

MOORE COUNTY HEALTH DEPARTMENT NOTICE OF PRIVACY PRACTICES

PLEASE REVIEW THIS PRIVACY NOTICE CAREFULLY.

The law requires us to protect your health information, give you this Notice, and follow the guidelines in this Notice. We may change the terms of this Notice in the future. We reserve the right to change this Notice and effective date covering all medical information that we maintain. If we make changes to the Notice, we will:

- Post the new Notice in our front hallway.
- Have copies of the new Notice available upon request from our Privacy Officer, Mr. Robert Wittmann, at (910) 947-3300 or (910) 947-4500 to obtain a copy of the current Notice. Please contact our Privacy Officer with any questions about our privacy policy, procedures or practices.
- Post the new Notice on our website. (www.moorecountync.gov/health)

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.

We may use or disclose medical information about you without asking for your permission in order to provide health care, obtain payment for that health care, and operate our business efficiently.

- Upon referral to another doctor or health care provider, we will give them health information about you.
- Billing staff will use information from your record to obtain payment.
- We may disclose information to your designated contact or other health care providers in an emergency.
- The Health Department may disclose information to stop or control the spread of communicable disease.
- The legal system may request medical records and we must provide the specific information requested.

Under any circumstances other than those listed above (ie fundraising, marketing, sale of protected health information (PHI), or use or disclosure of psychotherapy notes), we will ask for your written authorization before we use or disclose PHI about you. When you give us permission to use or share the information in your health records, you may cancel your permission at any time in writing. We will follow your instructions except where we have already shared your records by prior consent. You may not be able to cancel your permission if it was given for you to be covered by insurance or in a legal matter.

It is our duty to notify individuals of a breach of Protected Health Information, (PHI).

You have the right to:

- Review or obtain copies, with your written release, of your health record information. You may have to pay a reasonable, cost-based fee for copies. You may request your medical information in electronic format, if available.
- Request a restriction on use or disclosure of your PHI, for Treatment, Payment, or Health Care Operations or disclosures we make to someone who is involved in your care or the payment for your care, such as a family member or friend. We are not required to agree to these additional restrictions.
- Receive a list of disclosures that we made of your health information for purposes other than treatment, payment or health care operations and certain other activities, for a period of up to six years prior to your request.
- Receive communications regarding your health information by alternate means or to alternative locations.
- Request a change, in writing, to the information in your health record. Any denial of your request will be in writing.

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, in writing within 180 days of when you learned the violation occurred. We will not take any action against you or change our treatment of you in any way if you file a complaint. You must name Moore County Health Department, and must describe the violation. You may bring your complaint to the Department at 705 Pinehurst Avenue, Carthage, NC or you may mail it to the following address: Moore County Health Department, HIPAA Compliance Officer, P. O. Box 279, Carthage, NC 28327-0279. To file a complaint with the federal government, you may send your complaint to the following address: Office of the Secretary, US Department of Health and Human Services, 200 Independence Avenue SW, Washington, DC 20201.