care may be disclosed without your authorization to a business associate or to an institutionally related foundation for the purpose of raising funds. You may opt out of receiving any further fundraising communications by sending a written request to the County Privacy Officer. Send to: Attention Shane Walter, Sioux County CPC, P.O. Box 233, Orange City, IA 51041.

13) Criminal Activity - Consistent with applicable federal and state laws, the County may disclose your protected health information, if it believes that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. The County may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

14) Military Activity and National Security - When the appropriate conditions apply, the County may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. The County may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

15) Workers' Compensation - Your protected health information may be disclosed by the County as authorized to comply with workers' compensation laws and other similar legally-established programs.

16) Inmates - The County may use or disclose your protected health information if you are an inmate of a correctional facility and the County created or received your protected health information in the course of providing care to you.

17) Required Uses and Disclosures - Under the law, the County must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine County compliance with the requirements of 45 C.F.R. section 164.500 et. seq.

## **MITIGATION OF HARMFUL EFFECTS**

The County will mitigate, to the extent practicable, any known harmful effect due to inappropriate use or disclosure of protected health information by the County or any of our business associates and inform those responsible for the breach to require prevention of future actions that would have harmful effects.

## **EFFECT OF PRIOR CONSENTS**

The County will use or disclose protected health information about an individual pursuant to an individual signed consent, authorization, or other express legal permission collected before the applicable compliance date of the HIPAA privacy rule. In addition, the County will NOT make any use or disclosure that is expressly excluded from the consent, authorization, or other express legal permission obtained from an individual, and will comply with all limitations or restrictions placed by the consent, authorization, or other express legal permission obtained from an individual.

## **YOUR RIGHTS**

The following are a list of your rights with respect to your protected health information and a brief description of how you may exercise these rights:

### **RIGHT TO INSPECT AND COPY YOUR PROTECTED HEALTH INFORMATION**

This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as the County maintains the protected health information. A "designated record set" contains medical and billing records and any other records that the County uses in making decisions about you.

Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact the County Privacy Contact if you have questions about access to your medical record.

### **RIGHT TO REQUEST A RESTRICTION OF YOUR PROTECTED HEALTH INFORMATION**

This means you may ask the County not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

The County is not required to agree to a restriction that you may request. If the County believes that it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If the County does agree to the requested restriction, it may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with the County. You may request a restriction in writing to the County Privacy Officer.

### **RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS FROM THE COUNTY BY ALTERNATIVE MEANS OR AT AN ALTERNATIVE LOCATION**

The County will accommodate reasonable requests. The County may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. The County will not request an explanation from you as to the basis for the request. Please make this request in writing to the County Privacy Contact.

### **RIGHT TO REQUEST AN AMENDMENT TO YOUR PROTECTED HEALTH INFORMATION**

This means you may request an amendment of protected health information about you in a designated record set for as long as the County maintains this information. In certain cases, the County may deny your request for an amendment. If the County denies your request for amendment, you have the right to file a statement of disagreement with the County and the County may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

### **RIGHT TO RECEIVE AN ACCOUNTING OF CERTAIN DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION**

This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures the County may have made to you, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occur after April 14, 2003.

### **RIGHT TO OBTAIN A PAPER COPY OF THIS NOTICE**

You have the right to obtain a paper copy of this notice, upon request, even if you have agreed to accept this notice electronically.

## **COMPLAINTS**

You may file a complaint to the County or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by the County. You may file a complaint against the County by notifying the County Privacy Officer. The County will not retaliate against you for filing a complaint. You may contact the County Privacy Officer, **Shane A. Walter, Community Services Director** at **(712)737-2999** or **mh-dd@siouxcounty.org** for further information about the complaint process.

**This notice was published on and is effective as of April 14, 2003**