

**RICHMOND COUNTY DEPARTMENT OF HUMAN SERVICES
DIVISION OF PUBLIC HEALTH**

NOTICE OF PRIVACY PRACTICES

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.

The Richmond County Division of Public Health collects and maintains health information about you and is required by law to protect the privacy of your health information. We are required to provide you with this Notice of Privacy Practices.

Your 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.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. 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 say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- We may leave you a message or send you a letter concerning an appointment, lab results, or prescriptions, or to ask you to call us concerning you or your child’s care or account unless you tell us otherwise. You can ask us to contact you in a specific way (for example, call your home or office phone or send mail to a different address).
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). 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.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly or you may obtain a copy on our website at <https://www.richmondnc.com/202/HEALTH-DEPARTMENT>.

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.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights.
- All complaints should be submitted in writing. To file a complaint with us, contact **Union County Division of Public Health, Attn: Privacy Officer, 127 Caroline Street, Rockingham, NC 28379**. To file a complaint with the federal government, contact **Region IV Office for Civil Rights, US Department of Health and Human Services, Atlanta Federal Center, Suite 3B70, 61 Forsyth Street SW, Atlanta, GA 30303-8909** or visit www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- 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.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways:

- We can use your health information and share it with other professionals who are treating you.
- We can use and share your health information to run our practice, improve your care, and contact you when necessary.
- We can use and share your health information to bill and get payment from health plans or other entities.
- We may provide your health care information to the NC Health Information Exchange Authority (HIEA). The HIEA is a health information database where other health care providers caring for you can access your medical information if they are members of the HIEA. Accessing your information can help your healthcare provider provide you with well-informed care quickly

because s/he will have learned about your medical history from the HIEA. If you do not want your medical information to be contributed to the HIEA and shared with member healthcare providers, you can opt out by asking us for an opt-out form or by visiting <https://hiea.nc.gov/patients/your-choices> to download and complete the opt-out form. Note that if you opt out, your providers may not have the most recent information about you which may affect your care. If you choose to opt out, there are measures you can take at this link to opt in at a later date. If you are under the age of 18, please note the NC HIEA will not process your opt-out unless your parent or legal guardian has signed your opt-out form, or you have been emancipated. If you are a minor and you receive treatment for (1) venereal disease (sexual transmitted infections) and other reportable diseases, (2) pregnancy, (3) abuse of controlled substances or alcohol, and (4) emotional disturbance, please speak with your health care provider to see if you are able to request that this information not be disclosed to the NC HIEA.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as 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.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety
- For proof of immunization to a school where State or other law requires the school to have such information prior to admitting the student
- For organ procurement organizations
- With a coroner, medical examiner, or funeral director when an individual dies
- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services
- In response to a court or administrative order, or in response to a subpoena

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. You may revoke such authorization at any time by notifying **Richmond County Division of Public Health, Attn: Privacy Officer, 127 Caroline Street, Rockingham, NC 28379** in writing. If you revoke such authorization, however, it will not have any effect on actions taken by us in reliance on it.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

For more information concerning this Notice of Privacy Practices, contact **Richmond County Division of Public Health's Privacy Officer at 127 Caroline Street, Rockingham, NC 28379 or 910-997-8301.**