

## Notice of Privacy Practices

**Effective Date:** January 1, 2025



---

### Your Health Information Privacy Rights

This notice describes how medical and personal health information about you may be used and disclosed, and how you can get access to this information.

Please review it carefully.

---

### Our Commitment to Your Privacy

Panhandle Public Health District (PPHD) is committed to protecting your privacy. We create and maintain records that include personal health information (PHI) to provide services, conduct public health activities, and comply with state and federal laws.

We are required by law to:

- Maintain the privacy and security of your protected health information.
- Give you this notice explaining our legal duties and privacy practices.
- Follow the terms of the current notice.
- Notify you if a breach of your unsecured health information occurs.

---

### How We May Use and Disclose Your Health Information

We may use or share your health information **without your written permission** for the following purposes:

#### **Treatment**

To provide, coordinate, or manage your health care and related services.

*Example:* Sharing information with your healthcare provider to ensure continuity of care.

#### **Public Health Activities**

To report disease, injury, or vital events such as births and deaths, and to carry out public health investigations, interventions, and surveillance activities.

*Example:* Reporting communicable diseases to the Nebraska Department of Health and Human Services.

## **Health Oversight Activities**

To support audits, inspections, and investigations by government agencies overseeing public health programs.

## **Law Enforcement and Legal Requirements**

When required by law, court order, or for law enforcement purposes such as locating a missing person or reporting certain injuries.

## **Research**

For approved public health research projects when specific privacy protections are in place.

## **To Prevent a Serious Threat**

To prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

## **Disaster Response**

To help in notifying family or emergency responders of your condition or location.

## **Other Uses Permitted by Law**

We may share information as required by workers' compensation laws or other legally authorized programs.

---

## **Uses and Disclosures Requiring Your Authorization**

Any other uses or disclosures of your information will require your **written authorization**. Examples include:

- Sharing information for marketing purposes.
- Sale of health information.  
You may revoke an authorization at any time in writing.

---

## **Your Rights Regarding Your Health Information**

You have the right to:

### **1. Inspect and Get a Copy of Your Records**

You may request access to review or receive copies of your health information. A reasonable fee may apply for copies.

**2. Request a Correction**

If you believe information is incorrect or incomplete, you may request a correction.

**3. Request Confidential Communications**

You may ask that we communicate with you in a specific way (for example, at a different address or phone number).

**4. Request Restrictions**

You may request limits on how we use or disclose your information. We will consider your request but may not always be able to agree if required by law.

**5. Receive an Accounting of Disclosures**

You may ask for a list of times we've shared your information for reasons other than treatment, payment, or operations.

**6. Receive a Paper Copy of This Notice**

You may ask for a printed copy at any time, even if you agreed to receive it electronically.

**7. File a Complaint**

If you believe your privacy rights have been violated, you may file a complaint with PPHD or the U.S. Department of Health and Human Services (HHS).

We will not retaliate against you for filing a complaint.

---

**Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
  - We must follow the duties and privacy practices described in this notice.
  - We will notify you if a breach occurs that may have compromised the privacy or security of your information.
- 

**Changes to This Notice**

We may change our privacy practices from time to time.

When we make significant changes, we will update this notice and post the new version in our facilities and on our website.

The most current version will always be available upon request.

---

## Contact Information

### Privacy Officer

**Jessica Davies**

Panhandle Public Health District

[jdavies@pphd.ne.gov](mailto:jdavies@pphd.ne.gov) | 808 Box Butte Ave | Hemingford, NE 69348 You may also contact:

**U.S. Department of Health and Human Services, Office for Civil Rights**

Website: <https://www.hhs.gov/ocr/privacy/hipaa/complaints>

---

## Acknowledgment of Receipt

You will be asked to sign an acknowledgment that you received this Notice.

Your signature does not change your rights in any way.

---