

SCOTLAND COUNTY HEALTH DEPARTMENT NOTICE OF PRIVACY PRACTICES

**IMPORTANT: THIS NOTICE
DESCRIBES HOW MEDICAL
INFORMATION ABOUT YOU MAY BE
DISCLOSED AND HOW YOU CAN GET
ACCESS TO THIS INFORMATION.
PLEASE READ IT CAREFULLY.**

As an essential part of our commitment to you, Scotland County Health Department maintains the privacy of certain confidential health information about you, known as Protected Health Information or PHI. We are required by law to protect your health care information and to provide you with the attached Notice of Privacy Practices.

This Notice outlines our legal duties and privacy practices with respect to your PHI. It not only describes our privacy practices and your legal rights, but lets you know, among other things, how Scotland County Health Department is permitted to use and disclose PHI about you, how you can access and copy that information, how you may request amendment of information, and how you may request restrictions on our use and disclosure of your PHI.

Scotland County Health Department is also required to abide by the terms of the version of this Notice currently in effect. In most situations we may use this information as described in this Notice without your permission, but there are some situations where we may use it only after we obtain your written authorization, if we are required by law to do so.

We respect your privacy, and treat all health information about our patients with care under strict policies of confidentiality for which all staff are committed to following at all times.

ACKNOWLEDGEMENT OF RECEIPT OF THIS NOTICE

You will be asked to sign an acknowledgement of receipt of this Notice. We intend to provide you this information to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. Delivery of health care services to you will in no way be conditioned upon your signed acknowledgement. If you decline to provide a signed acknowledgement, we will continue to provide your treatment, and will use and disclose your protected health information for treatment, payment and health care operations when necessary.

PLEASE READ THE ATTACHED DETAILED NOTICE. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT PEGGY ROBINSON, OUR PRIVACY OFFICER AT (910) 277-2470, EXT 411 OR (910) 277-2440.

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.

Purpose of this Notice: Scotland County Health Department is required by law to maintain the privacy of certain confidential health care information, known as Protected Health Information or PHI, and to provide you with a notice of our legal duties and privacy practices with respect to your PHI. This Notice describes your legal rights, advises you of our privacy practices, and lets you know how Scotland County Health Department is permitted to use and disclose PHI about you.

Scotland County Health Department is also required to abide by the terms of the version of this Notice currently in effect. In most situations we may use this information as described in this Notice without your permission, but there are some situations where we may use it only after we obtain your written authorization, if we are required by law to do so.

Required Uses and Disclosures: By law, we must disclose your health information to you when requested unless it has been determined by a competent medical authority that it would be harmful to you. We must also disclose health information to the Secretary of the Department of Health and Human Services (DHHS) for investigations or determinations of our compliance with laws on the protection of your health information.

Uses and Disclosures of PHI: Scotland County Health Department, except under very narrow circumstances permitted by law, will not use your PHI without your permission except for treatment, payment, and health care operations. Examples of our use of your PHI:

For Treatment: This includes such things as verbal and written information that we obtain about you and use pertaining to your medical condition and treatment provided to you by us and other medical personnel (including doctors and nurses who give orders to allow us to provide treatment to you). It also includes information we give to other health care personnel to whom we transfer your care and treatment, and includes transfer of PHI via telephone to referral providers as well as providing the hospital with a copy of the written record we create in the course of providing you with treatment.

For Payment: This includes any activities we must undertake in order to get reimbursed for the services we provide to you, including such things as organizing your PHI and submitting bills to insurance companies (either directly or through a third party billing company), management of billed claims for services rendered, medical necessity determinations and reviews, utilization review, and collection of outstanding accounts.

For Health Care Operations: This includes quality assurance activities, licensing, and training programs to ensure that our personnel meet our standards of care and follow established policies and procedures, obtaining legal and financial services, conducting business planning, processing grievances and complaints, creating reports that do not individually identify you for data collection purposes, fundraising, and certain marketing activities.

Fundraising: We may contact you when we are in the process of raising funds for Scotland County Health Department.

Reminders for Scheduled Appointments and Information on Other Services: We may also contact you to provide you with a reminder for any scheduled appointments, or for other information about alternative services we provide or other health-related benefits and services that may be of interest to you. You may request that we not provide you with such reminders.

Uses and Disclosure of PHI Without Your Authorization: Scotland County Health Department is permitted to use PHI *without* your written authorization, or opportunity to object in certain situations, including:

For Scotland County Health Department's use in treating you or in obtaining payment for services provided to you or in other health care operations;

For the treatment activities of another health care provider;

To another health care provider or entity for the payment activities of the provider or entity that receives the information (such as your hospital or insurance company);

To another health care provider (such as the hospital to which you are admitted) for the health care operations activities of the entity that receives the information as long as the entity receiving the information has or has had a relationship with you and the PHI pertains to that relationship;

For health care fraud and abuse detection or for activities related to compliance with the law;

To a family member, other relative, or close personal friend or other individuals involved in your care if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family, relatives, or friends if we infer from the circumstances that you would not object. For example, we will assume you agree to our disclosure of your personal health information to your spouse when you request your spouse to be present during an interview, etc. In situations where you are not capable of objecting due to your incapacity or medical emergency, we may, in our professional judgment, determine that a disclosure to your family member, relative, or friend is in your best interest. In that situation, we will disclose only health information relevant to that person's involvement in your care. For example, we may inform the persons who accompanied you to the health department that there has been a medical emergency and you are being taken to the hospital.

To a public health authority in certain situations (such as reporting a birth, death, or disease as required by law, as part of a public health investigation, to report child or adult abuse or neglect or domestic violence, to report adverse events such as product defects, or to notify a person about exposure to a possible communicable disease as required by law);

For health oversight activities including audits or government investigations, inspections, disciplinary proceedings, or other administrative or judicial actions undertaken by the government (or their contractors) by law to oversee the health care system;

For judicial and administrative proceedings as required by a court or administrative order, or in some cases in response to a subpoena or other legal process;

For law enforcement activities in limited situations, such as when there is a law requiring a report or in emergency situations, or when the information is needed to locate a suspect or stop a crime;

For military, national defense and security and other special government functions;

To avert a serious threat to the health and safety of a person or the public at large;

For worker's compensation purposes, and in compliance with worker's compensation laws;

To coroners, medical examiners, and funeral directors for identifying a deceased person, determining the cause of death, or carrying on their duties as authorized by law;

If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ donation and transplantation;

For research projects, but this will be subject to strict oversight and approvals and health information will be released only when there is a minimal risk to your privacy and adequate safeguards are in place in accordance with the law;

We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

Any other use or disclosure of PHI, other than those listed above will only be made with your written authorization, (the authorization must specifically identify the information we seek to use or disclose, as well as when and how we seek to use or disclose it). **You may revoke your authorization at any time, in writing, except to the extent that we have already used or disclosed medical information in reliance on that authorization.**

Patient Rights: As a patient, you have a number of rights with respect to the protection of your PHI, including:

The right to access, copy or inspect your PHI. This means you may come to our offices and inspect and copy most of the medical information about you that we maintain. We will normally provide you with access to this information within thirty (30) days of your request. We will also charge you a reasonable fee for you to copy any medical information that you have the right to access. In limited circumstances, we may deny you access to your medical information, and you may appeal certain types of denials.

We have available forms to request access to your PHI and we will provide a written response if we deny you access and let you know your appeal rights. If you wish to inspect and copy your medical information, you should contact the privacy officer listed at the end of this Notice.

The right to amend your PHI. You have the right to ask us to amend written medical information that we may have about you. If we determine your request is appropriate, we will generally amend your information within sixty (60) days of your request and will notify you when we have amended the information. We are permitted by law to deny your request to amend your medical information only in certain circumstances, like when we believe the information you have asked us to amend is correct. If you wish to request that we amend the medical information that we have about you, you should contact the privacy officer listed at the end of this Notice. We cannot amend information obtained by other healthcare providers.

The right to request an accounting of our use and disclosure of your PHI. You may request an accounting from us of certain disclosures of your medical information that we have made in the last six years prior to the date of your request. We are not required to give you an accounting of information we have used or disclosed for purposes of treatment, payment or health care operations, or when we share your health information with our business associates, like our billing company or a medical facility from/to which we have referred you.

We are also **not required** to give you an accounting of our uses of protected health information for which you have already given us written authorization. If you wish to request an accounting of the medical information about you that we have used or disclosed that is not exempted from the accounting requirement, you should contact the privacy officer listed at the end of this Notice.

The right to request that we restrict the uses and disclosure of your PHI. You have the right to request that we restrict how we use and disclose your medical information that we have about you for treatment, payment, health care operations, or to restrict the information that is provided to family, friends, or other individuals involved in your health care. But if you request a restriction and the information you asked us to restrict is needed to provide you with emergency treatment, then we may use the PHI or disclose the PHI to a health care provider to provide you with emergency treatment. Scotland County Health Department is not required to agree to any restrictions you request, but any restrictions agreed to by Scotland County Health Department are binding on Scotland County Health Department.

Internet, Electronic Mail and Right to Obtain a Copy of Paper Notice on Request. If we maintain a web-site, we will prominently post a copy of this notice on our web site and make the Notice available electronically through the web site. If you will allow us, we will forward you this Notice by Electronic Mail instead of on paper and you may always request a paper copy of the Notice.

Revisions to the Notice: Scotland County Health Department reserves the right to change the terms of this Notice at any time, and the changes will become effective immediately and will apply to all protected health information (PHI) that we maintain. Any material changes

To the Notice will be promptly posted in our facilities and posted to our web site, provided we maintain one. You can get a copy of the latest version of this Notice by contacting the Privacy Officer identified below.

Your Legal Rights and Complaints: If you think that we may have violated your privacy rights, or you disagree with the decision we made about access to your PHI, you may file a complaint with the Scotland County Health Department's Privacy Officer identified below. You may also send a written complaint to:

Office of Civil Rights
The U. S. Department of Health and Human Services
61 Forsyth Street S. W.
Suite 3 B 70
Atlanta, GA 30323
Phone: (404) 562-7886
TDD: (404) 331-2867
FAX: (404) 562-7881

We will take no retaliatory action against you if you file a complaint about our privacy practices.

You may also contact Scotland County Health Department's Privacy Officer if you have any questions about this Notice or any complaints about our privacy practices, or if you would like additional information regarding this Notice of Privacy Practices, please contact:

Peggy Robinson, Privacy Officer
Management Support Supervisor
P. O. Box 69
Laurinburg, N. C. 28353
Phone: (910) 277-2470, ext. 411
E-Mail: probinson@scotlandcounty.org

**THIS NOTICE IS EFFECTIVE
APRIL 14, 2003**

**SCOTLAND COUNTY HEALTH DEPARTMENT
P. O. BOX 69
LAURINBURG, N. C. 28353-0069
NOTICE OF PRIVACY PRACTICES**