

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.

Original Effective Date: April 14, 2003

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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 on our website. 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 share health information about you to provide health care treatment to you. 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 nurse practitioner may use health information about Jane when reviewing Jane's condition and ordering a blood test. 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 share health information about Jane with the specialist to assist the specialist in providing appropriate care to Jane.

2. PAYMENT: We may use and share 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 share health information about you with others for payment purposes (such as contacting insurers and consumer reporting agencies). In some instances, we may share health information about you with 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: We may use and share 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 run our organization, improve the quality of care we provide and reduce health care costs. For example, we may use health information about you to review our services or evaluate the performance of the people taking care of you. We may share health information about you with governmental agencies, so they can review the care we provide. We also may share health information about you with doctors, nurses, medical and nursing students, and other personnel for training purposes.

(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: We may share health information about you with 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 share health information about you with a guardian or other person responsible for your care. If you are a minor, we may share health information about you with a parent, guardian or other person responsible for you except in limited circumstances. You may ask us at any time not to share health information about you with persons involved in your care. We will agree to your request and not share 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 share 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 share 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 share 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/hipaa/for-individuals/guidance-materials-for-consumers/index.html.

- **Threat to Health or safety:** We may use or share 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 share 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 share health information about you with 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 share health information about you with 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 share health information about you with a court or an officer of the court (such as an attorney). For example, we may share health information about you with a court if a judge orders us to do so in accordance with applicable law.
- **Law enforcement:** We may share health information about you with a law enforcement official for specific law enforcement purposes. For example, we may share limited health information about you with a police officer if the officer needs the information to help find or identify a missing person.
- **Coroners and others:** We may share health information about you with a coroner, medical examiner, or funeral director or with organizations that help with organ, eye and tissue transplants.
- **Research organizations:** We may use or share health information about you with research organizations if the organization has satisfied certain conditions about protecting the privacy of health information.
- **Certain government functions:** We may use or share 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 share health information about you with a correctional institution in some circumstances.

- **Immunization:** If you are a student, we may share health information with 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 share health information to contact you as a reminder that you have an appointment for treatment.

8. **TREATMENT ALTERNATIVES:** We may use and share 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 be 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 share your health information with 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. **HEALTH INFORMATION EXCHANGES:** The Health Department participates in the North Carolina Health Information Exchange Network (the "Exchange") or similar initiatives. The Health Department may share your health information with the Exchange and may use the Exchange to access your health information to assist in providing health care to you. If you do not want your health information shared with the Exchange, you must opt out by submitting a form directly to the Exchange (if you are a minor, the Health Department will assist you in submitting this form). Forms (and brochures about the Exchange) are available at the Health Department and online at <https://hiea.nc.gov>. You may also contact the Health Department's Privacy Coordinator at (980) 314-9277. Even if you opt out of the Exchange, your health information will still be submitted to the Exchange if your health care services are funded by State programs (like Medicaid). Your health information may also be used by the Exchange for public health or research purposes as permitted or required by law.

11. **OTHER STATE AND FEDERAL LAWS:** In some cases, State or Federal laws require us to protect or share 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 share 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 share 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.

12. **AUTHORIZATION:** Other than the uses and disclosures described above, we will not use or share health information about you without the “authorization” – or signed permission – of you or your personal representative. If you sign a written authorization allowing us to share 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. 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. 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:** 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 sign a written 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 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. 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 sign a written request. We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing and explain how you can ask for a review of the denial.

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 sign a written request. The accounting will not include several types of disclosures, including regular disclosures for treatment, payment or health care operations. 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.

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 share about you to someone who is involved in your care or the payment for your care, like a family member or friend. You may contact the agency Privacy Coordinator (at the contact information below) to sign a written request. 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.

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. If you would like to request an alternative method of contact, you may contact the agency Privacy Coordinator (at the contact information below) to sign a written request.

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/hipaa/for-individuals/notice-privacy-practices/index.html

YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES

If you believe that your privacy rights have been violated, 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.

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:

*Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201
Email: OCRComplaint@hhs.gov*

You can also file a complaint with the Federal government by visiting

www.hhs.gov/hipaa/filing-a-complaint/index.html

Community Support Services and the Health Department do not discriminate on the basis of race, color, national origin, sex, age, or disability in their programs and activities.

Language assistance services, free of charge, are available to you. Call (704) 336-3210 (Community Support Services) or (704) 336-6500 (Health Department).

A copy of this Notice is also available in Spanish.
Una copia de este anuncio esta' disponible tambien en Espanol.