

Montgomery County Department of Health

Notice of Privacy Practices



This notice describes how your protected health information may be disclosed and how you can access this information.

PLEASE REVIEW IT CAREFULLY. The privacy of your health information is important to us.

WE ARE REQUIRED TO PROTECT HEALTH INFORMATION ABOUT YOU

We are required by law to maintain the privacy of medical information and other personal information about you. This medical information may be about health care we provide to you or payment for your health care services. It may also be information about your past, present, or future medical conditions.

We are also required by law to provide you with this notice about our privacy practices, or legal duties and your rights concerning your protected health information. We are allowed to use and disclose your health information only in the manner that we have described in this notice.

We reserve the right to change this Notice and our privacy practices at any time. We also reserve the right to make the changes in our privacy practices and the new notice effective for all of your protected health information that we already have as well as for that which we may receive in the future. If we make changes to the Notice, we will:

- Post the new Notice in our waiting area.
- Have copies of the new Notice available upon request. You may contact our Privacy Official to obtain a copy of the current Notice.

If at any time you have questions about information in this Notice or about our privacy policies, procedures, or practices you can contact our Privacy Official at (910) 572-1393.

WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION FOR THE FOLLOWING REASONS:

Your Treatment: We may use and disclose your protected health information 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 disclose your protected health information by sending you a reminder card for an appointment.

Payment: We may use and disclose your protected health information to obtain payment for health care services that 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 services in order to find out whether the insurance plan will pay for a particular service.

Health care operations: We may use and disclose your protected health information in performing a variety of business activities that we call "health care operations." These health care operations activities allow us to improve the quality of care we provide and reduce health care costs. For example, we may use or disclose your protected health information 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;
- 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;
- Reviewing and improving the quality, efficiency, and cost of care that we provide to you and our other patients;
- Cooperating with outside organizations that assess the quality of care that others and we provide, including government agencies and private organizations;
- Planning for our organization's future operations;
- Resolving grievances within our organization;
- Working with others (such as lawyers, accountants, and other providers) who assist us to comply with this Notice and other applicable laws.

Persons involved in your care: We may disclose relevant protected health information about you to a family member, a friend, or other persons who you indicate are involved in your care. If our patient is a minor, we may disclose medical information about the child to a parent, guardian, or other person responsible for the child except in limited circumstances. For more information on the privacy of a minors' information, contact our Privacy Official at (910) 572-1393.

You may ask us at any time not to disclose your protected health information to a person involved in your care. We will agree to your request except in certain limited circumstances (such as emergencies) or if you are a minor. If you are a minor, we may or may not be able to agree to your request.

Required by law: We will use and disclose your protected health information whenever we are required to do so by law. There are many state and federal laws that require us to use and disclose medical information. For examples, state law requires 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.

National priority uses and disclosures: When permitted by law, we may use or disclose your protected health information without your permission for various activities that are recognized as "national priorities." In other words, the government has determined that under certain circumstances it is so important to disclose protected health information that it is acceptable to disclose without your permission. We will disclose your protected health information only in the following circumstances when we are permitted to do so by law.

- Threat to health or safety: We may sue or disclose your protected health information 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 your protected health information for public health activities related to investigating disease, reporting child abuse and neglect, monitoring drugs or devices regulated by the Food and Drug Administration, and monitoring work-related illnesses or injuries.
- Abuse, neglect or domestic violence: We may disclose your protected health information to a government authority (such as the Department of Social Services) if we reasonably believe that you may be victim of abuse, neglect, or domestic violence.
- Health oversight activities: We may disclose your protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, licensure, or disciplinary actions.
- Court proceedings: We may disclose your protected health information to a court or an officer of the court (such as an attorney) if a judge orders us to do so.
- Law enforcement: We may disclose your protected health information to a law enforcement official for specific law enforcement purposes, such as if the officer needs the information to help find or identify a missing person.
- Coroners and others: We may disclose your protected health information to a coroner, medical examiner, or funeral director or to organizations that help with organ, eye, and tissue transplants.
- Workers' compensation: We may disclose your protected health information in order to comply with workers' compensation laws.
- Research organizations: We may use or disclose your protected health information to research organizations if the organization has satisfied certain conditions about protecting the privacy of medical information.
- Certain government functions: We may disclose your protected health information for certain government functions, including but not limited to military and veterans' activities and national security and intelligence activities. If you are an inmate at a correctional facility, we may use or disclose your protected health information to the facility in order to provide health care to you, to protect your health and safety and the health and safety of others, or for the safety and security of the facility.

YOUR AUTHORIZATIONS: Other than the uses and disclosures described above, we will not use or disclose your protected health information without your authorization – or signed permission- or that of your personal representative. If we should wish to use or disclose your protected health information for some other reason, we will contact you and ask you to sign an authorization form. If you sign a written authorization allowing us to disclose your protected health information, you may later revoke 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 it or fill out an Authorization Revocation form available in our office. If you do so, 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 YOUR PROTECTED HEALTH INFORMATION

If you wish to exercise these rights, you must do so by writing us a letter or completing Request Forms available from a receptionist or from our Privacy Official.

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.
2. Right to inspect and copy – You have the right to see or review and receive a copy of your protected health information that we maintain. We may deny your request in certain circumstances; but, if we do so, we will explain our reason 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 your medical information, we may charge you to cover the costs of copying. We may be able to provide you with a summary or explanation of the information. Contact our Privacy Official for more information on these services and any fees.
3. Right to have medical information amended- You have the right to request that we correct or add to your protected health information 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. 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 an accounting of disclosures we have made – You have the right to receive a detailed listing of disclosures that we have made for the previous six years. The listing 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. If you request and accounting more than once every twelve (12) months, we may charge you a fee to cover the costs of preparing it.
5. Right to request restrictions on uses and disclosures – You have the right to request that we limit the use and disclosure of your protected health information for treatment, payment, and health care operations. We are not required to agree to your request. 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.

HEALTH INFORMATION EXCHANGES

We provide your health care information to health information exchanges (HIE) in which we participate. A HIE is a health information database where other health care providers caring for you can access your medical information from wherever they are if they are members of the HIE. These providers may include your doctors, nursing facilities, home health agencies or other providers who care for you outside of our practices. If you do not want your medical information to be contributed to the HIE's and shared with member healthcare providers, you can opt out by visiting the following sites: <https://hiea.nc.gov/patients/your-choices> (NC HealthConnex HIE) and

www.CareConnectCarolinas.com, then follow their instructions on how to submit an opt out form. Note that if you opt out, your providers may not have the most recent information about you which may affect your care. You can always opt in at a later date by visiting www.CareConnectCarolinas.com or <https://hiea.nc.gov/patients/your-choices>. If you are under the age of 18, please note the NC HIEA will not process your Opt Out unless your parent or legal guardian has signed your Opt Out Form, or you have been emancipated. If you are a minor and you receive treatment for (i) venereal disease and other reportable diseases, (ii) pregnancy, (iii) abuse of controlled substances or alcohol, and (iv) emotional disturbance, the NC HIEA is permitting providers to not submit data pertaining to those treatments to NC HealthConnex. Please speak with your health care provider to see if you can request that this information not be disclosed to NC HealthConnex. See

N.C.G.S. 90-21.5 (Minor's consent sufficient for certain medical health services) and 145 C.F.R. §164.502 of HIPAA. It is important to note that providers themselves are required to not disclose this information to a parent or legal guardian unless medically necessary.

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

To file a written complaint with the department of health, you may bring your complaint to the department or you may mail it to the following address:

Privacy Official
Montgomery County Department of Health
217 S Main Street
Troy, NC 27371 Phone: 910-572-1393

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

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue SW
HHH Bldg. Rm 509H
Washington, DC 20201 Phone: 866-627-7748