

NOTICE OF PRIVACY PRACTICES Durham County Government

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.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT OUR PRIVACY OFFICER AT (919)-560-8236

Overview and Responsibilities of DCG

Durham County Government (DCG) is a hybrid entity as defined by the Health Insurance Portability and Accountability Act (HIPAA). Only certain departments and programs of Durham County Government are designated as HIPAA covered components. For purposes of this Notice, those departments and programs are referred to as the County's "HIPAA-Covered Components." The HIPAA Covered Components (HCC) have the following responsibilities under HIPAA:

- a. to provide you a copy of this Notice and make any subsequent versions available in a timely manner;
- b. to abide by the provisions of this Notice of Privacy Practices;
- c. to protect the privacy of your health information that may identify you;
- d. to provide you with notice of our legal responsibilities as it relates to how we handle your health information; and
- e. to notify you if you are affected by a breach of unsecured protected health information.

Any information that you authorize us to disclose to third parties outside of DCG may be subject to redisclosure by the receiving party, no longer be protected under HIPAA, and we may not be able to guarantee its confidentiality after disclosure. DCG also reserves the right to change the terms of this notice and apply any new terms to existing protected health information in our possession. DCG will ensure that a copy of this notice is available to you in either paper or electronic format, in a language you can understand.

Uses and Disclosures

Health information includes any information that may be used to determine your past, present, or future healthcare status. Specifically, we may utilize your health information without your authorization to perform any of the following three actions:

Treatment

DCG may use your information or disclose your health information to provide, coordinate, or manage your healthcare services. This includes sharing your health information with other healthcare providers, both within and outside of DCG, involved in your care. Examples of this include, but are not limited to:

- a. DCG HCC accessing your health record from a previous encounter to provide treatment;
or
- b. DCG HCC disclosing your protected health information to another healthcare provider for the purposes of continuing your treatment.

Payment

DCG may use or disclose your health information to other staff and health plans you identify to bill and collect payment. Examples of this include, but are not limited to:

- a. DCG may share your health information with your health plan to determine coverage status prior to providing scheduled services;
- b. DCG may also share your health information internally to prepare bills and manage client accounts to ensure payment for services rendered;
- c. DCG may share your health information with agents of your health plan to confirm services that were provided to you; and/or
- d. DCG may also share your health information with staff who review client services to make certain you have received appropriate care and treatment.

Operations

DCG may use or disclose your health information to perform business activities, commonly referred to as “healthcare operations.” Examples of “healthcare operations” may include:

- a. DCG may review the care or services you received to evaluate the quality and performance of your healthcare team; or
- b. DCG may review your health information to improve the care of or lower the costs of care for clients who have a similar health profile; or
- c. DCG may disclose your health information to cooperate with outside organizations that review and determine the quality of care that DCG provides; or

- d. DCG may use your health information to resolve an investigation or grievance; or
- e. DCG may use your health information to better understand future needs for DCG clinical services departments and agencies.

Mental Health or Substance Disorder Records

DCG provides services that have an additional level of protection from disclosure under 42 CFR Part 2 (“Part 2”). DCG will not release information identifying you as a patient of, or information about any treatment you receive from a Part 2 program unless:

- a. You or your personal representative consents in writing; or
- b. A court order compels disclosure; or
- c. Medical personnel need your information to treat you in a medical emergency; or
- d. For the purposes of research or healthcare operations; or
- e. The release of your information is necessary to report a crime, or a threat to commit a crime; or
- f. The release of your information is necessary to report abuse or neglect as required by law; or
- g. It is permitted under North Carolina General Statutes, or another applicable federal law.

Other Circumstances

DCG may use and/or disclose your health information without your authorization under very limited circumstances. In each of the circumstances below, DCG evaluates each request to ensure that the minimum amount of your personal information will be disclosed.

- a. To contact you to remind you of upcoming appointments or make you aware of alternative care options;
- b. Required by law;
- c. For public health activities,;
- d. Abuse, neglect, or domestic violence;
- e. Oversight and accreditation activities;
- f. For law enforcement purposes unless otherwise prohibited by North Carolina or other applicable federal law;
- g. In response to administrative subpoena or court order;
- h. Related to death such as disclosures to a funeral director;
- i. Related to donation of tissues or organs;
- j. Related to medical research;
- k. To create limited data sets and/or de-identified information;

- l. When working with and communicating with business associates;
- m. For participation in required health information exchanges;
- n. To avert a serious threat to the health or safety of a person or the public;
- o. Related to specialized government activities such as national security;
- p. To correctional/custodial institutions or other law enforcement officials when you are in their custody; and
- q. For Worker's Compensation in cases pending before the Industrial Commission.

Use and Disclosure of Health Information That Allows You an Opportunity to Object

There are certain circumstances where we may disclose your health information and you have an opportunity to object. Such circumstances include disclosures to:

- Family, friends, or others involved in your care
- Public or private agencies

If you would like to object to disclosure of your health information in any of the above circumstances, please contact our department Privacy Officer listed in this Notice for consideration of your objection.

Use and Disclosure of Health Information That Requires Your Authorization

DCG departments will not use or disclose your health information without your authorization except as specified in the above examples where use or disclosure of your information is allowed or when required by State or Federal law. For all other uses or disclosures, we will ask you to sign a written authorization that allows us to share or request your health information. Before you sign an authorization, you will be fully informed of the exact information you are authorizing to be disclosed/requested and to/from whom the information will be disclosed/requested.

You may request that your authorization be cancelled by informing our department Privacy Officer that you do not want any additional health information about you exchanged with a particular person/agency. You will be asked to sign and date the Authorization Revocation section of your original authorization. Your authorization will then be considered invalid at that point in time; however, any actions that were taken on the authorization prior to the time you cancelled your authorization are legal and binding.

If you are a minor who has consented to treatment for services regarding the prevention, diagnosis and treatment of certain illnesses including venereal disease and other diseases that must be reported to the State; pregnancy; abuse of controlled substances or alcohol; or emotional disturbance, you have the right to authorize disclosure of your health information.

Your Rights as a Client/Patient

You have the following rights regarding your health information as created and maintained by DCG:

Right to receive a copy of this Notice

You have a right to receive a copy of the DCG Notice of Privacy Practices. At your first treatment encounter with this agency, you will be provided a copy of this Notice and asked to sign an acknowledgement that you have received it. If you've received any care as a result of an emergency, you will be provided with the Notice as soon as possible after emergency services have been rendered and you are stabilized.

Right to specify your method of confidential communications with DCG.

You have the right to request to be contacted at a different location or by a different method. For example, you may request all written information be sent to your work address rather than your home address. We will not ask you to explain why you are making the request. We will agree with your request as long as it is reasonable to do so; however, your request must be made in writing and forwarded to our Department Privacy Officer.

Right to request to see and copy your health information

You have the right to request to see and receive a copy of your health information in clinical, billing and other records that are used to make decisions about you. Your request must be in writing and forwarded to our Department Privacy Officer. The department will act on your request generally within 30 days after receiving your request. If your request is approved, you may be charged a reasonable fee to cover the cost of the copy, excluding labor costs.

Instead of providing you with a full copy of the health information, we may give you a summary or explanation of your health information, if you agree in advance to that format and to the cost of such information.

Your request may be denied under certain limited circumstances. If we do deny your request, we will explain our reason for doing so in writing and describe any rights you may have to request a review of our denial.

Right to request amendment of your health information

You have the right to request changes in your health information in clinical, billing and other records used to make decisions about you. If you believe that we have information that is either inaccurate or incomplete, you may submit a request in writing to our department Privacy Officer and explain your reasons for the amendment. We must respond to your request within 60 days of receiving your request. We may deny your request if:

- a. the information was not created by this agency (unless you prove the creator of the information is no longer available to change the information);
- b. the information is not part of the records used to make decisions about you;
- c. we believe the information is correct and complete; or
- d. you do not have the right to see and copy the record.

If we deny your request to change your health information, we will tell you in writing the reasons for denial and describe your rights to give us a written statement disagreeing with the denial.

If we accept your request to change your health information, we will notify you in writing and make reasonable efforts to inform others of the changes, including persons you name who have received your health information and who need the changes.

Right to request a listing of disclosures

You have the right to request and receive a written list of certain disclosures of your health information, made after April 14, 2003. You may ask for disclosures we made up to six years before your request. This listing will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the information, a brief description of the information disclosed, and the purpose of the disclosure.

This agency is not required to include certain types of disclosures on the list, such as disclosures:

- For your treatment;
- For billing and collection of payment for your treatment;
- For our health care operations;
- Requested by you, that you authorized, or which are made to individuals involved in your care; or
- Allowed by law.

Your first request for a listing of disclosures will be provided to you free of charge. However, if you request a listing of disclosures more than once in a 12-month period, you may be charged a reasonable fee. We will inform you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. We will respond to your request within 60 days of receipt of request.

Right to request restrictions on how DCG uses your health information

You have the right to request that we limit our use and disclosure of your health information for treatment, payment, and health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment of your care, such as a family member or a friend. For example, you could ask that we not use or disclose the information about a previous condition you had.

We are not required to agree to such request. However, if we do agree, we must follow the agreed upon restriction (unless the information is necessary for emergency treatment or unless it is a disclosure to the U.S. Secretary of the Department of Health and Human Services).

You or your personal representative may cancel the restriction(s) at any time. In addition, this agency may cancel a restriction at any time as long as we notify you of the cancellation.

To Report a Violation or Make a Complaint

If you believe your privacy rights have been violated, want to share a concern, or file a complaint with us regarding our privacy practices, you may contact our department Privacy Officer. All complaints should be submitted in writing. Contact information is as follows:

Durham County Emergency Medical Services
Attention: Marc Ferguson
Durham, North Carolina, 27701
Phone: (919) 560-8236

You may also send a written complaint to the United States Secretary of the Department of Health and Human Services (DHHS). We may not require you to waive your rights to file a complaint with the Secretary of the DHHS as a condition to receiving treatment, payment, enrollment in a health plan, or eligibility for benefits. Contact information is as follows:

Office for Civil Rights
U.S. Department of Health and Human Services
Sam Nunn Atlanta Federal Center
Suite 3B70 16T70
61 Forsyth Street, S.W.
Atlanta, GA 30303-8909
Voice Phone Customer Response Center (800) 368-1019
FAX (202) 619-3818
TDD (800) 537-7697
Email: ocrmail@hhs.gov

DCG is prohibited from intimidating, threatening, coercing, discriminating against, or taking any other retaliatory action against an individual for filing a complaint with Department Privacy Officers, the County Compliance and Privacy Officer, or the Office of Civil Rights.

**ACKNOWLEDGMENT OF DURHAM COUNTY
GOVERNMENT'S NOTICE OF PRIVACY PRACTICES**

Durham County Government (DCG) Departments [Public Health, Social Services, EMS, Justice Services Department] must collect timely and accurate health information about you and make that information available to members of your health care team in their department, so that they can accurately diagnose your condition and provide the care you need. There may also be times when your health information will be sent to service providers outside this department for services that this department cannot provide. It is the legal duty of DCG to protect your health information from unauthorized use or disclosure while providing health care, obtaining payment for that health care, and for other services relating to your health care.

The purpose of this Notice of Privacy Practices is to inform you about how your health information may be used within DCG departments, as well as reasons why your health information could be sent to other service providers outside of this department.

This Notice describes your rights in regard to the protection of your health information and how you may exercise those rights. This Notice also gives you the names of contacts should you have questions or comments about the policies and procedures DCG departments use to protect the privacy of your health information.

Please review this document carefully and ask for clarification if you do not understand any portion

Client Acknowledgement

I have received the DCG Notice of Privacy Practices, which describes methods for protecting the privacy of my health information that is used in providing health care services to me.

Client Printed Name (or Personal Representative)

Date

Note:

DCG departments shall maintain this signed page in the client's record.