



Notice of Privacy Practices

Last Modified: September 1, 2016

This notice describes how your Protected Health Information may be used or disclosed
In addition, the rights patients have to protect their own information.
Please review carefully

OUR LEGAL DUTY

The Health Insurance Portability and Accountability Act of 1996 (HIPAA Privacy Rule) establishes Federal protections for your health information by placing some limits on how it may be used and shared. You play an important role in controlling who has access to your health information in many situations.

The law requires agencies must maintain the privacy of patient's Protected Health Information (PHI) as well as ensure security of the information. We are also required to give you this Notice about our privacy and security practices, our legal duties, and your rights concerning your health information. We must follow the privacy and security practices that are described in this Notice while it is in effect. The original Notice took place on April 14, 2003 with revisions on September 11, 2008, April 16, 2013 and August 31, 2016. Before we make any significant changes in our privacy or security practices, we will change this Notice and then make the new Notice available to you upon request. Note: we reserve the right to change our privacy and security practices and the terms of this Notice at any time. Changes in our privacy or security practices and the terms of our Notice will be effective for all health information that we maintain to include health information we created or received before we made this change.

You may request a copy of our Notice at any time. For more information about our privacy or security practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

We, at the Cumberland County Department of Public Health and the sections within our agency, may use or disclose your health information for the following purposes.

Treatment: We may use or disclose your health information to Hospitals, Health Care Providers, Health Care agency or a physician that will be providing treatment or health care services to you. For example, if we refer you to a physician for a service in which our agency is unable to provide, your health information may be disclosed to that provider.

Payment: We may use or disclose your health information to obtain payment for services that is provided to you. If an insurance company pays for your service, it may be necessary to disclose your health information to that company. For example, if you present for our services and a charge incurs, we will submit necessary information to your insurance carrier for payment to be made for the service provided.

If you pay out of pocket for the provided service and there are no third party payers involved, you have the right to restrict disclosures of your protected health information to your health plan providing you have paid for the services in full.

Healthcare Operations: We may use or disclose your health information for the purpose of quality assessment and improvement activities, reviewing the competence or qualifications of healthcare providers, evaluating practitioner and provider performance, conducting training programs, agency accreditation, certification, licensing or credentialing activities. For example, when our agency is undergoing accreditation and/or any agency certification some of your protected health information may need to be reviewed by someone other than the services provider.

As required by law: We may disclose your health information when we are required to do so by federal, state or local law, such as communicable disease or food borne illness and vaccination reporting.

For public health purposes: We may use or disclose medical information about you for public health purposes, including reporting births and deaths and notifying appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect or domestic violence or other crimes. We may disclose your health information to the extent necessary to avert a serious safety threat for you or the health and safety of others.

For judicial and administrative proceedings: We may disclose medical information about you in response to a court or administrative order. We may disclose medical information in response to a subpoena, discovery request, or other lawful purposes, **only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.**

Representatives and/or family members involved in your care: It could be necessary for us to use or disclose health information to notify or assist in the notification of family member or a personal representative of your location, your general condition, or death. If you are present then we will provide you with an opportunity to object to such uses or disclosures before they are made. In the event of your incapacity or emergency circumstance, we may disclose information that is directly relevant to the person's involvement in your

healthcare, if we determine that it is in the best interest to do so. We may have to disclose information about you after your death to either a family member and/or the coroner.

For law enforcement purposes: We may disclose health information to law enforcement officials when certain conditions are met, such as proof of investigation. We may disclose protected health information about you to a correctional institution that has custody of you.

For worker's compensation: We may release medical information about you for workers compensation or similar programs with appropriate documentation.

For organ and tissue donation: If you are an organ donor, we may release medical information to organizations to handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank as necessary to facilitate organ or tissue donation and transplantation.

Business Associates: Any provider, institution, etc. that creates or receives information on our behalf will have access to your medical information if they provide services for you.

Food and Drug Administration: We may disclose health information about you involving incidents related to food, supplements, product defects, or post-marketing surveillance to the FDA and manufactures to enable product recalls, repairs, or replacements; and health oversight agencies for activities authorized by law.

Psychotherapy Notes: Most uses and disclosures of psychotherapy notes will require authorization from the individual prior to disclosing if the information is not kept within the Health Department medical record.

With your authorization: Other uses and disclosures of medical information not covered by this Notice or the laws that apply to use will be made only with your written authorization. Authorization may be revoked in writing at any time. Your revocation will not affect any use or disclosure permitted by your authorization while it is in effect.

PATIENT RIGHTS

With your authorization: Other uses and disclosures of medical information not covered by this Notice or the laws applying to use will be made only with your written authorization. Please note: your authorization may be revoked in writing at any time. The revocation will not affect any use or disclosure permitted by your authorization while it is in effect.

Access: You have the right to look at or get copies of your health information, with limited exceptions. We may deny your request in certain limited circumstances, such as not providing picture identification and/or expired identification and the refusal to sign the appropriate consent.

Disclosure accounting: You have the right to receive a list of disclosures that we made of your health information for purposes, other than treatment, payment or healthcare operations and certain other activities, for a period of up to six years, but not including dates before April 14, 2003.

Request Restrictions: You have the right to request that we restrict how we use or disclose your health information for treatment, payment or healthcare operations or the disclosures we make to someone who is involved in your care or the payment for your care, such as a family member or friend. We are not required to agree to all of these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). We are required to agree to a request to restrict disclosure of protected health information to a health plan if disclosure is for payment or healthcare operations and pertains to a healthcare item or service for which you have paid out of pocket in full.

Confidential Communications: You have the right to request in writing that you want us to communicate your protected health information to you by alternate means such as, contacting you by cell phone, home phone, sending information to your home or an alternate address. Your request must specify the alternate means or location, and provide satisfactory explanation of how where you would like to receive billing information.

Amendment: You have the right to request that we amend your health information. Your request must be writing, and it must give a reason for your request. We may deny your request if you ask us to amend information that was not created by us, is not part of the information you would be permitted to inspect and copy, or is accurate and complete. Any denial will be in writing and must state the reason for the denial.

Breaches: In the event that any type of breaches occur in any format, this will be reported to necessary enforcement agencies as well as you will be informed of breaches that occur that could jeopardize your medical care and/or you financially.

Marketing: Cumberland County will not sell your PHI without your express written authorization. Cumberland County Health Department will not use and/or disclose your PHI for which the rule expressly states that written authorization of the individual takes place first.

QUESTIONS AND CONCERNS

If you would like more information about our privacy or security practices or have questions or concerns, please contact us. If you feel that your rights to privacy has been violated or if you disagree with a decision we made for disclosing of your personal health information, you may contact Monica Short-Owens, HIPAA Compliance Officer, information below. Please note you will not be penalized for filing a complaint.

You also may submit a written complaint to the U.S. Department of Health and Human Services. The address will be provided upon your request.

Contact Officer: Monica L. Short-Owens

Telephone: 910-433-3856

E-mail: mowens@co.cumberland.nc.us

Address: 1235 Ramsey Street Fayetteville, NC