



**Compliance Plan: HIPAA Notice of Privacy Practices**  
**Effective Date: September ,2016**

**Right to an Accounting of Disclosures**

You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you. To request this list or accounting of disclosures, you must submit your request in writing to the **Privacy Officer at the address listed below.**

Your request must state a time period that may not be longer than six years and may not include dates before April 1, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the costs involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions**

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or significant other. For example, you could ask that we not use or disclose information about a service you received.

**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 at work or by mail. To request confidential communications, you must make your request in writing to the **Privacy Officer at the address listed below.**

We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**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 website: [www.guilfordhealth.org](http://www.guilfordhealth.org).

To obtain a paper copy of this notice, call **336-641-7777**.

**Changes to This Notice**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in all health department clinics. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at one of the health department clinics for treatment or health care services, we will offer you a copy of the current notice in effect.

**Complaints**

If you believe your privacy rights have been violated, you may file a complaint with the health department or with the Secretary of the Department of Health and Human Services. To file a complaint with the health department, contact the **Privacy Officer, Tisha Adams** at the address below.

All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

**Other Uses of Medical Information**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose your medical information, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your medical information for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission and that we are required to retain our records of the care that we provided to you.

**Tisha Adams Privacy Officer**  
**Guilford County Department of Health and Human Services, Division of Public Health**  
**1203 Maple Street**  
**Greensboro, North Carolina 27405**  
**336-641-7777**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

If you have any questions about this notice, please contact the **Guilford County Department of Health and Human Services, Division of Public Health's Privacy Officer** at **336-641-5947**.

This notice describes the practices of the Guilford County Department of Health and Human Services, Division of Public Health and that of:

- Any health care professional authorized to enter information into your medical record.
- All departments and units of the Health and Human Services, Division of Public Health: o Administration/Central Services o Allied Health o Clinical Services o Community Services o Environmental Services
- Any member of a volunteer group that works in any capacity with the Department of Public Health.
- All Department of Public Health personnel.

All these entities, sites and locations follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or health department operations purposes described in this notice.

**Our Pledge Regarding Medical Information**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the health department. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the health department, whether made by health department personnel or obtained from another healthcare provider. This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

**We are required by law to:**

- make sure that medical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to medical information about you and follow the terms of the notice that is currently in effect.

**How We May Use and Disclose Your Medical Information**

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**For Treatment**

We may use your medical information to provide you with medical treatment or services. We may disclose your medical information to doctors, nurses, technicians, medical students or other health department personnel who are involved in taking care of you at the health department. For example, a health care provider treating you in the maternity clinic may need to know if you have diabetes because diabetes may cause difficulties during pregnancy. In addition, the health care provider may need to tell the dietitian if you have diabetes so that we can help you plan for appropriate meals. Different units of the health department also may share your medical information in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose your medical information to people outside the health department who may be involved in your medical care after you leave the health department, such as family members, social workers or others we use to provide services that are part of your care.

**For Payment:**

We may use and disclose your medical information so that the treatment and services you receive at the health department may be billed and payment may be collected from you, insurance companies, or third party payers. For example, we may need to give

Medicaid information about services you received at the health department so Medicaid will pay us for the services. We may also tell your health plan about a service you are going to receive to obtain prior approval or to determine whether your plan will cover the services.

#### **For Health Care Operations**

We may use and disclose your medical information for health department operations. These uses and disclosures are necessary to run the health department and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many health department patients to decide what additional services the health department should offer, what services are not needed and whether certain new treatments are effective. We may also disclose information to doctors, practitioners, nurses, lab technicians, medical students, and other health department personnel for review and learning purposes. We may also combine the medical information we have with medical information from other health departments to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

#### **Appointment Reminders.**

We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at the health department.

#### **Treatment Alternatives**

We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

#### **Health-Related Benefits and Services**

We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

#### **Individuals Involved in Your Care or Payment for Your Care**

We may release your medical information to a significant other or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in the health department. In addition, we may disclose your medical information to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

#### **As Required By Law**

We will disclose your medical information when required to do so by federal, state or local law.

#### **To Avert a Serious Threat to Health or Safety**

We may use and disclose your medical information 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.

### **Special Situations**

#### **Workers' Compensation**

We may release your medical information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

#### **Public Health Risks**

We may disclose your medical information for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

#### **Research**

Under certain circumstances, we may use and disclose your medical information for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition.

Federal and/or State officials initiate and regulate all research projects.

#### **Health Oversight Activities**

We may disclose your medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

#### **Lawsuits and Disputes**

If you are involved in a lawsuit or a dispute, we may disclose your medical information in response to a court or administrative order. We may also disclose your medical information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

#### **Law Enforcement**

We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness/or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the health department; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

#### **Coroners, Medical Examiners and Funeral Directors**

We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the health department to funeral directors as necessary to carry out their duties.

#### **National Security and Intelligence Activities**

We may release medical information to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

#### **Inmates**

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your medical information to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

#### **Your Rights Regarding Medical Information About You**

You have the following rights regarding medical information we maintain about you:

##### **Right to Inspect and Copy**

You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the **Privacy Officer**.

If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. The health department Compliance Officer will perform a secondary review of your request and the denial. We will comply with the outcome of the review.

##### **Right to Amend**

If you feel that your medical 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 the health department. To request an amendment, your request must be made in writing and submitted to the **Privacy Officer at the address listed on the back of this notice**.

In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us;

- Is not part of the medical information kept by or for the health department;

- Is not part of the information which you would be permitted to inspect and copy; or
  - Is accurate and complete.