



NOTICE OF PRIVACY PRACTICES

EFFECTIVE: April 14, 2003

OMNIBUS RULE EFFECTIVE: September 23, 2013

REVISED: October 21, 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.

We are required by law to protect the privacy of medical information about you and that identifies you. 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. 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 rooms
- Have copies of the new Notice available upon request. You may always contact our Privacy Officer at (910) 893-7550 ext 6257 to obtain a copy of the current Notice
- Make the notice available on our website at www.harnett.org/health

The rest of the Notice will:

- Discuss how we may use and disclose medical information about you
- Explain your rights with respect to medical information about you
- Describe 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 procedures or practices, you can contact our Privacy Officer at (910) 895-7550 ext 6257.

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

We use and disclose medical information about patients everyday. 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 these uses or disclosures, or about any of our privacy policies, procedures or practices, contact our Privacy Officer at (910) 893-7550 ext 6257.

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. We may arrange for other individuals and entities, referred to as “Business Associates”, to provide certain services. When these services are contracted, we may disclose your protected health information to our business associates so that they can perform the job we’ve asked them to do and bill you or your third-party payer for services rendered. To protect your protected health information, however, we require our business associates to appropriately safeguard your information.

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 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.

2. Payment

We may use and disclose medical information about you to obtain payment for health care services 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 and collection 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 she prepares a bill for 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. Appointment Reminders

We may use or disclose medical information about you to send you reminders about an appointment.

4. 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 of 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.

5. 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 minor's information, contact our Privacy Officer at (910) 893-7550 ext 6257.

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 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 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.

6. 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 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.

7. 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 some circumstances (described below), are so important that medical information may be disclosed without the individual’s permission. We will only disclose medical information about you in the following circumstances when we are permitted by law to do so. Below are brief descriptions of the “national priority” activities recognized by law:

- **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 limited to, activities related to investigating diseases, reporting child abuse or 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 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 a 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 or the Department of Health and Human Services when it is investigating or determining our compliance with HIPAA.
- **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 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.
- **Worker's compensation:** We may use or disclose medical information about you in order to comply with worker's 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.
- **Immunization records to school:** We may use or disclose medical information to schools regarding immunization records.

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. 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 ask you to sign an authorization form.

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. 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 (910) 893-7550 ext 6257.

1. 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 a copy of our Notice, ask the receptionist for a copy or contact our Privacy Officer.

2. Right of access to inspect and copy

You have the right to inspect (which means see or review) and receive a copy of medical information about you that we maintain in certain groups of records. You may receive a paper copy of your medical record or an electronic format in “readily producible.” If an electronic format is not readily producible, you may receive a copy in an alternative format agreed upon by you and the health department. If you would like to inspect or receive a copy of medical information about you, you must provide us with a request in writing, using the form “Request of access”.

We may deny your request in certain circumstances. If we deny 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. We will respond to your request for copies within 30 days.

3. Right to have medical information amended

You have the right to have us amend (which means correct or supplement) medical information about you that we maintain in certain groups of records. If you believe that we have information that is either inaccurate or incomplete, we may amend the information to indicate the problem and notify others who have copies of the inaccurate or incomplete information. If you would like us to amend information, you must provide us with a request in writing, using the form “Request to amend”, and explain why you would like us to amend the information.

We will respond to your request within 60 days.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. You will have the opportunity to send us a statement explaining why you disagree with our decision to deny your amendment request and we will share your statement whenever we disclose the information in the future.

4. Right to accounting of disclosures we have made

You have the right to receive an accounting (which means a detailed listing) of disclosures that we have made for the previous six (6) years. If you would like to receive an accounting, you may complete the form "Request for accounting of disclosures". We will respond to your request within 60 days.

The accounting will not include several types of disclosures, including disclosures for treatment, payment or health care operations. It will also not include disclosures made prior to April 14, 2003.

5. Right to request restrictions on uses and disclosures

You have the right to request that we limit the use and disclosure of medical information about you for treatment, payment and health care operations.

If you ask us not to disclose health information to your health plan for items or services for which you paid in full and out of pocket, **we are required to honor this request** and we will not disclose the information to the plan unless required by law. In all other cases, we are **not** required to agree to a requested restriction.

If we do agree to your request, we must follow your restrictions (except if the information is necessary for emergency treatment). You may cancel the restrictions at any time. In addition, we may cancel a restriction at any time as long as we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation.

6. Right to request an alternative method of contact

You have the right to request to be contacted at a different location or by a different method. For example, you may prefer to have all written information mailed to your work address rather than to your home address.

We will agree to any reasonable request for alternative methods of contact. If you would like to request an alternative method of contact, you must provide us a request in writing, using the form "Request for an Alternative Method of Contact".

7. Right to receive notice of breach

It is our duty to notify you of any breach of your unsecured PHI caused by us or our business associates.

**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 health department, you may bring your complaint to the department or you may mail it to:

Privacy Officer
Harnett County Department of Public Health
307 Cornelius Harnett Blvd.
Lillington, N.C. 27546