



# BRUNSWICK COUNTY LOCAL GOVERNMENT

## NOTICE OF PRIVACY PRACTICES

This Notice is effective on April 14, 2003

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**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.**

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### **We Are Required By Law To Protect Health Information About You**

We are required by law to protect the privacy of health information about you and that can be identified with you, which we call "protected health information," or "PHI" for short. This PHI may be information about healthcare we provide to you or concern payment for healthcare 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 your PHI. We are legally required to follow the terms of this Notice. In other words, we are only allowed to use and disclose PHI 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 change the terms of this Notice and to make new notice provisions effective for all PHI that we maintain. If we make changes to this Notice we will:

- Post the new Notice in our offices;
- Have copies of the new Notice available upon request (you may always contact the Privacy Officer in the appropriate department listed at the end of this Notice to obtain a copy of the current Notice); and
- Post the new Notice on our website ([www.brunswickcountync.gov](http://www.brunswickcountync.gov))

The rest of this Notice will:

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

If you have any questions, comments or requests concerning the information contained in this Notice, please contact the Privacy Officer in the appropriate department listed at the end of this Notice.

## **We May Use And Disclose PHI About You In Several Circumstances**

We use and disclose PHI about patients every day. This section of our Notice explains in some detail how we may use and disclose PHI 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 PHI about you. For more information about any of these uses or disclosures, or about any of our privacy policies, procedures or practices, contact the Privacy Officer in the appropriate department listed at the end of this Notice.

### **1. Treatment**

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

**Example:** Jane is a patient at the health services. The receptionist may use PHI about Jane when setting up an appointment. The nurse practitioner will likely use PHI about Jane when reviewing Jane's condition and ordering a blood test. The laboratory technician will likely use PHI about Jane when processing or reviewing her blood test results. If, after reviewing the results of the blood test, the nurse practitioner concludes that Jane should be referred to a specialist, the nurse may disclose PHI about Jane to the specialist to assist the specialist in providing appropriate care to Jane.

### **2. Payment**

We may use and disclose PHI about you to obtain payment for health care services that you received. This means that, within Brunswick County Local Government, we may use PHI about you to arrange for payment (such as preparing bills and managing accounts). We also may disclose PHI about you to others (such as insurers, collection agencies, and consumer reporting agencies). In some instances, we may disclose PHI about you to an 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.

**Example:** Jane is a patient at the health services and she has private insurance. During an appointment with a nurse practitioner, the nurse practitioner ordered a blood test. The health services billing clerk will use PHI about Jane when she prepares a bill for the services provided at the appointment and the blood test. PHI about Jane will be disclosed to her insurance company when the billing clerk sends in the bill.

**Example:** The nurse practitioner referred Jane to a specialist. The specialist recommended several complicated and expensive tests. The specialist's billing clerk may contact Jane's insurance company before the specialist runs the tests to determine whether the plan would pay for the test.

### **3. Health care operations**

We may use and disclose PHI 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 PHI about you in performing the following activities:

- Reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you.
- Providing training programs for students, trainees, health care providers or non-health care professionals (for example, billing clerks or assistants, etc.) 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 we 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 we and others provide, including government agencies and private organizations.
- Planning for our organization's future operations, including fundraising for the benefit of our organization.
- Resolving grievances within our organization.
- Reviewing our activities and using or disclosing PHI 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.
- We may use or disclose PHI about you to send you reminders about an appointment.
- We may use and/or disclose PHI about you in order to inform you of 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.
- We may use PHI about you to contact you in person or by other means to encourage you to purchase or use a product or service. In some instances, we may use PHI about you to send you a small promotional gift.

**Example:** Jane was diagnosed with diabetes. The health services used Jane's PHI – as well as PHI from all of the other health services patients diagnosed with diabetes – to develop an educational program to help patients recognize the early symptoms of diabetes. (Note: The educational program would not identify any specific patients without their permission).

**Example:** Jane complained that she did not receive appropriate health care. The health services reviewed Jane's record to evaluate the quality of the care provided to Jane. The health services also discussed Jane's care with an attorney.

#### **4. Persons involved in your care**

We may disclose PHI 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 PHI 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 (910) 253-2284.

We may also use or disclose PHI about you to a relative, another person involved in your care or possibly 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 PHI 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.

**Example:** Jane's husband regularly comes to the health services with Jane for her appointments and he helps her with her medication. When the nurse practitioner is discussing a new medication with Jane, Jane invites her husband to come into the private room. The nurse practitioner discusses the new medication with Jane and Jane's husband.

## 5. Required by law

We will use and disclose PHI 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 PHI. 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.

## 6. National priority uses and disclosures

When permitted by law, we may use or disclose PHI 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 so important to disclose PHI that it is acceptable to disclose PHI without the individual's permission. We will only disclose PHI about you in the following circumstances when we are permitted to do so by law. Below are brief descriptions of the "national priority" activities recognized by law. For more information on these types of disclosures, contact the Privacy Officer in the appropriate department listed at the end of this Notice.

- **Threat to health or safety:** We may use or disclose PHI 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 or disclose PHI about you for public health activities. Public health activities require the use of PHI for various activities, including, but not limited to, activities related to investigating diseases, reporting child abuse and neglect, monitoring drugs or devices regulated by the Food and Drug Administration, and monitoring work-related illnesses or injuries. 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 PHI about you to a government authority (such as the Department of Social Services) if you are an adult and we reasonably believe that you may be a victim of abuse, neglect or domestic violence.
- **Health oversight activities:** We may disclose PHI 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.
- **Judicial or Administrative proceedings:** We may disclose PHI about you in response to an order of a court or administrative tribunal. For example, we would disclose PHI about you to a court if a judge orders us to do so.
- **Law enforcement:** We may disclose PHI about you to law enforcement officials for specific law enforcement purposes. For example, we may disclose limited PHI 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 PHI 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 PHI about you in order to comply with workers' compensation laws.
- **Research organizations:** We may use or disclose PHI about you to research organizations if the organization has satisfied certain conditions about protecting the privacy of PHI.
- **Certain government functions:** We may use or disclose PHI about you for certain government functions, including but not limited to military and veterans' activities, national security and intelligence activities, protective services for the President, and medical suitability determinations of the Department of State. We may also use or disclose PHI about you to a correctional institution in some circumstances.

## 7. Authorization

Other than the uses and disclosures described above (#1-6), we will not use or disclose PHI about you without the "authorization" – or signed permission – of you or your personal representative. In some instances, we may wish to use or disclose PHI about you and we may contact you to ask you to sign an authorization form. In other instances, you may contact us to ask us to disclose PHI and we will ask you to sign an authorization form.

If you sign a written authorization allowing us to disclose PHI 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 Regarding PHI About You

You have several rights with respect to PHI 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 the Privacy Officer in the appropriate department listed at the end of this Notice.

### 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 offices. If you would like to have a copy of our Notice, ask the receptionist for a copy or contact the Privacy Officer in the appropriate department listed at the end of this Notice.

Reasonable accommodations will be made for clients who have difficulty with reading comprehension, special needs such as visual impairment or who do not speak English.

### 2. Right of access to inspect and copy

You have the right to inspect (which means see or review) and receive a copy of PHI about you that we maintain in certain groups of records. If you would like to inspect or receive a copy of PHI 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. Access Request Forms are available from our Privacy Officers listed at the end of this Notice.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing and describe any rights you may have to request a review of our denial.

If you would like a copy of the information, we will charge you a fee to cover the costs of the copy. Our fees are \$0.15 for each page of copy (copy fees are subject to change).

We may be able to provide you with a summary or explanation of the information as an alternative. Contact the Privacy Officer in the appropriate department listed at the end of this document for more information on these services and to inquire about any associated fees.

### **3. Right to have PHI amended**

You have the right to request that we amend (which means correct or supplement) PHI about you that we maintain in certain groups of records. If you believe that we have information that is either inaccurate or incomplete, you may request that we 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 and explain why you would like us to amend the information. You may either write us a letter requesting an amendment or fill out an Amendment Request Form. Amendment Request Forms are available from our Privacy Officers listed at the end of this Notice.

We may deny your request if: 1) the information was not created by us (unless you can provide proof that the originator of the PHI is no longer available to act on the requested amendment); 2) the information is not part of your designated record set; 3) the information is accurate and complete; or 4) you would not have the right to inspect and copy the record as described in paragraph 2 above. If we deny your request, we will explain our reason for doing so in writing. You will have the opportunity to send us a statement explaining why you disagree with our decision to deny your amendment request and we will share your statement whenever we disclose the information in the future.

### **4. Right to an accounting of disclosures we have made**

You have the right to receive an accounting (which means a detailed listing) of certain disclosures of PHI about you that we have made for up to six (6) years before your request (not including disclosures made prior to April 14, 2003). If you would like to receive an accounting, you may send us a letter requesting an accounting or contact one of our Privacy Officers listed at the end of this Notice and fill out an Accounting Request Form.

The accounting will not include the following disclosures:

- For treatment, payment and health care operations;
- Made to you;
- Authorized by you;
- Occurring as an unintended consequence of permitted or required uses and disclosures;
- Made for directory or notification purposes or to persons involved in your care;
- Made to correctional institutions and other law enforcement involved in certain custodial situations;
- For certain national security or intelligence purposes; and
- Of limited data sets of PHI which exclude certain information that would identify you;

Each accounting will include the date of the disclosure, the name and address (if known) of the person or entity who received the PHI, a brief description of the PHI disclosed, and a brief statement of the purpose of the disclosure. Accountings of disclosures for research purposes may contain different types of information.

If you request an accounting more than once every twelve (12) months, we may charge you a fee to cover the costs of preparing the accounting. Our fees are \$10.00 per accounting.

## **5. Right to request restrictions on uses and disclosures**

You have the right to request that we limit the use and disclosure of PHI about you for treatment, payment and health care operations and disclosures of PHI about you to persons involved in your care.

We are not required to agree to your request.

If we do agree to your request, we must follow your restrictions (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 must accommodate reasonable requests for alternative methods of contact. However, when appropriate, we may condition that accommodation on your providing us with information as to how payment, if any will be handled and your specification of an alternative address or other method 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 Officers listed at the end of this Notice.

## **You May File A Complaint About Our Privacy Practices**

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 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 Brunswick County Local Government, you may bring your complaint to the Privacy Officer in the appropriate department listed below or you may mail it to the following address:

Brunswick County Government  
Administration Department  
Attn: Steve Stone, HIPAA Privacy Officer  
PO Box 249  
Bolivia, NC 28422

To file a complaint with the United States Department of Health and Human Services please use the following address:

U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F HHH Bldg.  
Washington, D.C. 20201

If you have any questions, comments or requests concerning the information contained in this Notice, please contact the Privacy Officer in the appropriate department listed below:

### **Brunswick County Health Services**

Barbara Jackson  
910-253-2284  
barbara.jackson@brunswickcountync.gov

### **Brunswick County Social Services**

Lillian Lewis  
910-253-2183  
lillian.lewis@brunswickcountync.gov

### **Brunswick County Emergency Medical Services**

Lyle Johnston  
910-253-2564  
lyle.johnston@brunswickcountync.gov

### **Brunswick County Administration**

Steve Stone  
910-253-2015  
steve.stone@brunswickcountync.gov

**Acknowledgement of Receipt of Notice**

We are required by law to make a good faith effort to obtain written acknowledgment that an individual (or his or her personal representative) has received this Notice (except in emergency treatment situations).

Please sign and date this Notice Acknowledgement below. This signed Acknowledgement will be put in your medical record.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date