

# NOTICE OF PRIVACY PRACTICES



## MECKLENBURG COUNTY

### COMMUNITY SUPPORT SERVICES

### HEALTH DEPARTMENT

**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.**

**Effective Date: April 14, 2003**

**Revised Effective: April 1, 2016**

#### **WE ARE REQUIRED BY LAW TO PROTECT HEALTH INFORMATION ABOUT YOU.**

We are required by law to protect the privacy of health information about you and that identifies you; to provide you with notice of our legal duties and privacy practices with respect to protected health information; and to notify you, if you are an affected individual, following a breach of unsecured protected health information. This health information may be information about health care we provide to you or payment for health care provided to you. It may also be information about your past, present, or future medical condition. We are also required by law to provide you with this Notice of Privacy Practices explaining our legal duties and privacy practices with respect to health information. We are legally required to follow the terms of this Notice. In other words, we are only allowed to use and disclose health information in the manner that is described in this Notice.

We may change the terms of this Notice in the future. We reserve the right to make changes and to make the new Notice effective for all health information that we maintain about you. The Notice will contain the effective date on the first page. You can view the current Notice at our website, [www.mecklenburgcountync.gov](http://www.mecklenburgcountync.gov). We also have copies of the current Notice available upon request.

#### **WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU IN SEVERAL CIRCUMSTANCES**

1. **TREATMENT:** We may use and disclose health information about you to provide health care treatment to you. In other words, we may use and disclose health information about you to provide,

coordinate or manage your health care and related services. Under certain circumstances, this may include communicating with other health care providers regarding your treatment and coordinating and managing your health care with others. (See Paragraph 10 of this Section for State and Federal law restrictions).

**For example**, Jane is a patient at the Health Department. The receptionist may use health information about Jane when setting up an appointment. The nurse practitioner may use health information about Jane when reviewing Jane's condition and ordering a blood test. The laboratory technician may use health information about Jane when processing or reviewing her blood test results. If, after reviewing the results of the blood test, the nurse practitioner concludes that Jane should be referred to a specialist, the nurse practitioner may disclose health information about Jane to the specialist to assist the specialist in providing appropriate care to Jane.

**2. PAYMENT:** Under certain circumstances, we may use and disclose health information about you to obtain payment for health care services that you receive. This means that we may use health information about you to arrange for payment (such as preparing bills and managing accounts). We also may disclose health information about you to others for payment purposes (such as contacting insurers and consumer reporting agencies). In some instances, we may disclose health information about you to an insurance plan before you receive certain health care services because, for example, we may want to know whether the insurance plan will pay for a particular service. (See Paragraph 10 of this Section for State and Federal law restrictions).

**For example**, Jane receives services from the Health Department. The Health Department may submit a bill to a government funded health insurance plan to receive reimbursement for the provision of those services. The bill may contain some health information for the purposes of qualifying her for the reimbursement.

**3. HEALTH CARE OPERATIONS:** Under certain circumstances, we may use and disclose health information about you in performing a variety of business activities that we call "health care operations." These "health care operations" activities allow us to, for example, improve the quality of care we provide and reduce health care costs. We may use or disclose health information about you 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.
- Reviewing and improving the quality, efficiency and cost of care that we provide to you and other individuals.
- 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.
- Cooperating with outside organizations that assess the quality of the care others and we provide, including government agencies and private organizations.
- Planning for our organization's future operations.
- Resolving grievances within our organization.

- Reviewing our activities and using or disclosing health information in the event that control of our organization significantly changes.
- Working with others (such as lawyers, accountants and other providers) who assist us to comply with this Notice and other applicable laws.

(See Paragraph 10 of this Section for State and Federal law restrictions).

**For example**, Jane gets a flu shot at the Health Department. The Health Department may use Jane's health information – as well as health information from all of the other individuals who got flu shots at the Health Department – to develop an educational program to help patients recognize the importance of the flu shot. (Note: The educational program would not identify any specific patients without their permission).

**4. PERSONS INVOLVED IN YOUR CARE:** Under certain circumstances, we may disclose health information about you to a relative, close personal friend or any other person you have identified as being involved in your care as long as the information is relevant to that care. If you are incompetent, we may disclose health information about you to a guardian or other person responsible for your care. If you are a minor, we may disclose health information about you to a parent, guardian or other person responsible for you except in limited circumstances. We may use or disclose health information about you to a relative, another person involved in your care or possibly a disaster relief organization (such as the Red Cross) if we need to notify someone about your location or condition. You may ask us at any time not to disclose health information about you to persons involved in your care. We will agree to your request and not disclose the information 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. (See Paragraph 10 of this Section for State and Federal law restrictions).

**For example**, Jane's husband regularly comes to the Health Department with Jane for her appointments and he helps her with her medication. When the nurse practitioner is discussing a new medication with Jane, Jane invites her husband to come into the private room. The nurse practitioner may discuss the new medication with Jane and Jane's husband.

**5. REQUIRED BY LAW:** We will use and disclose health information about you whenever we are required by law to do so. There are many State and Federal laws that require us to use and disclose health information. For example, 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.

**6. OTHER USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR PERMISSION:** We may use and disclose health information about you for a number of circumstances in which you do not have to consent, give authorization or otherwise have an opportunity to agree or object. These permitted uses and disclosures usually contribute to the public good, like public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

- **Threat to Health or safety:** We may use or disclose health information about you 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 health information about you for various public health activities, including, but not limited 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. For example, if you have been exposed to a communicable disease (such as sexually transmitted disease), we may report it to the State and take other actions to prevent the spread of the disease.

- **Abuse or neglect:** We may disclose health information about you to a government authority (such as the Department of Social Services) if we reasonably believe that you may be a victim of abuse or neglect.
- **Health oversight activities:** We may disclose health information about you to an agency responsible for overseeing the health care system or certain government programs. For example, a government agency may request information from us while they are investigating possible insurance fraud.
- **Court proceedings:** We may disclose health information about you to a court or an officer of the court (such as an attorney). For example, we may disclose health information about you to a court if a judge orders us to do so in accordance with applicable law.
- **Law enforcement:** We may disclose health information about you to a law enforcement official for specific law enforcement purposes. For example, we may disclose limited health information about you to a police officer if the officer needs the information to help find or identify a missing person.
- **Coroners and others:** We may disclose health information about you to a coroner, medical examiner, or funeral director or to organizations that help with organ, eye and tissue transplants.
- **Research organizations:** We may use or disclose health information about you to research organizations if the organization has satisfied certain conditions about protecting the privacy of health information.
- **Certain government functions:** We may use or disclose health information about you for certain government functions, including but not limited to military and veterans' activities and national security and intelligence activities. We may also use or disclose health information about you to a correctional institution in some circumstances.
- **Immunization:** If you are a student, we may disclose health information to a school, but we will limit the disclosure to proof of immunization and only if the school is required by State or other law to have such proof of immunization prior to admitting you; and only if we have your agreement to the disclosure or the agreement of a parent, guardian, or other person acting in loco parentis.
- **Workers Compensation:** We may release your health information to comply with laws related to workers' compensation or similar programs that provide benefits for work-related injuries or illness without regard to fault.

(See Paragraph 10 of this Section for State and Federal law restrictions).

**7. APPOINTMENT REMINDERS:** We may use and disclose health information to contact you as a reminder that you have an appointment for treatment.

**8. TREATMENT ALTERNATIVES:** We may use and disclose health information about you in order to inform you of or recommend new treatment or different methods for treating a medical condition that you have, or to inform you of other health related benefits and services that may of interest to you.

**For example,** Jane is a patient at the Health Department and she has had a flu shot. The Health Department developed an educational program to help patients manage their vaccinations. The Health Department may send Jane a flyer with information about the program.

**9. BUSINESS ASSOCIATES:** We sometimes work with outside individuals and businesses to help us perform our services. We may disclosure your health information to these business associates so that

they can perform the tasks we hired them to do. For example, we may hire a transcription service to transcribe parts of your medical record. Our business associates must provide us with certain written assurances that they will protect the confidentiality of your health information.

**10. OTHER STATE AND FEDERAL LAWS:** In some cases, State or Federal laws require us to protect or disclose your health information in ways that differ from what is stated in this Notice.

If you receive treatment, including counseling or other health care treatment, for a developmental disability, drug or alcohol abuse, or a general mental health issue, Chapter 122C of the North Carolina General Statutes may prohibit the release of that information without your prior consent. If the treatment you are receiving is for substance abuse, federal regulations (42 C.F.R. Part 2) limit our release of that information without your prior consent. We will comply with these laws in an effort to protect the privacy of your health information. However, in certain circumstances, these laws permit or require us to disclose your health information without your consent.

Under North Carolina law, minors, with or without the consent of a parent or guardian, have the right to consent to services for the prevention, diagnosis and treatment of certain illnesses including: venereal disease and other diseases that must be reported to the State; pregnancy; abuse of controlled substances or alcohol; and emotional disturbance. If you are a minor and you consent to one of these services, you have all the rights included in this Notice relating to that service. However, we may disclose your health information if your doctor thinks your parents or guardian needs to know this information because there is a serious threat to your life or health, or if your parents or guardian specifically ask about your treatment.

**11. AUTHORIZATION:** Other than the uses and disclosures described above, we will not use or disclose health information about you without the “authorization” – or signed permission – of you or your personal representative. For example, in most cases, we will not use or disclose psychotherapy notes about you without your authorization. Also, any uses or disclosures for marketing or any disclosure that constitutes the sale of your protected health information will require your signed authorization. In some instances, we may wish to use or disclose health information about you and we may contact you to ask you to sign an authorization form. In other instances, you may contact us to ask us to disclose health information to a third party and we will ask you to sign an authorization form before doing so. If you sign a written authorization allowing us to disclose health information about you, you may later revoke (or cancel) your authorization in writing. If you would like to revoke your authorization, contact the agency Privacy Coordinator (at the contact information below) in writing and provide sufficient detail regarding the authorization that you are seeking to revoke, such as the purpose of authorization and the approximate date that the authorization was signed by you. If you revoke your authorization, we will follow your instructions; however, your decision to revoke the authorization will not affect or undo any use or disclosure of your health information that occurred before you notified us of your decision to revoke your authorization.

## **YOU HAVE RIGHTS WITH RESPECT TO HEALTH INFORMATION ABOUT YOU**

**1. RIGHT TO A COPY OF THIS NOTICE:** You have a right to a paper copy of our Notice of Privacy Practices at any time. In addition, a copy of this Notice will always be posted on our website at [www.mecklenburgcountync.gov](http://www.mecklenburgcountync.gov). If you would like to have a copy of our Notice, contact the agency Privacy Coordinator (at the contact information below).

**2. RIGHT OF ACCESS TO INSPECT AND COPY:** Under most circumstances, you have the right to inspect (which means see or review) and receive a copy of health information about you that we maintain in certain groups of records. If you would like to inspect or receive a copy of your health information, you may contact the agency Privacy Coordinator (at the contact information below) to receive an Access Request Form/Request Form for Your Protected Health Information. We will provide a copy or summary of your health information, usually within 30 days of your request. If you request a copy of your health information, we may charge a reasonable fee for our labor and supply costs for creating the copy and postage, if applicable. If your information is stored electronically and you request an electronic copy, we will provide it to you in a readable electronic form and format. You may request that this information be sent to a third party, as long as you sign the request and clearly identify the designated person and where to send a copy of the information. We may discuss the scope, format, and other aspects of your request with you as necessary to facilitate the timely provision of the requested information. If we do not have the information you request, but know where the requested information is maintained, we will inform you where to direct your request. We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. We will also inform you in writing if you have the right to have our decision reviewed by another person.

**3. RIGHT TO HAVE HEALTH INFORMATION AMENDED:** If you believe that your health information is either inaccurate or incomplete, you have the right to ask us to amend (which means correct or supplement) your health information. If we agree to your requested amendment, we will amend the incorrect information and, with your agreement, notify others who have copies of the inaccurate or incomplete information. You must supply a reason with your request to have us amend your health information. If you would like us to amend information, you may contact the agency Privacy Coordinator (at the contact information below) to receive an Amendment Request Form/Request Form for Your Protected Health Information. We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing within 60 days. 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 an accounting (which means a detailed listing) of certain types of disclosures that we have made for the previous six (6) years. If you would like to receive an accounting, you may contact the agency Privacy Coordinator (at the contact information below) to receive an Accounting Request Form/Request Form for Your Protected Health Information. The accounting will not include several types of disclosures, including regular disclosures for treatment, payment or health care operations, disclosures to you or your personal representative, or to your family or friends who are involved in your care. We will provide one accounting a year for free but will charge a reasonable, cost-based-fee if you ask for another one within 12 months. We may temporarily suspend your right to an accounting under certain circumstances if requested by a health oversight agency or law enforcement official.

**5. RIGHT TO REQUEST RESTRICTIONS ON USES AND DISCLOSURES:** You have the right to request that we limit the use and disclosure of health information about you for treatment, payment and health care operations. You also have the right to ask us to limit the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We are not required to agree to your request except for requests to restrict disclosures to a health plan when you have paid in full out-of-pocket for your care and when the disclosures are not required by law.

Generally, we will not accept restrictions for treatment, payment, or health care operations. We will notify you if we do not agree to your request. If we do agree, we will notify you in writing, and we will comply with the restriction unless the information is needed to provide emergency treatment for you. We are allowed to end the restriction if we tell you. If we end the restriction, it will only affect medical information that was created or received after we notify you. You may cancel the restrictions at any time. If you would like to request restrictions on how we use and disclose your health information, you may contact the agency Privacy Coordinator (at the contact information below) to receive a Restrictions Request Form/Request Form for Your Protected Health Information.

**6. RIGHT TO REQUEST AN ALTERNATIVE METHOD OF CONTACT:** You have the right to request that we contact you 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. We will not require an explanation for your request, but will accommodate your request if you indicate that not doing so would endanger you. If you would like to request an alternative method of contact, you may contact the agency Privacy Coordinator (at the contact information below) to receive an Alternative Contact Request Form/Request Form for Your Protected Health Information.

**7. RIGHT TO CHOOSE SOMEONE TO ACT FOR YOU:** If you have given someone medical power of attorney or if someone is your legal guardian, that person can 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.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

#### **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 action against you or change our treatment of you in any way if you file a complaint.

To make a request, ask a question or discuss a complaint, you may contact the agency Privacy Coordinator using the following contact information:

**Community Support Services:**

*Privacy Coordinator (704) 614-3000*

**Health Department:**

*Privacy Coordinator (980) 314-9277*

If you want to discuss a privacy matter or complaint with the County's Chief Privacy Officer, you may call this number: (980) 314-9544 or email us at [PrivacyOfficer@mecklenburgcountync.gov](mailto:PrivacyOfficer@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*

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

*Regional Manager  
Office for Civil Rights  
U.S. Department of Health and Human Services  
61 Forsyth Street, SW, Suite 16T70  
Atlanta, GA 30303-8909  
Phone (800) 368-1019  
Fax (404) 562-7881  
TDD (800) 537-7697*

You can also file a complaint with the Federal government by visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).