

PENDER COUNTY HEALTH DEPARTMENT

NOTICE OF PRIVACY PRACTICES

EFFECTIVE APRIL 14, 2003

Reviewed July 1, 2006

THIS NOTICE DESCRIBES
HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND
DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW CAREFULLY.

Pender County is committed to protecting the privacy of your health information. In keeping with this commitment, this Notice describes the privacy practices of Pender County Health Department to enter health information about you into your medical records.

Pender County Health Department is required by law to:

Protect the privacy of certain health information that identifies you. This health information may be information about healthcare services we provide to you or payment for those services. It may also be information about your past, present, or future medical conditions.

Provide you with this Notice of Privacy Practices explaining our legal duties and privacy practices with respect to health information. We are legally required to follow the terms of this Notice, and we will use and disclose health information in the only manner that we have described in this Notice.

Consistent with these legal requirements, this Notice describes and provides some examples of various ways in which we may use or disclose your health information, with or without your prior written authorization. This Notice also describes our legal duties and your privacy rights with respect to your health information, and provides you with information about how to make privacy-related complaints.

We reserve the right to change the terms of this Notice in the future, and to make the revised Notice effective for all health information that we maintain, as permitted by law. We will promptly post any revised Notice in our waiting area and have copies of the Notice available upon request from the appropriate Agency Privacy Official, as indicated at the end of this document.

If, at any time, you have questions about information in this Notice or about our privacy policies, procedures, or practices, you can contact the appropriate Agency Privacy Official as indicated at the end

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

Other than in the circumstances described below, we will not use or disclose health information about you without a written authorization signed by you or your personal representative. This policy applies to uses or disclosures initiated by the health department or requested by you.

If you sign a written authorization allowing us to disclose health information about you, you may later revoke (or cancel) your authorization in writing. 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 the appropriate Agency Privacy Official as indicated at the end of this document. If you revoke your authorization, we will follow your instructions except (i) in very limited circumstances related to obtaining insurance coverage or (ii) to the extent that we have already relied upon your authorization and taken some action.

The remainder of this section of our Notice lists the circumstances under which we are permitted or required to use or disclose health information about you without a signed authorization:

1. TREATMENT. We may use and 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.

2. 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 any 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.

3. 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.
- 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 clients.
- 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 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.

4. 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.

5. PERSONS INVOLVED IN YOUR CARE/FACILITY DIRECTORIES. We may disclose health information about you (i) to a relative, close personal friend, or any other person you identify if 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 (ii) 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.

You may object to any disclosure of your health information for the above purposes. We will agree to your request and not disclose the information except in certain circumstances, such as in an emergency or where disclosure is limited by North Carolina laws governing pharmacy, mental health facility or nursing facility records, or records related to minors, substance abuse and communicable diseases.

6. BUSINESS ASSOCIATES. There are some services provided by us through agreements with business associates. To protect your health information, however, we require business associates to sign specialized agreements designed to safeguard your information in their hands. Furthermore, disclosures to business associates may be limited by North Carolina laws governing pharmacy, mental health or nursing facility records, or records related to communicable diseases or minors

7. REQUIRED BY LAW. We will use and disclose health information about you whenever we are required by law to do so, subject to the limitations of such law.

8. PUBLIC HEALTH ACTIVITIES. We may use or disclose health information about you for public health activities. Public health activities require the use or disclosure of health 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. These disclosures may be limited, however, by certain North Carolina laws governing pharmacy, mental health or nursing facility records, or records related to minors, communicable diseases and cancer.

9. ABUSE, NEGLECT, OR DOMESTIC VIOLENCE We may disclose health 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. We will only make this disclosure if you agree or when we are required by law to do so, and only in circumstances consistent with certain North Carolina laws governing pharmacy, mental health or nursing facility records, or records related to minors or communicable disease.

10. HEALTH OVERSIGHT ACTIVITIES. We may disclose health information about you to a health oversight agency, which is basically an agency responsible for overseeing the healthcare system or certain government programs, or conducting healthcare oversight activities such as audits, investigations, inspections and licensure. For example, a government agency may request information from us while they are investigating possible insurance fraud. These disclosures may be limited by certain North Carolina laws governing pharmacy, nursing facility, ambulatory surgical facility, nursing pool, or cardiac rehabilitation program records, or records related to communicable diseases or minors.

11. JUDICIAL AND ADMINISTRATIVE PROCEEDINGS. We may disclose health information about you in response to a court or administrative order, or, under more limited circumstances, in response to a subpoena, discovery request or other lawful process by someone else involved in a dispute. For example, we would disclose health information about you to a court if a judge ordered us to do so. These disclosures may be limited, however, by certain North Carolina laws governing pharmacy, mental health or nursing facility records, or records related to communicable diseases, minors or controlled substance use.

12. LAW ENFORCEMENT. We may disclose certain health information about you to law enforcement officials if certain conditions are met. For example, we may disclose limited health information about you to a police officer if the officer needs the information to help find or identify a missing person. These uses or disclosures, however, may be subject to certain North Carolina laws governing pharmacy, mental health or nursing facility records, or records related to minors, communicable diseases or controlled substance use.

13. CORONERS AND OTHERS. We may disclose health information about you to a coroner, medical examiner, or funeral director so they may carry out their duties, or to organizations that help with organ, eye, and tissue transplants. These uses or disclosures, however, may be limited by certain North Carolina laws governing pharmacy, mental health or nursing facility records, or records related to minors or communicable diseases.

14. WORKERS' COMPENSATION. We may disclose health information about you for workers' compensation or similar programs providing benefits for work related illnesses or injuries, except as limited by certain North Carolina laws governing pharmacy, mental health or nursing facility records, or records related to communicable diseases.

15. RESEARCH. We may disclose health information about you to research organizations if the organization has satisfied certain conditions, set forth in federal and state law, about protecting the privacy of health information in the research context.

16. CERTAIN GOVERNMENT FUNCTIONS. We may use or disclose health information about you for certain governmental functions, including but not limited to military and veterans' activities and national security and intelligence activities.

17. INMATES. If you are an inmate of a correctional institution, or under the custody of a law enforcement official, we may release health information about you to the correctional institution or the law enforcement official in certain circumstances. These uses or disclosures may be limited by certain North Carolina laws governing pharmacy, mental health or nursing facility records, or records related to minors or communicable diseases.

18. TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY. We may use and share health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat, and may be further limited by certain North Carolina laws governing pharmacy, mental health or nursing facility records, or records related to minors or communicable diseases.

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 Official 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 would like a copy of the information, we will charge you a fee to cover the costs of the copy 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 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.

RIGHT TO AN ACCOUNTING OF DISCLOSURES WE HAVE MADE. You have the right to receive an accounting (which means a detailed listing) 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 to 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 request a limit on 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 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.

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.

RIGHT TO REQUEST AN ALTERNATIVE METHOD OF CONTACT. You have the right to request to be contacted at a particular location or by a particular 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 the Agency Privacy Official as indicated at the end of this document with a request in writing. You may write a letter or fill out an Alternative Contact Request Form. Alternative Contact Request 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 written 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
Burgaw, NC 28425
(910) 259-1230

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 30303-8909