HYDE COUNTY HEALTH DEPARTMENT

NOTICE OF PRIVACY PRACTICES

EFFECTIVE APRIL 14, 2003

WE ARE REQUIRED BY LAW TO PROTECT MEDICAL INFORMATION ABOUT YOU:

We are required by law to protect the privacy of medical information about you and that identifies you. This medical 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 medical information. We are legally required to follow the terms of this Notice. In other words, we are only allowed to use and disclose medical information in the manner that we have 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 medical information that we maintain. If we make changes to the Notice, we will

- Post the new Notice in our waiting room
- Have copies of the new Notice available upon request (you may always contact our Privacy Officer at (252) 926-4200 to obtain a copy of the current Notice)

The rest of this Notice will:

- Discuss how we may use and disclose medical information about you
- Explain your rights with respect to medical information about you
- Describe how and where you may file a privacy-related complaint

If, at any time, you have questions about information in this notice or about our privacy policies, procedures, you can contact our Privacy Officer at (252) 926-4200.

We use and disclose medical information about patients everyday. This section of our Notice explains in some detail how we may use and disclose medical information about you in order to provide health care, obtain payment for that health care, and operate our business efficiently. This section then briefly mentions several other circumstances in which we may use or disclose medical information about you. For more information about any of these uses or disclosures, or about any of our privacy policies, procedures, or practices contact our Privacy Officer at (252) 926-4200.

1. TREATMENT

We may use and disclose medical information about you to provide health care treatment to you. In other words, we may use and disclose medical information about you to provide, coordinate or manage your health care and related services. This may include communication with other health care providers regarding your treatment and coordination and managing your health care with others.

2. PAYMENT

We may use and disclose medical information about you to obtain payment for health care services that you receive. This means that, within the health department, we may use Medical information about you to arrange payment (such as preparing bills and managing accounts). In some instances, we may disclose medical information about you to any 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.

3. HEALTH CARE OPERATIONS

We may use and disclose medical 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. For example, we may use or disclose medical information about you in performing the following activities:

- Reviewing and evaluation the skills, qualifications, and performance of health care providers taking care of you.
- Providing training programs students, trainees, health care providers, or non-health care professionals to help them practice 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 provide to you and our other patients.
- 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 medical 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.

4. APPOINTMENT REMINDERS/TREATMENT ALTERNATIVES

We may use and/or disclose medical information about you to send you reminders about an appointment. We may use and/or disclose information about you in order to inform you 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.

5. PERSONS INVOLVED IN YOUR CARE

We may disclose medical information about you to a relative, close personal friend or any other person you identify if that person is involved in your care and the information is relevant to your care. If the patient is a minor, we may disclose medical information about the minor to a parent, guardian or other person responsible for the minor except in limited circumstances. For more information on the privacy of minors' information, contact our Privacy Officer at (252) 926-4200.

We may also use or disclose medical information about you to a relative, another person involved in your care or possible 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 medical 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 the patient is a minor. If the patient is a minor, we may or may not be able to agree to your request.

6. REQUIRED BY LAW

We will use and disclose medical 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 medical 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.

7. NATIONAL PRIORITY USES AND DISCLOSURES

When permitted by law, we may use or disclose medical information about you without your permission for various activities that are recognized as "national priorities". In other words, the government has determined that under certain circumstances (described below), it is some important to disclose medical information that is acceptable to disclose medical information without the individual's permission. We only disclose medical information about you in the following circumstances when we are permitted to do so by law. Below are brief descriptions for the "national priority" activities recognized by law. For more information on these types of disclosures, contact our Privacy Officer at (252) 926-4200.

- THREAT TO HEALTH OR SAFETY: We may use or disclose medical 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 disclose medical information about you for public health activities. Public health activities require the use of medical information for various activities, including, but not limited to investigation diseases, reporting child abuse and neglect, monitoring drugs or devices regulated by the Food and Drug Administration, and monitoring work-related illnesses or injures. For example, if you have been exposed to a communicable disease (such as a sexually transmitted disease), we may report it to the State and take other actions to prevent the spread of the disease.
- ABUSE, NEGLECT, OR DOMESTIC VIOLENCE: We may disclose medical information about you to a government authority (such as the Department of Social Services) if you are an adult and we reasonable believe that you may be a victim of abuse, neglect or domestic violence.
- HEALTH OVERSIGHT ACTIVITIES: We may disclose medical information about you to a health oversight agency which is basically 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 medical information about you to a court or any officer of the court (such as an attorney). For example, we would disclose medical information about you to a court if a judge orders us to do so.
- LAW ENFORCEMENT: We may disclose medical information about you to a law enforcement official for specific law enforcement purposes. For example, we may disclose limited medical 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 medical information about you to a coroner, medical examiner, or funeral director or to organizations that help with organ, eye and tissue transplants.
- WORKERS' COMPENSATION: We may disclose medical information about you in order to comply with workers' compensation laws.
- RESEACH ORGANIZATIONS: We may disclose medical information about you to research organizations if the organization has satisfied certain conditions about protecting the privacy of medical information.
- CERTAIN GOVERNMENT FUNCTIONS: We may use or disclose medical information about you for certain governmental functions, including but not limited to military and veterans' activities and national security and intelligence activities. We may also use or disclose medical information about you to a correctional institution in some circumstances.

8. AUTHORIZATION

Other than the uses and disclosures described about (#1-7), we will not use or disclose medical information about you without the "authorization" – or signed permission – of your or your personal representative. In some instances, we may wish to use or disclose medical information about you and we may contact you to ask you to sign and authorization form. In other instances, you may contact us to ask us to disclose medical information and we will ask you to sign an authorization form.

If you sign a written authorization allowing us to disclose medical information about you, you may later revoke (or cancel) your authorization in writing (except in very limited circumstances related to obtaining insurance coverage). If you would like to revoke your authorization, you may write us a letter revoking your authorization or fill out an Authorization Revocation Form. Authorization Revocation Forms are available from our Privacy Officer. If you revoke your authorization, we will follow your instructions except to the extent that we have already relied upon your authorization and taken some action.

You have several rights with respect to medical information about you. This section of the Notice will briefly mention each of these rights. If you would like to know more about your rights, please contact our Privacy Officer at (252) 926-4200.

1. RIGHT TO A COPY OF THIS NOTICE

You have a right to have a paper copy of our Notice of Privacy Practices at any time. In addition, a copy of this Notice will always be posted in our waiting area. If you would like to have a copy of our Notice, ask the receptionist for a copy or contact our Privacy Officer.

2. RIGHT OF ACCESS TO INSPECT AND COPY

You have the right to inspect (which means see or review) and receive a copy of medical information about you that we maintain in certain groups of records. If you would like to inspect or receive a copy of medical information about you, you must provide us with a request in writing. You may write us a letter requesting access or fill out an Access Request Form. Forms are available from our Privacy Officer.

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.

If you would like a copy of the information, we will charge you a fee to cover the costs of the copy. The fee is currently $12.00 plus $0.10 per page.

We may be able to provide you with summary or explanation of the information. Contact our Privacy Officer for more information on these services and any possible additional fees.

3. RIGHT TO HAVE MEDICAL INFORMATION AMENDED

You have the right to have us amend (which means correct or supplement) medical information about you that we maintain in certain groups of records. If you believe that we have information that is either inaccurate or incomplete, we may amend the information to indicate the problem and notify others who have copies of the inaccurate or incomplete information. If you would like us to amend information, you must provide us with a request in writing. You may write us a letter requesting an amendment or fill out an Amendment Request Form. Amendment Request Forms are available from our Privacy Officer.

4. RIGHT TO AN ACCOUNTING OF DISCLOSURES WE HAVE MADE

You have the right to receive an accounting (which means a detailed listing) of disclosures that we have made for the previous six (6) years. If you would like to receive an accounting, you may send us a letter requesting an accounting, fill out an Accounting Request Form, or contact our Privacy Officer. Accounting Request Forms are available from our Privacy Officer.

The Accounting will not include several types of disclosures, including disclosures for treatment, payment or health care operations. It will also not include any disclosures made prior to April 14, 2003.

If you request an accounting more than once every twelve months, we may charge you a fee to cover the costs of preparing the accounting. The fee is $12.00 plus $0.10 per page.

5. RIGHT TO REQUEST RESTRICTIONS ON USES AND DISCLOSURES

You have the right to request that we limit the use and disclosure of medical information about you for treatment, payment and health care operations.

We are not required to agree to your request.

If we do agree to your request, we must follow your restriction (except if the information is necessary for emergency treatment). You may cancel the restrictions at any time. In addition, we may cancel a restriction at any time as long as we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation.

6. RIGHT TO REQUEST AN ALTERNATIVE METHOD OF CONTACT

You have the right to request to be contacted 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 must provide us with a request in writing. You may write us a letter or fill out an Alternative Contact Request form. Alternative contact Request Forms are available from our Privacy Officer.

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 file a written complaint with the Health Department, you may bring your complaint to the department or you may mail it to the following address:

HYDE COUNTY HEALTH DEPARTMENT
PO BOX 100
1151 MAIN STREET
SWAN QUARTER, NC 27888

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

SECRETARY, HEALTH AND HUMAN SERVICES
OFFICE OF CIVIL RIGHTS
US DEPARTMENT OF HEALTH AND HUMAN SERVICES
200 INDEPENDENCE AVENUE, SW
ROOM 509 F, HHH BUILDING
WASHINGTON, DC 20201