

NOTICE OF PRIVACY PRACTICES

of Orange County Government, including

Health Department, Emergency Medical Services, Social Services Department, and Department on Aging

The Orange County Government Departments/Agencies listed above are treated as one hybrid-covered entity under the laws that protect the privacy and security of medical information about you (HIPAA). All of the above departments/agencies are referred to as "we" in this 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

Una copia de este aviso esta disponible en espanol

Purpose of this Notice: Certain Orange County Government Departments and Agencies (Health, EMS, Aging and DSS) are required by law to maintain the privacy of certain confidential health care information, known as Protected Health Information (PHI), and to provide you with a notice of our legal duties and privacy practices with respect to your PHI. This Notice describes your legal rights, advises you of our privacy practices, and lets you know how Orange County Government departments are permitted to use and disclose your PHI. Orange County is also required to abide by the terms of the version of this Notice currently in effect. We may use this information after we obtain your consent or, in emergency (such as some EMS responses) and other situations without your immediate consent.

We reserve the right to change the terms of this Notice and to make new Notice provisions effective for all PHI that we maintain.

A. WE HAVE A LEGAL DUTY TO PROTECT HEALTH INFORMATION ABOUT YOU.

We are required to protect the privacy of health information about you, which we call "protected health information," or "PHI" for short. We must provide you notice of our legal duties and privacy practices concerning PHI:

- We must protect PHI that we have created or received about your past, present, or future health condition, health care we provide to you, and payment for your health care.
- We must notify you about how we protect your PHI.
- We must explain how, when and why we use and/or disclose PHI about you.
- We may only use and/or disclose PHI as we have described in this Notice.

We are required to follow the procedures in this Notice. *We reserve the right to change the terms of this Notice and to make new notice provisions effective for all PHI. When we change the terms of this notice, we must first:*

- Post the revised notice in our offices;
- Make copies of the revised notice available upon request (either at any of our offices or through the contact person listed in this Notice); and
- Post the revised notice on our website (www.co.orange.nc.us)

B. WE MAY USE AND DISCLOSE PHI ABOUT YOU WITHOUT YOUR AUTHORIZATION IN THE FOLLOWING CIRCUMSTANCES.

1. We may use and disclose your PHI to provide health care treatment to you.

We may use and disclose your PHI to provide, coordinate or manage your health care and related services. This may include communicating with other health care providers regarding your treatment and coordinating and managing your health care with others.

EXAMPLE: Your doctor may share medical information about you with another health care provider. For example, if you are referred to another doctor, that doctor will need to know if you are allergic to any medications.

2. We may use and disclose your PHI to obtain payment for services.

Generally, we may use and give your medical information to others to bill and collect payment for the treatment and services provided to you. Before

you receive scheduled services, we may share information about these services with your health plan(s). Sharing information allows us to ask for coverage under your plan or policy and for approval of payment before we provide the services. We may also share portions of your medical information with the following

- Billing departments; insurance companies, health plans and their agents that provide you coverage; collection departments or agencies, and consumer reporting agencies (e.g., credit bureaus).

EXAMPLE: You have a broken leg. We may need to give your health plan(s) information about your condition, supplies used (such as casting materials or crutches), and services you received (such as x-rays or surgery). The information is given to our billing department and your health plan so we can be paid or you can be reimbursed.

3. We may use and disclose your PHI for health care operations.

We may use and disclose PHI in performing business activities, which we call "health care operations". These "health care operations" allow us to improve the quality of care we provide and reduce health care costs. Examples of the way we may use or disclose PHI about you for "health care operations" include the following:

- Improving health care and lowering costs for groups of people who have similar health problems and to help manage and coordinate the care for these groups of people. We may use PHI to identify groups of people with similar health problems to give them information, for instance, about treatment alternatives, classes, or new procedures.
- Providing training programs for students, trainees, health care providers or non-health care professionals (for example, billing clerks or assistants, etc.) to help them practice or improve their skills.
- Ensuring that services provided meet our standards of care and were delivered promptly, efficiently, and correctly.

4. We may use and disclose PHI under other circumstances without your authorization.

We may use and/or disclose your PHI in some circumstances for which we do not need your consent or authorization, and in which you do not have an

opportunity to agree or object. Those circumstances include:

- When a disclosure is required by federal, state or local law or other judicial or administrative proceeding.
- When the use and/or disclosure is necessary for public health activities. For example, we may disclose PHI about you if you have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease.
- When the disclosure relates to victims of abuse, neglect or domestic violence.
- When the use and/or disclosure is for health oversight activities. For example, we may disclose PHI about you to a state or federal health oversight agency which is authorized by law to oversee our operations.
- When the disclosure is for judicial and administrative proceedings. For example, we may disclose PHI about you in response to an order from a court or administrative tribunal.
- When the disclosure is for law enforcement purposes. For example, we may disclose PHI about you in order to comply with laws that require the reporting of certain types of wounds or other physical injuries.
- When the use and/or disclosure relates to decedents. For example, we may disclose your PHI to a coroner or medical examiner for the purposes of identifying you in the event of your death.
- When the use and/or disclosure relates to organ, eye or tissue donation purposes after death.
- When the use and/or disclosure relates to medical research. Under certain circumstances, we may disclose your PHI as part of our medical research activities or to others conducting approved medical research.
- When the use and/or disclosure is to avert a serious threat to health or safety. For example, we may disclose PHI about you to prevent or lessen a serious and eminent threat to the health or safety of a person or the public.
- When the use and/or disclosure relates to specialized government functions. For example, we may disclose PHI about you if it relates to military and

veterans' activities, national security and intelligence activities, protective services for the President, and medical suitability or determinations of the Department of State.

- When the use and/or disclosure relates to correctional institutions and in other law enforcement custodial situations. For example, in certain circumstances, we may disclose PHI about you to a correctional institution having lawful custody of you.

5. You can object to certain uses and disclosures.

Unless you object, we may use or disclose PHI about you in the following circumstances:

- We may share with a family member, relative, friend or other person identified by you, PHI directly related to that person's involvement in your care or payment for your care. We may share with a family member, personal representative or other person responsible for your care PHI necessary to notify such individuals of your location, general condition or death.
- We may share with a public or private agency (for example, American Red Cross) PHI about you for disaster relief purposes. Even if you object, we may still share the PHI about you, if necessary for the emergency circumstances.

If you would like to object to our use or disclosure of your PHI in the above circumstances, please call our contact person listed on the last page of this Notice.

6. We may contact you to provide appointment reminders.

We may use and/or disclose your PHI to contact you to provide a reminder to you about an appointment you have for treatment or medical care.

7. We may contact you with information about treatment, services, products or health care providers.

We may use and/or disclose PHI to manage or coordinate your healthcare. This may include telling you about treatments, services, products and/or other healthcare providers.

EXAMPLE: If you are diagnosed with diabetes, we may tell you about nutritional and other counseling services that may be of interest to you.

**** ANY OTHER USE OR DISCLOSURE OF PHI ABOUT YOU REQUIRES YOUR WRITTEN AUTHORIZATION ****

Under any circumstances other than those listed above, we will ask for your written authorization before we use or disclose PHI about you. If you sign a written authorization allowing us to disclose PHI about you in a specific situation, you can later cancel that authorization in writing. If you cancel your authorization in writing, we will not disclose PHI about you after we receive the cancellation, except for disclosures which were being processed before we received your cancellation.

C. YOU HAVE SEVERAL RIGHTS REGARDING PHI ABOUT YOU.

1. You have the right to request restrictions on uses and disclosures of PHI about you.

We are not required to agree to your requested restrictions. However, even if we agree to your request, in certain situations your restrictions may not be followed. These situations include emergency treatment, disclosures to the Secretary of the Department of Health and Human Services, and uses and disclosures described in subsection 4 of the previous section of this Notice. You may request a restriction by sending a request in writing to the Privacy Officer. (address at bottom of notice)

2. You have the right to request different ways to communicate with you.

You have the right to request how and where we contact you about PHI. For example, you may request that we contact you at your work address or phone number, or by email. Your request must be in writing. We must accommodate reasonable requests. If communication about payments is required, we will need you to give an alternative address or other method of contact. You may request alternative communications by sending a request in writing to the Privacy Officer. (address at bottom of notice)

3. You have the right to see and copy PHI about you.

You have the right to request to see and receive a copy of PHI contained in clinical, billing and other records used to make decisions about you. Your request must be in writing, and we have up to 1 week to comply. We may charge you fees to copy your records. Instead of providing you with a full copy of the PHI, we may give you a summary or explanation of the PHI about you, if you agree in advance. There are certain situations in which we are not required to comply with your request. Under these circumstances, we will respond to you in writing, stating why we will not grant your request and describing any rights you may have to request a review of our denial. You may request to receive a copy of your PHI by sending a request in writing to the Privacy Officer. (address at bottom of notice)

4. You have the right to request amendment of your PHI.

You have the right to request that we make amendments to clinical, billing and other records used to make decisions about you. Your request must be in writing and must explain your reason(s) for the amendment. We may deny your request if:

- the information was not created by us (unless you prove the creator of the information is no longer available to amend the record);
- the information is not part of the records used to make decisions about you;
- we believe the information is correct and complete; or
- you would not have the right to see and copy the record as described in paragraph 3 above.

We will tell you in writing the reasons for the denial and describe your rights to give us a written statement disagreeing with the denial. If we accept your request to amend the information, we will make reasonable efforts to inform others of the amendment, including persons you name who have received PHI about you and who need the amendment. You may request an amendment of your PHI by sending a request in writing to the Privacy Officer. (address at bottom of notice)

5. You have the right to a listing of disclosures we have made.

If you ask our contact person in writing, you have the right to receive a written list of certain disclosures of PHI about you. You may ask for disclosures made up to six (6) years before your request (not including disclosures made prior to April 14, 2003). We are not required to include disclosures made:

- For your treatment
- For billing and collection of payment for your treatment
- For our health care operations
- Requested by you, that you authorized, or which are made to individuals involved in your care
- Allowed by law when the use and/or disclosure relates to certain specialized government functions or relates to correctional institutions and in other law enforcement custodial situations (please see subsection 4 in the section above) and
- As part of a limited set of information which does not contain information which would identify you.

The list will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the information, a brief description of the information disclosed, and the

purpose of the disclosure. If you request a list of disclosures more than once in 12 months, we can charge you a reasonable fee. You may request a listing of disclosures by sending a request in writing to the Privacy Officer (address at bottom of notice).

6. You have the right to a copy of this Notice.

You have the right to request a paper copy of this Notice at any time by: 1) Going into any one of the following departments: Health, EMS, Aging or DSS; 2) You may call the Privacy Officer named at the bottom of this notice and request a copy; 3) You may access a copy on our website: www.co.orange.nc.us.

We will provide a copy of this Notice no later than the date you first receive service from us (except for emergency services (usually EMS), and then we will provide the Notice to you as soon as possible).

D. YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES.

If you think your privacy rights have been violated by us, or you want to complain to us about our privacy practices, or suggest improvements to our privacy practices, you can contact our Privacy Officers below:

Mail:

Privacy Officer (Specify Department)
PO Box 8181
Hillsborough, NC 27278

Phone:

Health Dept: 245-
Social Services Dept:
Emergency Medical Svcs:
Dept. on Aging:

You may also send a written complaint to the United States Secretary of the Department of Health and Human Services. Contact information can be found at the website for the Office of Civil Rights at www.hhs.gov/ocr.

If you file a complaint, we will not take any action against you or change our treatment of you in any way.

E. EFFECTIVE DATE OF THIS NOTICE

This Notice of Privacy Practices is effective on *April 14, 2003.*