



Hertford County Public Health Authority

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Health Director



Public Health
Prevent. Promote. Protect.

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NOTICE OF PRIVACY PRACTICES
APRIL 14, 2003
REVISED: September 20, 2013

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR IF YOU REQUIRE MORE INFORMATION, PLEASE CONTACT OUR HIPAA PRIVACY OFFICER AT THE CONTACT INFORMATION AT THE END OF THIS NOTICE.

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.

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 **Hertford County Public Health Authority (HCPHA), and/or Hertford-Gates 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 the healthcare operations of HCPHA and/or Hertford Gates Home Health Agency.

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.

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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: Hertford County Public Health Authority and/or Hertford-Gates Home Health Agency will not sale your PHI without your express written authorization. Hertford County Public Health Authority and/or Hertford-Gates Home Health Agency 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.

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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:

You have the following rights regarding Health Information we have about you:

Right to Inspect and Copy. You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this Health Information, you must make your request, in writing, to HCPHA Privacy Officer listed at the end of this notice. We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

Right to an Electronic Copy of Electronic Medical Records. If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request, your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

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Right to Get Notice of a Breach. You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

Right to Amend. If you feel that Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, you must make your request, in writing, to HCPHA Privacy Officer listed at the end of this notice.

Right to an Accounting of Disclosures. You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request in writing to the HCPHA Privacy Officer listed at the end of this notice.

Right to Request Restrictions. You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to HCPHA Privacy Officer listed at the end of this notice. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us "out-of-pocket" in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Out-of-Pocket-Payments. If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your request in writing to the HCPHA Privacy Officer listed at the end of this notice. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our web site, www.hertfordpublichealth.com . To obtain a paper copy of this notice, please call or write to address listed at the end of this notice.

CHANGES TO THIS NOTICE: We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page, in the top right-hand corner.

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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 Hertford County Public Health Authority website at www.hertfordpublichealth.com. You can contact the HCPHA Privacy Officer 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 the HCPHA Privacy Office, using the information listed below. You will not be penalized for filing a complaint. You also may submit a complaint to the U.S. Department of Health and Human Services/ Office for Civil Rights at www.hhs.gov/ocr/hipaa or call 877-696-6775.

Contact Officer: HCPHA Privacy Officer
Telephone: 252-332-6650
Fax: 252-332-6654
E-mail: renee.davenport@hcpha.net
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Ahoskie, NC 27910