



Mecklenburg County Government

Notice of Privacy Practices

****NOTE: 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.*

To persons enrolled in the employee and retiree medical plans, the dental plan, the medical flexible spending plan, and employee assistance program (the “Plans”):

The Plans are required by law to maintain the privacy of your protected health information, to provide you with notice of the Plans’ legal duties and privacy practices with respect to protected health information, and to notify you, if affected, following a breach of unsecured protected health information.

The Plans are required to abide by the terms of this notice until it is amended. The Plans reserve the right to change the terms of this notice and to make the new notice provisions effective for all protected health information that it maintains. All individuals covered under these Plans will receive a revised notice within 60 days of a material revision to the notice.

Our Uses and Disclosures of Your Health Information

In order for the Plans to pay for your covered medical expenses, the Plans and those administering the Plans may be required to use or disclose certain health information about you. This information may involve:

- **Payment activities**, such as billing and collection activities, eligibility determinations, adjudication of claims, precertification and utilization review, and coordination of benefits. (Example: The Plans share information about you with your dental plan to coordinate payment for your dental work.)
- **Health care operation activities**, such as quality assessment, case management, business management and general administrative activities. We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans. (Example: The Plans use health information about you to develop better services for you.)
- **Treatment activities** by your health care provider, such as providing information relating to other treatments you have received. (Example: a doctor sends the Plans information about your diagnosis and treatment plan so the Plans can arrange additional services.)

- **Plans administration;** we may disclose your health information to your health plan sponsor for plan administration. (Example: Mecklenburg County contracts with the Plans to provide a health plan and the Plans provide Mecklenburg County with certain statistics to explain the premiums we charge.)

The Plans and their administrators may use or disclose your health information to perform these duties without your authorization or opportunity to object or agree. The performance of these duties might include contacting you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you and for disclosing health information to the Plans' Sponsor, Mecklenburg County. The Plans may also disclose health information about you without your authorization or opportunity to agree or object to business associates of the Plans, such as actuaries who price the cost of coverage, the claims administrator who pays the claims or other professionals who perform services on behalf of the Plans. All disclosures made by the Plans of health information for payment, health care operation and treatment activities will be the minimum necessary to accomplish the intended purpose of the disclosure, and any business associate who receives the information must agree to keep it confidential.

The Plans may be required to make available to the Department of Health and Human Services all books and records regarding the health information of covered persons if this information is requested for audit purposes. You will not have to authorize this disclosure.

The Plans may disclose information about your medical records to a medical professional treating you. No authorization is necessary for this disclosure.

The law requires the Plans to make certain disclosures. These include disclosures:

- Subject to certain restrictions, as necessary in the course of judicial or administrative proceedings.
- Subject to certain restrictions, as necessary for law enforcement purposes.
- Subject to certain restrictions, to a government authority for purposes of reporting abuse, neglect or domestic violence.
- As necessary if disclosure is required by another law.

Notwithstanding anything to the contrary in this notice, the use or disclosure of protected health information may be prohibited or materially limited by other applicable law, such as a state law that is not preempted by the federal privacy rules.

The Plans may also be permitted or required to disclose medical information without your authorization under the following circumstances:

- A. To the proper authorities for purposes of reporting child abuse or neglect.
- B. To a public health authority (or an official of a foreign government agency that is acting in collaboration with a public health authority) authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury or disability.

- C. To people working for or with the Food and Drug Administration. These disclosures may be necessary to report adverse events with respect to food or dietary supplements, product defects (including use or labeling defects), or biological product deviations; for product tracking; to enable product recalls, repairs or replacements; or to conduct post marketing surveillance.
- D. To a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties are authorized by law, and to a funeral director as necessary to carry out their duties with respect to a decedent.
- E. To organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue for the purpose of facilitating organ, eye or tissue donation and transplantation.
- F. Under certain circumstances, for research purposes.
- G. To prevent or lessen a serious and imminent threat to the health or safety of a person or the public if the disclosure is to a person reasonably able to prevent or lessen the threat.
- H. Under certain circumstances, if such disclosure is necessary for law enforcement authorities to identify or apprehend an individual.
- I. For specialized governmental functions that are authorized by law, such as in connection with military matters or matters of national security and intelligence.
- J. To a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition.
- K. To a health oversight agency for oversight activities authorized by law.
- L. As necessary to comply with workers compensation or other similar programs.
- M. To respond to a court or administrative order, or in response to a subpoena.

In addition, the Plans may disclose health information to Mecklenburg County, under the following conditions:

- Mecklenburg County may not use any such information for employment-related decisions or in connection with any other benefit or employee benefit plan of Mecklenburg County.
- Mecklenburg County may receive such information to carry out Plans' administration functions as the Plans documents allow.

Finally, the Plans may use or disclose your health information, subject to certain restrictions, if necessary for the involvement of your care or for certain notification purposes, as long as you are given the opportunity to agree or object to the use or disclosure. In these cases, you have both the right and the choice to tell us to share information with your family, close friends, or others involved in payment for your care, and to share information in a disaster relief situation. If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

Other than the uses and disclosures of your health information described above, we will only use or disclose your health information with your written authorization. You generally may revoke your authorization at any time, upon written notification to us. Some examples of disclosures where your authorization is generally required are as follows:

- For any use or disclosure of psychotherapy notes.
- For marketing.
- If your protected health information will be sold.

Health Plan Members' Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you. You have the right:

1. To request restrictions on certain uses and disclosures of your health information for treatment, payment or our operations. The Plans generally do not have to agree with a requested restriction, but if the Plans do agree, then the Plans must generally abide by that restriction. The Plans must only agree to the requested restriction on disclosure to a health plan if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law, and the protected health information pertains solely to a health care item or service for which the individual, or person other than the health plan on behalf of the individual, has paid the covered entity in full.
2. To request that we contact you using an alternative means or at alternative locations, if receipt of the information in the usual manner could endanger you. You should contact the Plans' Privacy Coordinator to request the alternative delivery. You must include a statement that disclosure of the information in the usual manner could endanger you.
3. To inspect and copy your own health information, including any health records in electronic format, but exceptions apply to certain types of information. If you request to see or copy your own health information from the Plans' Privacy Coordinator and one of these exceptions apply, you will be given more information at that time, including the circumstances under which you may challenge the exception. If an exception does not apply, we will provide a copy or a summary of your health and claim records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
4. To amend your own health information when that information is incorrect or incomplete. You should contact the Plans' Privacy Coordinator if you want to amend your health or claims records. We may say "no" to your request, but we'll tell you why in writing within 60 days.
5. To obtain an accounting of any disclosure of your confidential health information made during the six-year period preceding your request other than disclosures for purposes of payment, health care operations or treatment, or disclosures under certain other circumstances, such as disclosures made in accordance with your written authorization. We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

6. To obtain a paper copy of this notice upon request, if this version is provided electronically. We will provide you with a paper copy promptly.
7. To have another person (such as your health care power of attorney or legal guardian) exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

In each case, you must make your request to the Plans' Privacy Coordinator, in writing. Depending upon the nature of the request, you will be given more information at that time, including any exceptions to the rules that may apply to your case.

You May File a Complaint About Our Privacy Practices

You may complain to Mecklenburg County (acting on behalf of the Plans) and to the U.S. Department of Health and Human Services if you believe your privacy rights have been violated. **You will not be retaliated against by the Plans or Mecklenburg County for filing a complaint.**

If you wish to make a request, ask a question or discuss a complaint, please contact the Plans' Privacy Coordinator at 980-314-2713 or Privacy.Practices@MecklenburgCountyNC.gov, and you will be given information on how to proceed.

If you want to discuss a privacy matter or complaint with the County's Chief Privacy Officer, you may call this number: [980-314-2908](tel:980-314-2908) or email us at Privacy.Officer@mecklenburgcountync.gov. To file a written complaint with us, you may send your complaint to the following address: Chief Privacy Officer, Mecklenburg County Attorney's Office, 600 East Fourth Street, 11th Floor, Charlotte, NC 28202.

The Department of Health and Human Services may be contacted at the following address: Regional Manager, Office of Civil Rights, U.S. Department of Health and Human Services, 61 Forsyth Street, SW, Suite 16T70, Atlanta, GA 30303. You may also file a complaint with the Federal government by calling [1-877-696-6775](tel:1-877-696-6775), or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

For further information contact the Plans' Privacy Coordinator in HR Compliance at [980-314-2713](tel:980-314-2713) or Privacy.Practices@MecklenburgCountyNC.gov.

Revision History

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