

DAVIDSON COUNTY HEALTH DEPARTMENT

NOTICE OF PRIVACY PRACTICES

Effective Date: September 23, 2013

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.

WE ARE REQUIRED BY LAW TO PROTECT MEDICAL INFORMATION ABOUT YOU

In order to provide you with or coordinate services on your behalf, the Davidson County Health Department (DCHD) must collect information about you. This information collected about you is stored in a Medical Record. The DCHD understands that the information collected about you and your health is private and confidential. We are required to protect this information. Much of the information that we collect about you or your health status has the potential to identify you as an individual. That information is referred to as "protected health information" (PHI). Please be aware that we maintain the written PHI in your Medical Record.

We also maintain some PHI in electronic records (computers). We may use or disclose your PHI in electronic or written forms, or we may do so verbally. This medical information may be information about health care we provide to you or payment for health care provided to you. It may also be information about your past, present, or future medical condition.

We are also required by law to provide you with this Notice of Privacy Practices explaining our legal duties and privacy practices with respect to medical information. We are legally required to follow the terms of this Notice. In other words, we are only allowed to use and disclose medical information in the manner that we have described in this Notice.

We may change the terms of this Notice in the future. We reserve the right to make changes and to make the new Notice effective for all medical information that we maintain. If we make changes to the Notice, we will:

- Post the new Notice in our waiting areas and on our website
- Have copies of the new Notice available upon request (you may always contact our Privacy Officer at (336) 242-2300 to obtain a copy of the current Notice)
- Retain copies of outdated versions of the Notice of Privacy Practices for seven years

The following is contained in this Notice:

- Discussion of how we may use and disclose medical information about you
- Explanation of your rights with respect to medical information about you
- Description of how and where you may file a privacy-related complaint

If, at any time, you have questions about information in this Notice or about our privacy policies, procedures or practices, you can contact our Privacy Officer at (336) 242-2300.

WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU IN SEVERAL CIRCUMSTANCES

We use and disclose medical information about patients every day. This section of our Notice explains in some detail how we may use and disclose medical information about you in order to provide health care, obtain payment for that health care, and operate our business efficiently. This section then briefly mentions several other circumstances in which we may use or disclose medical information about you. For more information about any of these uses or disclosures, or about any of our privacy policies, procedures or practices, contact our Privacy Officer at (336) 242-2300.

1. Treatment

We may use and disclose medical information about you to provide health care treatment to you. In other words, we may use and disclose medical information about you 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: Jane is a patient at the health department. The receptionist may use medical information about Jane when setting up an appointment. The nurse practitioner will likely use medical information about Jane when reviewing Jane's condition and ordering a blood test. The laboratory technician will likely use medical information about Jane when processing or reviewing her blood test results. If, after reviewing the results of the blood test, the nurse practitioner concludes that Jane should be referred to a specialist, the nurse may disclose medical information about Jane to the specialist to assist the specialist in providing appropriate care to Jane. If Jane permits, she may be sent reminders of her appointments.

2. Payment

We may use and disclose medical information about you to obtain payment for health care services that you received. This means that, within the health department, we may use medical information about you to arrange for payment (such as preparing bills and managing accounts). We also may disclose medical information about you to others (such as insurers, collection agencies, and consumer reporting agencies). In some instances, we may disclose medical information about you to an insurance plan before you receive certain health care services because, for example, we may want to know whether the insurance plan will pay for a particular service.

Example: Jane is a patient at the health department and she has private insurance. During an appointment with a nurse practitioner, the nurse practitioner ordered a blood test. The health department-billing clerk will use medical information about Jane when he prepares a bill for the services provided at the appointment and the blood test. Medical information about Jane will be disclosed to her insurance company when the billing clerk sends in the bill.

Example: The nurse practitioner referred Jane to a specialist. The specialist recommended several complicated and expensive tests. The specialist's billing clerk may contact Jane's insurance company before the specialist runs the tests to determine whether the plan would pay for the test.

3. Health care operations

We may use and disclose medical information about you in performing a variety of business activities that we call "health care operations." These "health care operations" activities allow us to, for example, improve the quality of care we provide and reduce health care costs. For example, we may use or disclose medical information about you in performing the following activities:

- Reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you.
- Providing training programs for students, trainees, health care providers or non-health care professionals to help them practice or improve their skills.
- Cooperating with outside organizations that evaluate, certify or license health care providers, staff or facilities in a particular field or specialty.
- Reviewing and improving the quality, efficiency and cost of care that we provide to you and our other patients.
- Improving health care and lowering costs for groups of people who have similar health problems and helping manage and coordinate the care for these groups of people.
- Cooperating with outside organizations that assess the quality of the care others and we provide, including government agencies and private organizations.
- Planning for our organization's future operations.
- Resolving grievances within our organization.
- Reviewing our activities and using or disclosing medical information in the event that control of our organization significantly changes.
- Working with others (such as lawyers, accountants and other providers) who assist us to comply with this Notice and other applicable laws.

Example: Jane was diagnosed with diabetes. The health department used Jane's medical information - as well as medical information from all of the other health department patients diagnosed with diabetes - to develop an educational program to help patients recognize the early symptoms of diabetes. (Note: The educational program would not identify any specific patients without their permission).

Example: Jane complained that she did not receive appropriate health care. The health department reviewed Jane's record to evaluate the quality of the care provided to Jane. The health department also discussed Jane's care with an attorney.

4. Persons involved in your care.

We may disclose medical information about you to a relative, close personal friend or any other person you identify if that person is involved in your care and the information is relevant to your care. If the patient is a minor, we may disclose medical information about the minor to a parent, guardian or other person responsible for the minor except in limited circumstances. For more information on the privacy of minors' information contact our Privacy Officer at (336) 242-2300.

We may also use or disclose medical information about you to a relative; another person involved in your care or possibly a disaster relief organization (such as the Red Cross) if we need to notify someone about your location or condition.

You may ask us at any time not to disclose medical information about you to persons involved in your care. We will agree to your request and not disclose the information except in certain limited circumstances (such as emergencies) or if the patient is a minor. If the patient is a minor, we may or may not be able to agree to your request.

Example: Jane’s husband regularly comes to the health department with Jane for her appointments and he helps her with her medication. When the nurse practitioner is discussing a new medication with Jane, Jane invites her husband to come into the private room. The nurse practitioner discusses the new medication with Jane and Jane’s husband.

5. Required by law

We will use and disclose medical information about you whenever we are required by law to do so. There are many state and federal laws that require us to use and disclose medical information. For example, state law requires us to report gunshot wounds and other injuries to the police and to report known or suspected child abuse or neglect to the Department of Social Services. We will comply with those state laws and with all other applicable laws.

6. National priority uses and disclosures

When permitted by law, we may use or disclose medical information about you without your permission for various activities that are recognized as “national priorities.” In other words, the government has determined that under certain circumstances (described below), it is so important to disclose medical information that it is acceptable to disclose medical information without the individual’s permission. We will only disclose medical information about you in the following circumstances when we are permitted to do so by law. Below are brief descriptions of the “national priority” activities recognized by law. For more information on these types of disclosures, contact our Privacy Officer at (336) 242-2300.

- **Threat to health or safety:** We may use or disclose medical information about you if we believe it is necessary to prevent or lessen a serious threat to health or safety.
- **Public health activities:** We may use or disclose medical information about you for public health activities. Public health activities require the use of medical information for various activities, including, but not limited to, activities related to investigating diseases, reporting child abuse and neglect, monitoring drugs or devices regulated by the Food and Drug Administration, and monitoring work-related illnesses or injuries. For example, if you have been exposed to a communicable disease (such as a sexually transmitted disease), we may report it to the State and take other actions to prevent the spread of the disease.
- **Abuse, neglect or domestic violence:** We may disclose medical information about you to a government authority (such as the Department of Social Services) if you are an adult and we reasonably believe that you may be victim of abuse, neglect or domestic violence.
- **Health oversight activities:** We may disclose medical information about you to a health oversight agency – which is basically an agency responsible for overseeing the health care system or certain government programs. For example, a government agency may request information from us while they are investigating possible insurance fraud.
- **Court proceedings:** We may disclose medical information about you to a court or an officer of the court (such as an attorney). For example, we would disclose medical information about you to a court if a judge orders us to do so.
- **Law enforcement:** We may disclose medical information about you to a law enforcement official for specific law enforcement purposes. For example, we may disclose limited medical information about you to a police officer if the officer needs the information to help find or identify a missing person.
- **Coroners and others:** We may disclose medical information about you to a coroner, medical examiner, or funeral director or to organizations that help with organ, eye and tissue transplants.
- **Workers’ compensation:** We may disclose medical information about you in order to comply with workers’ compensation laws.
- **Research organizations:** We may use or disclose medical information about you to research organizations if the organization has satisfied certain conditions about protecting the privacy of medical information.
- **Certain government functions:** We may use or disclose medical information about you for certain government functions, including but not limited to military and veterans’ activities and national security and intelligence activities. We may also use or disclose medical information about you to a correctional institution in some circumstances.

7. Appointment reminders

We may use and disclose medical information to contact you as a reminder that you have an appointment with us.

8. Authorization

Other than the uses and disclosures described above (#1-7), we will not use or disclose medical information about you without the “authorization” – or signed permission – of you or your personal representative. Uses and disclosures for marketing purposes and disclosures that constitute a sale of your medical information are among those requiring your authorization. In some instances, we may wish to use or disclose medical information about you and we may contact you to ask you to sign an authorization form. In other instances, you may contact us to ask us to disclose medical information and we will ask you to sign an authorization form. Your authorization expires 1-year from the date you sign it. If you sign a written authorization allowing us to disclose medical information about you, you may later revoke (or cancel) your authorization in writing (except in very limited circumstances related to obtaining insurance coverage). If you would like to revoke your authorization, you may write us a letter revoking your authorization or fill out an Authorization Revocation Form. Authorization Revocation Forms are available from our Privacy Officer. If you revoke your authorization, we will follow your instructions except to the extent that we have already relied upon your authorization and taken some action.

YOU HAVE RIGHTS WITH RESPECT TO MEDICAL INFORMATION ABOUT YOU

You have several rights with respect to medical information about you. This section of the Notice will briefly mention each of these rights. If you would like to know more about your rights, please contact our Privacy Officer at (336) 242-2300.

Your PHI Privacy Rights

1. Right to see and Receive Copies of Your Records. You have the right to inspect and to receive a copy of your health care information that we maintain in certain groups of records. If you would like to inspect or receive a copy of your health care information, you must make a request. We will ask you to sign a request form that specifically identifies the information you wish to review. We must act on your request no later than 10 business days after receipt of the request. We may deny your request for access in certain circumstances. If it is determined by a clinical professional that the information you requested could prove detrimental or harmful to you or someone else, we will deny access to only that specific information. We may choose to have specific information summarized and present you with that summary information. This is especially true if the documents in question are lengthy and contain information not pertaining to your specific request. In any event, if we deny any part of your request, we will explain our reason for doing so in writing. We will also inform you in writing if you have the right to have our decision reviewed by another person and how to proceed with that request. If your request is approved, you may view certain information contained in your Medical Record in the presence of a DCHD staff member. Other limitations may be placed on your access to specific information contained in your Medical Record. You will be charged a fee of \$.10 a page for the cost of copying your record.

2. Right to Request to Correct or Update Your Records. You may ask DCHD to change or add missing information to your records, if you think the information is inaccurate or incomplete. You must make the request in writing and provide a reason for your request. The DCHD cannot honor requests to change records provided to us by other sources, nor can we change some records that we generate. We will place a statement in the record that indicates you dispute certain information and will send that statement to anyone who has received a copy of the original information and along with any future disclosures.

3. Right to Get a List of Disclosures. You have the right to ask DCHD for a list of disclosures made within the last six years. You must make the request in writing. The list will include to whom the information was disclosed, the date it was disclosed, and what specific information was disclosed. This list will not include several types of disclosures, including the times that information was disclosed for treatment, payment, or other health care operations (TPO)

4. Right to Request Limits on Uses or Disclosures of PHI. You have the right to ask DCHD to limit how your information is used or disclosed. The DCHD is not required to agree to the restriction unless you have paid for those services out-of-pocket, in full, and your request is that we not provide your medical information related solely to those services to a health plan and the disclosure is not required by law. Your request must be in writing and must identify the information to be restricted, the type restriction (use and/or disclosure) you are requesting, and to whom the limits apply. If the DCHD agrees to the restriction we must abide by that restriction, except in circumstances that the information would be required for emergency treatment. We cannot honor requests that limit our ability to engage in TPO. You can request that restrictions be terminated in writing or verbally. If you make a verbal request, we will ask that you verify it in writing during your next visit.

5. Right to Revoke Permission. If you are asked to sign an authorization to use or disclose information, you can cancel that authorization at any time. You must make the request in writing. This will not affect information that has already been shared.

- 6. Right to Choose How We Communicate With You.** You have the right to ask that DCHD share information with you in a certain way or in a certain place. For example, you may ask DCHD to send information to an address other than your home. You may also ask that we not leave messages on a home answering machine. You do not have to explain your reason for the requests.
 - 7. Right to File a Complaint.** You have the right to file a complaint if you do not agree with how DCHD has used or disclosed your information. How to file a complaint is listed below.
 - 8. Right to a copy of this Notice.** You have a right to have a paper copy of our Notice of Privacy Practices at any time. In addition, a copy of this Notice will always be posted in our waiting area and on our Website. If you would like to have a copy of our Notice, ask the receptionist for a copy or contact our Privacy Officer.
 - 9. Right to receive breach notification.** We will notify you of any breach of your medical information and advise you of what we intend to do to mitigate the damage (if any) caused by the breach, and about the steps you should take to protect yourself from potential harm resulting from the breach.
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YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES

If you believe that your privacy rights have been violated or if you are dissatisfied with our privacy policies or procedures, you may file a complaint either with us or with the federal government. We will not take any action against you or change our treatment of you in any way if you file a complaint.

To file a written complaint with the Davidson County Health Department, you may bring your complaint to the department, or mail it to the following address:

Davidson County Health Department
P.O. Box 439
Lexington, N.C. 27293
Attn: Privacy Officer

To file a complaint with the federal government, you may send your complaint to the following address:

USDHHS, Office of Civil Rights
Medical Privacy Complaint Division
200 Independence Avenue, SW
Washington, DC 20201
Phone: (866) 627-7748