

UNION COUNTY FINANCE DEPARTMENT

NOTICE OF PRIVACY PRACTICES

EFFECTIVE DATE: December 7, 2011

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

If you have any questions about this notice, please contact the Privacy Officer at (704) 283-

3523. THE PURPOSE OF THIS NOTICE

We understand that health and medical information about you and your health is personal. We are committed to protecting health and medical information about you. Your health and medical information is contained in medical, billing and other records that are created by and are the physical property of Union County Finance Department.

This notice will tell you about the ways in which Union County Finance Department may use and disclose health and medical information (hereinafter, collectively "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 at our clinics with respect to medical information about you; and

-follow the terms of the notice that is currently in

effect. WHO WILL FOLLOW THIS NOTICE.

This notice describes the privacy practices of the *EMS Debt Setoff Program of the Union County Finance Department* (hereafter referred to as the "Finance Department") at all its locations and those of:

All physicians, licensed health care personnel, employees, staff and other office personnel.

All students or trainees.

Any persons or companies with whom we contract to provide services and who have access to your medical information.

All these persons and locations follow the terms of this notice. In addition, these person, and locations may share medical information with each other for your treatment, to operate the Finance Department, and for the purposes described in this notice.

This notice applies to all of the records of your care and billing and payment for care that are created or transferred to the Finance Department, whether made by our personnel or other independent health care personnel, who are responsible for their own actions. The independent health care personnel treating you may have different policies or notices regarding confidentiality and disclosure of your medical information that is created in their office or other locations outside the Finance Department.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we explain what we mean and give some examples, but not every use or disclosure is listed.

- > **For Treatment.** We may share medical information about you among our personnel involved in providing you with health care services, for example, to determine the kinds of services you may need and to coordinate the delivery of those services. We may also disclose medical information about you to people outside our office who may be involved in your medical care before or after you leave our office, such as family members, hospitals, labs, or medical equipment companies. We will only disclose medical information about you that identifies you to people outside our office, who are not currently involved in your care at our office, with your consent, or if such disclosures are required or permitted by law.
- > **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive at our office or that you received from a third party who has assigned the right to receive payment for such treatment and services to us may be billed and payment may be collected from you, an insurance company or health plan, or a third party (e.g. North Carolina Local Government Debt Setoff Clearinghouse). For example, we may give the North Carolina Local Government Debt Setoff Clearinghouse your medical information in order to receive payment for overdue bills for treatment and/or services provided by a third party who has assigned its right to receive payment for said treatment/services to Union County. Also, by way of example, we may give your health plan information about your treatment to obtain prior approval to determine coverage, or so your health plan will pay us or reimburse you. We will only disclose medical information about you that identifies you to people outside our office with your consent, or if such disclosures are required or permitted by law. If you have consented to let us disclose medical information for the purpose of obtaining payment for the care provided to you, your consent also authorizes us to disclose your information to other family members who are covered by your insurance policy or to someone who helps pay for your care.
- > **For Health Care Operations.** Our staff and business associates may use and disclose medical information about you to operate the Finance Department. For example, we may use medical information to call out your name in the waiting room, to review our treatment and services, or to evaluate the qualifications and performance of our staff in caring for you. We may also disclose information to regulatory authorities, licensing authorities or clinics who evaluate our qualifications and our services. We may also combine the medical information we have about you and other persons with medical information from other similar programs to compare how we are doing and see where we can make improvements in the care and services we offer. We will 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 you are.
- > **Contacting You.** Unless we have agreed in writing to a written request by you to handle these matters differently, we may use and disclose medical information to contact you personally, to leave you a message or send you a letter concerning an appointment, a hearing, your account, the status of any appeal, to let you know lab results or prescriptions are ready, or to ask you to call us concerning your or your child's care.
- > **Individuals Involved in Your Care and Disaster Relief.** We may disclose medical information about you to a friend or family member who is involved in your medical care, unless you object. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that relief agencies and your family can be notified about your condition, status, and

location. You can object to these disclosures by telling us that you do not wish any or all individuals involved in your care or relief agencies to receive this information.

-)> **Research.** Under certain circumstances, we may use and disclose medical information about you 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. We will obtain your written consent **if** the researchers will know who you are. Medical information about you that has had all identifying information removed may be used for research without your consent.

WHEN DISCLOSURE MAY BE REQUIRED BY LAW WITHOUT YOUR AUTHORIZATION:

The following are examples of when we may disclose medical information about you 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 medical information about you when necessary to prevent or lessen a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would be to someone reasonably able to help prevent the threat.
- **Organ and Tissue Donation.** If you are an organ or tissue donor, we are required by law to provide medical information about you upon request after your death to the person or entity who receives the organ or tissue donation.
- **Workers' Compensation.** We may release without your consent medical information about a work related injury for which we are treating you for workers' compensation or similar programs under appropriate circumstances.
- **Public Health Risks.** We may disclose without your consent medical information about you 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 suspected abuse or neglect as required by law;
 - to report to the FDA or other appropriate authorities or persons adverse reactions to medications or problems with products;
 - to notify people of recalls of products they may be using; and
 - 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.
- **Health Oversight Activities.** We may disclose without your consent 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 medical information about you in response to a court or administrative order. We also may disclose medical information about you in response to a subpoena or other lawful process by someone else involved in the dispute by furnishing your medical records or information under seal to the court. The copies of

your medical record under seal may only be opened by the parties to the case or their attorneys unless a judge orders otherwise.

- **Law Enforcement.** We may release without your consent medical information if asked to do so by a law enforcement official:
 - In response to a court order, grand jury demand, or search warrant;
 - About a death or injury we believe may be the result of criminal conduct; or
 - About suspected criminal conduct at our office.
- **Coroners, Medical Examiners, and Funeral Directors.** We may release without your consent medical information requested by a coroner or medical examiner. We may also release information about the identity of patients to funeral directors.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release without your consent medical information about you to the correctional institution or law enforcement official with custody of you on behalf of the correctional institution if necessary: (1) for the Finance Department to provide you with health care; (2) to protect your health and safety; (3) to obtain payment; or (4) to operate the Finance Department. If you are in the custody of the Department of Correction ("DOC") and the DOC requests your medical records, we are required to provide the DOC with access to your records.

OTHER SITUATIONS

- **Behavioral Health Care.** Regardless of the other parts of this notice, any information relating to alcohol and drug treatment or other behavioral health care treatment, including psychotherapy notes, will not be disclosed outside our office except as authorized by you in writing, pursuant to a court order, or as required or permitted by law. Private notes a licensed mental health professional has decided to make about a session with you, keep in his or her personal files, and designate as psychotherapy notes will not be disclosed to personnel working within our office, other than to the person who wrote the notes, except for training purposes or to defend a legal action brought against the Finance Department, unless you have properly authorized such disclosure in writing.
- **Minors.**

A parent, guardian, or other person with authority to act for a minor may have access to and decide the use and disclosure of protected health information concerning a minor patient, except when:

- (1) A custody order or agreement provides otherwise;
- (2) A court order provides otherwise;
- (3) There is a reasonable basis to suspect abuse or neglect of the minor and providing such information or authority to the parent, guardian, or other person acting for a minor is reasonably believed to present a risk of injury or harm to the minor; or
- (4) The minor has the right to and does obtain health care on his or her own behalf as is permitted in the following cases:
 - (a) For outpatient diagnosis or treatment of emotional illness or substance abuse;

- (b) For diagnosis or treatment of pregnancy (not abortion);
- (c) For diagnosis or treatment of sexually transmitted diseases.

In some limited circumstances, such as an emergency or if the parent or guardian contacts the Physician, the Physician may choose to disclose such information to the parent or guardian;

- (5) The parent or guardian has agreed that such information will be confidential between the minor and the Physician.

OTHER USES OF MEDICAL INFORMATION.

Other uses and disclosures of medical information not covered by this notice will be made only with your written permission or as required by law. If you provide us permission to use or disclose medical information about you, you may revoke or discontinue that permission, in writing, at any time. Your revocation will be effective as of the end of the day on which you provide it in writing to the Union County Finance Department Privacy Officer using the contact information at the end of this notice. If you revoke your permission, we will no longer use or disclose medical information about you for the purposes that you had authorized in writing. 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.

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 receive a copy of medical information that may be used to make decisions about your care, unless your treating physician determines that providing you with such information would be injurious to your physical or mental well-being. When we deny your request to inspect and receive a copy of your medical information on this basis, you may request that the denial be reviewed. Another licensed health care professional chosen by the Finance Department will review your request and the denial. The person conducting the review will not be the person who denied your request. We will do what this reviewer decides.

To inspect and receive a copy of your medical information, you must submit your request in writing to our 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, and we may collect the fee before providing the copy to you. If you agree, we may provide you with a summary of the information instead of providing you with access to it, or with an explanation of the information instead of a copy. Before providing you with such a summary or explanation, we first will obtain your agreement to pay the fees, if any, for preparing the summary or explanation.

Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, your request must be made in writing and submitted to our Privacy Officer. 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;
- Does not include a reason to support the request;

- Was created by a provider other than the Finance Department, unless the provider who created the information is no longer available to consider or make the amendment;
- Is not part of the medical information kept by or for the Finance Department;
- Is not part of the information that you would be permitted to inspect and copy; or
- We have determined the information to be accurate and complete.

Right to an Accounting of Disclosures. You have the right to request a list of certain disclosures we have made of medical information about you.

To request this list or accounting of disclosures, you must submit your request in writing to our Privacy Officer and state whether you want the list on paper or electronically. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. 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 cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred. We may collect the fee before providing the list to you.

Right to Request Restrictions. Except where we are required to disclose the information by law, you have the right to request a restriction or limitation on the medical information we use or disclose about you to individuals or entities outside of our office and on the use of psychotherapy notes within our office by someone other than the person who wrote the notes.

We are not required to agree to your request to restrict use or disclosure of your information within our office or among the health care professionals currently involved in your care at our office except with regard to psychotherapy notes. If we do agree, we will comply with your requested restriction unless the information is needed to provide you emergency treatment. Except as required or permitted by law, we will only disclose your confidential medical information to persons outside our office who are not currently involved in your care at our office, with and in accordance with your authorization.

To request restrictions, you must make your request in writing to our Privacy Officer. In your request, you must tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Request How We Communicate with You. 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, or at a mailing address other than your home address.

To request certain types of communications, you must make your request in writing to our Privacy Officer and specify how or where you wish to be contacted. We will not ask you the reason for your request. We will accommodate all reasonable requests.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice or any revised 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.co.union.nc.us.

To obtain a paper copy of this notice, contact the Privacy Officer at (704)283-3523

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 at our general reception area. The notice will remain in effect for each subsequent visit unless changed. **If** the notice changes, a copy will be available to you upon request.

COMPLAINTS

If you have a complaint about your privacy rights, you may file a written complaint with our office or with the Secretary of the United States Department of Health and Human Services. To file a complaint with our office, contact our Privacy Officer at (704) 283-3523.

You will not be penalized for filing a complaint.

CONTACT INFORMATION

If you have any questions or concerns about this notice or how it is applied, or for the purpose of exercising your Rights as defined in this notice, you may write to:

UNION COUNTY FINANCE DEPARTMENT PRIVACY OFFICER
UNION COUNTY FINANCE DEPARTMENT
500 NORTH MAIN STREET, SUITE 904
MONROE, NC 28112

Telephone: (704) 283-3523