

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.

WARREN COUNTY DEPARTMENT OF PUBLIC HEALTH HAS A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION. All employees, volunteers, staff, nurses, health professionals and other personnel are legally required to and must abide by the policies set forth in this notice, and to protect the privacy of your health information.

This protected health information includes information that can be used to identify you. We collect or receive this information about your past, present or future health condition to provide health care to you, or to receive payment for this health care. We must provide you with this notice about our privacy practices that explains how, when, and why we use and disclose (release) your health information. With some exceptions, we may not use or release any more of your health information than is necessary to accomplish the need for the information.

We reserve the right to change the terms of this notice and our privacy policies at any time. Any changes to this notice will apply to the health information already in existence. Before we make any change to our policies, we will promptly change this notice and post a new notice. You can also request a copy of this notice from our PRIVACY OFFICIAL, listed at the end this notice at anytime.

A. WE MAY USE AND RELEASE YOUR PROTECTED HEALTH INFORMATION for many different reasons. For some of these reasons, we will need your specific authorization. Below, we describe the different categories of when we use and release your health information and give you some examples of each category.

1. For Treatment. We may use your health information to coordinate the health care services we provide to you. **For example,** if you are being seen in our clinic, we may use your health information in order to coordinate your care.

2. To obtain payment for treatment. We may use and release your health information in order to bill and collect payment for services provided to you. It is important that you provide us with correct and up to date information. **For example,** we may bill for flue shots to Medicare. We may release portions of your information to our billing department and your health plan to get paid for the health care services we provided to you.

3. To run our health care business. We may release your health information in order to provide services in compliance with healthcare regulations. **For example,** we may use your health information to review the quality of our

services.

4. When federal, state, or local law enforcement agencies request your information; or for judicial or administrative proceedings. We release your health information when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence; when dealing with gunshot and other wounds; or when ordered in a judicial or administrative proceeding.

5. For public health activities. We report information about various diseases to government officials in charge of collecting that information. We provide coroners, medical examiners, and funeral directors with necessary information relating to an individual's death.

6. To avoid harm. In order to avoid a serious threat to the health or safety of a person or the public, we may provide your demographic health information to law enforcement personnel or persons able to prevent or lessen such harm.

7. For worker's compensation purposes. We may release your health information in order to comply with worker's compensation laws. If you do not want worker's compensation notified, alternate insurance or payment information must be supplied.

8. For appointment reminders and health-related benefits and services. We may use your demographic health information to contact you to remind you of an up coming home visit or appointment. Or we may speak to you to recommend possible treatment options or alternatives that may be of interest to you.

9. Military Activity and National Security: When the appropriate conditions apply, we may use or disclose your health information, if you are a member of the Armed Forces, for activities deemed necessary by appropriate military command authorities.

10. For Health Oversight: We may disclose your health information to health oversight agencies for activities such as audits, investigations, and inspections. We may also release your health information to government benefit programs to determine your eligibility for benefits.

B. YOU HAVE THE OPPORTUNITY TO GIVE PERMISSION OR OBJECTION TO THE FOLLOWING:

Information shared with family, friends or others. We may release your health information to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object

in whole or in part. Your choice to object may be made at any time.

C. YOUR PRIOR WRITTEN AUTHORIZATION IS REQUIRED FOR ANY USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION NOT INCLUDED ABOVE.

In any other situation not described above, we will ask for your written authorization before using or releasing any of your health information. If you choose to sign an authorization to release your health information, you may later cancel that authorization in writing. This will stop future release of your health information for those uses.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

A. You Have the Right to Request Limits on How We Use and Release your Health Information. We are not required to agree to a requested restriction, but if we accept your request, we will abide by it except in emergency situations. You may not limit health information that we are legally required or allowed to release. To request a limitation, contact our PRIVACY OFFICIAL, listed below.

B. You Have the Right to Choose How We Communicate health information to You.

All of our communications to you are considered confidential. You have the right to ask that we send information to you to an alternative address (for example, sending information to your work address rather than your home address) or by alternative means (for example, by mail instead of telephone). We will agree to your request so long as we can easily provide it in the format you requested. Any additional expenses will be passed onto you for payment. To make this request, please submit it in writing to our PRIVACY OFFICIAL, listed below.

C. You Have the Right to See and Get Copies of Your health information.

You must make the request in writing to our PRIVACY OFFICIAL. We will respond to you within 10 days after receiving your written request. You can request a copy of your medical records as long as you pay for the cost in advance. If your request to see the medical information is approved, we will arrange this in accordance with established policy. In certain situations, we may deny your request. If we do, we will tell you, in writing why we denied your request. You may have the right to have the denial reviewed. The person conducting the review will not be the person who denied your first request.

D. You Have the Right to Get a List of Instances of When and to Whom We Have Disclosed Your health information.

The list will include dates when your health information was released and why, to whom your health information was

released (including their address if known), and a description of the information released. The first list you request within a 12month period will be free. You will be charged a reasonable fee for additional lists within that time frame. Please contact our PRIVACY OFFICIAL, listed below for more information about this.

E. You have the Right to Correct, or Update, Your health information. You must provide the request and your reason for the request in writing to our Privacy Officer. You must also provide us with the names of anyone who has received this information. We will respond within 60 days of receiving your request. If we deny your request, our written denial will state our reasons and explain your right to file a written statement of disagreement. If we approve your request, we will make the change to your health information, tell you that we have done it, and tell others that need to know about the change or amendment to your health information. To make this request, please submit it in writing to our PRIVACY OFFICIAL, listed below.

F. You have the Right to Get This Privacy Notice by email. Even if you have agreed to receive notice via email, you also have the right to request a paper copy of this notice. Please contact our PRIVACY OFFICIAL.

HOW TO VOICE YOUR CONCERNS ABOUT OUR PRIVACY PRACTICES: If you think that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information, you may file a complaint with the person listed at then end of this notice. You also may send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue, SW Washington, D.C. 20201 **You will not be penalized for filing a complaint.**

FOR INFORMATION ABOUT THIS NOTICE OR TO VOICE YOUR CONCERNS ABOUT OUR PRIVACY PRACTICES PLEASE CONTACT:

PRIVACY OFFICIAL:

Ginelle Jones
Assistant Director of Public Health
518-761-6580
1340 State Route 9
Lake George, NY 12845

EFFECTIVE DATE OF THIS NOTICE: This notice went into effect on April 15, 2003.