You may write us a letter revoking your authorization or fill out an Authorization Revocation Form. Later revoke (or cancel) your authorization in writing.

We will use or disclose health information about you to provide health care treatment to you. In other words, we may use and disclose health 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.

Payment. Except as limited by certain North Carolina laws governing records relating to communicable diseases and minors, we may use and disclose health information about you to obtain payment for health care services that you received. This means that we may use health information about you to arrange for payment (such as preparing bills and managing accounts).

We may also disclose health information about you to others (such as insurers, collection agencies, and consumer reporting agencies). In some instances, we may disclose health 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.

Health Care Operations. Except as limited by certain North Carolina laws governing records relating to mental health facility records or records pertaining to communicable diseases or minors, we may use and disclose health information about you in performing a variety of business activities that we call “health care operations.” These health care operations activities allow us, for example, to improve the quality of care we provide and reduce health care costs. For example, we may use or disclose health 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-healthcare professionals to help them practice or improve their skills.
- Coordinating 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 clients.
- Improving health care and lowering costs for groups of people who have similar health care problems and helping manage and coordinate the care for these groups of people.
- Cooperating with outside organizations that assess the quality of care others and we provide, including government agencies and private organizations.
- Planning for our organization’s future operations.
- Resolving complaints, grievances, and appeals within our organization and/or contract agencies.
- Reviewing our activities and using or disclosing health 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.

Appointment Reminders/Treatment Alternatives. We may use and/or disclose health information about you to send you reminders about an appointment. We may use and/or disclose information about you in order to inform you of or recommend new treatment or different methods for treating a medical condition that you have or to inform you of other health related benefits and services that may be of interest to you.

PERSONS INVOLVED IN YOUR CARE/FACILITY DIRECTORIES. We may disclose health information about you (1) to a relative, close personal friend, or any other person you identify that person is involved in your care (including payment for your care) and the information is directly relevant to their involvement in your care, or (2) to a relative, another person involved in your care, or possible disaster relief organization (such as the Red Cross) if we need to notify someone about your location or condition. We may also include certain information (name, location, general condition) in a facility directory and share such information with clergy or persons who ask for you by name.

We will agree to your request and not disclose the information except in certain circumstances, such as in an emergency. We are allowed to disclose health information to health department to coordinate and lead health department to provide, including government agencies and private organizations.

We may disclose health information to a health oversight agency, which is basically an agency responsible for overseeing the healthcare system or agency for investigating possible insurance fraud. These disclosures may under certain circumstances be limited by certain North Carolina laws governing pharmacy, mental health facility or nursing facility records, or records related to minors, substance abuse and communicable disease.

An organization’s future operations.
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YOU HAVE CERTAIN RIGHTS WITH RESPECT TO HEALTH INFORMATION ABOUT YOU

You have certain rights with respect to health information about you. This section of the Notice briefly discusses each of these rights. If you would like to know more about your rights, please contact the Agency Privacy Official as indicated at the end of this document.

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. If you would like to have a copy of our Notice, ask the receptionist for a copy or contact the Agency Privacy Official as indicated at the end of this document.

RIGHT OF ACCESS TO INSPECT AND COPY. You have the right to request access to inspect (which means see or review) or receive a copy of health information about you that we maintain in certain groups of records. If you would like to inspect or receive a copy of health information about you, you must provide us with a request in writing. You may write us a letter requesting access or fill out an Access Request Form. Access Request Forms are available from the Agency Privacy Officer as indicated at the end of this document.

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. If you believe that we refused your request, we will charge you a fee to cover the costs of the copies in accordance with the County fee schedule. We may be able to provide you with a summary or explanation of the information. Contact the Agency Privacy Official as indicated at the end of this document for more information on these services and any possible additional fees.

RIGHT TO HAVE HEALTH INFORMATION AMENDED. You have the right to request that we amend (which means correct or supplement) health 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 correct 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, and include the reason for your request.

You may write us a letter requesting an amendment or fill out an Amendment Request Form. Amendment Request Forms are available from the Agency Privacy Official as indicated at the end of this document. We may be able to provide the amendment within the time frames established by certain North Carolina laws governing pharmacy, mental health or nursing facility records, or records related to minors or communicable diseases.

RIGHT TO AN ACCOUNTING OF DISCLOSURES WE HAVE MADE. You have the right to receive an accounting (which means a detailed list) of certain disclosures of your health information that we have made for the previous six (6) years. If you would like to receive an accounting, you may send us a letter requesting an accounting, fill out an Accounting Request Form, or contact the Agency Privacy Official as indicated at the end of this document. Accounting Request Forms are available from the Agency Privacy Official as indicated at the end of this document.

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

If you request an accounting more than once every twelve months, we may charge you a fee in accordance with the County fee schedule to cover the costs of preparing the accounting. We will tell you the cost involved and you can withdraw or modify your request before any costs are charged to you.

RIGHT TO REQUEST RESTRICTIONS ON USES AND DISCLOSURES. You have the right to request that we limit the use and disclosure of health information about you for treatment, payment, and health care operations. You may also have the right to limit our provision of health information about you to someone who is involved in your care. Like a family member or friend. We are NOT required to agree to your request, but 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 restriction 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.

If you would like to request a restriction on uses and disclosures of your health information, you may send us a letter requesting a restriction, fill out a Client Request for Restriction of Protected Health Information or contact the Agency Privacy Official as indicated at the end of this document. Client Request for Restriction of Protected Health Information forms are available from the Agency Privacy Official as indicated at the end of this document.

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 retaliatory action against you or change our treatment of you in any way if you file a complaint.

To file a complaint with the Pender County Health Department, you may bring your complaint to the Agency as indicated below, or you may mail it to the following address:

Pender County Health Department
ATTN: Privacy Official
803 S. Walker Street
PO Box 1209
Burghton, NC 28425
(910) 569-1230

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

Region IV, Office of Civil Rights
US Department of Health and Human Services
Atlanta Federal Center
Suite 3B70
61 Forsyth Street, SW
Atlanta, GA 30303-8609