



Health Department
107 Industrial Drive, Suite C
Louisburg, NC 27549
919-496-2533
www.franklincountync.us

NOTICE OF PRIVACY PRACTICES

APRIL 14, 2003

REVISED: SEPTEMBER 11, 2008; September 23, 2013; January 21, 2016 (Officer Contact Information Changed)

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.

OUR LEGAL DUTY

We are required by law to maintain the privacy of your health information as well as ensure that the information is secured. 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 and September 23, 2013 and January 21, 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. We reserve the right to change our privacy and security practices and the terms of this Notice at any time. Changes will be available from the Health Department, Dental Clinic and/or Home Health Agency that provides services to you. Any changes in our privacy or security practices and the terms of our Notice will be effective for all health information that we maintain, including 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 HEALTH INFORMATION

We may use or disclose your health information only for the purposes listed below. Not every use or disclose in a category will be listed. However, all of our ways we are permitted to use and disclose your health information will fall within one of these categories.

For treatment, for payment of services to you, or for healthcare operations of the County.

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you. For example, if we refer you to a physician for a service that we cannot provide, your health information will be disclosed to that provider.

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

If you pay for the services that we provide for you and no third-party payers are involved, you have the right to restrict disclosures of protected health information to a health plan for the service that you remitted payment for, if you paid the service in full.

Healthcare Operations: We may use or disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare providers, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities. For example, when our agency is undergoing accreditation and/or any certification for the agency some of your protected health information may be reviewed.

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: Franklin County Health Department will not sale your PHI without your express written authorization. Franklin 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.

To persons 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. **As required by law:** We may disclose your health information when we are required to do so by federal, state or local law.

For public health activities: We may use or disclose medical information about you for public health activities, 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 threat or safety or the health or safety of others.

For health oversight activities: We may disclose medical information to a health oversight agency for activities authorized by law.

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, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

For law enforcement purposes: We may disclose health information to law enforcement officials when certain conditions are met. 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.

For a Medical Examiner and/or Funeral Director: We may disclose protected health information about you to a coroner or medical examiner to identify you or determine cause of death. We may also release your health information to funeral directors so they can carry out their duties.

For national security and similar government functions: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorize federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. If you are an inmate of a correctional institution or under custody of law enforcement officials, we may disclose information about you to the institution or official under certain circumstances.

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 manufacturers 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. If you give an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosure permitted by your authorization while it is in effect.

YOUR RIGHTS:

Access: You have the right to look at or get copies of your health information, with limited exceptions. You must make a request for access to your medical records in writing by sending us a letter to the address at the end of this Notice. You have the right to ask that we submit your medical information to you in electronic format.

We may deny your request in certain limited circumstances.

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. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost based fee for providing the list.

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 these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Confidential Communications: You have the right to request that we communicate with you about your health information by alternate means or to alternative locations. You must make your request in writing. Your request must specify the alternative means or location, and provide satisfactory explanation of how payments will be handled under the alternative means or location you request.

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.

DISTRIBUTION OF OUR NOTICE OF PRIVACY PRACTICES: Each individual that receives services at our agency beginning on April 14, 2003 will be given a copy of our Notice of Privacy Practice at their first visit. In the event that we make changes to the Notice, you will be asked to sign for a revised copy of the Notice at your first visit after the changes have been made effective. Our Notice of Privacy Practices will also be located on our Franklin County Health Department website at www.franklincountync.us. You can contact the individual listed below, at any time, to request a copy of the Notice be sent to you.

QUESTION AND COMPLAINTS

If you want more information about our privacy or security practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy or if you disagree with a decision we made about the use or disclosure of your personal health information, you may complain to us using the information listed below. 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 and the address will be supplied upon your request.

Contact Officer: Scott LaVigne, Acting Health Director
Telephone: 919-496-8111 or 919-496-8110
E-mail: slavigne@franklincountync.us
Address: 107 Industrial Drive, Suite C
Louisburg, NC 27549