



COUNTY OF ONSLOW

ONSLOW COUNTY EMERGENCY MEDICAL SERVICES
ONSLOW COUNTY HEALTH DEPARTMENT
ONSLOW COUNTY HUMAN RESOURCES
ONSLOW COUNTY SENIOR SERVICES/ HOME HEALTH & HOSPICE

NOTICE OF PRIVACY PRACTICES
EFFECTIVE APRIL 14, 2003
Revised July 2016

THIS NOTICE DESCRIBES
HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND
DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS
INFORMATION.

PLEASE REVIEW CAREFULLY.

Onslow County is committed to protecting the privacy of your health information. In keeping with this commitment, this Notice describes the privacy practices of the various Onslow County departments listed above, as well as all of the County health care professionals and other persons authorized to enter health information about you into your medical record.

Onslow County, and the County departments listed above, are required by law to:

- Protect the privacy of health information about you and that can identified with you, which we call "Protected Health Information" or "PHI".
• Provide you with this Notice of Privacy Practices explaining our legal duties and privacy practices with respect to PHI.

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 PHI that we maintain.

- Post in our waiting area
• Post at our website www.onslowcountync.gov/HIPAA
• Provide a copy upon request

The rest of this Notice will discuss how we may:

- Use and disclose PHI

- Explain your rights with respect to PHI
• Describe how and where you may file a privacy-related complaint

WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION (PHI) ABOUT YOU IN SEVERAL CIRCUMSTANCES

We use and disclose patients PHI every day. This section of our Notice explains in some detail how we may use and disclose PHI in order to provide health care, obtain payment for that health care, and operate our business efficiently.

This section mentions other circumstances in which we may use or disclose PHI without your authorization. For more information about any of these uses or disclosures, or about any of our privacy policies, procedures or practices, contact the HIPAA Privacy Officer at (910) 989-3983.

1. Treatment. We may use and disclose PHI to provide, coordinate, or manage your health care and related services. This may include communicating with other health care providers regarding your treatment and coordination and managing your health care with others.

2. Payment. We may use and disclose your PHI to bill and collect payment for healthcare services provided by us or another provider. We may disclose your PHI to your health insurance plan(s) in order to assess and inform you of coverage through your health insurance plan(s). Sharing information allows us to ask for coverage under your plan or policy and for approval of payment before we provide the services.

3. Health care operations. We may use and disclose your PHI in performing a variety of business activities that we call "health care operations." These "health care operations" activities allow us to improve the quality of care we provide and reduce health care costs. Examples on how we may use or disclose PHI include the following public health activities:

- Reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you and other patients.
• Providing training programs for students, trainees, health care providers or non-health care professionals 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 other patients.
• Improving health care and lowering costs for groups of people who have similar health problems while helping manage and coordinate the care for such groups.
• 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 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.

4. Breaches. We are required by law to notify enforcement agencies of any type of breaches. You may be notified if your PHI compromises your medical care or financial security.

5. Person involved in your care. We may disclose your PHI to a relative, close personal friend or a person you identify, if we determine they are involved in your care or in payment of your care, unless you tell us not to do so.

In certain circumstances we need to notify a person involved in your care along with a disaster relief organization, such as the Red Cross, about your current location and any medical conditions.

6. Required by law. There are many state and federal laws that require us to use and disclose PHI. For example, a 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 that federal, state or local law or other judicial or administrative proceeding.

7. 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 important to disclose PHI without the patient's permission. We will only disclose your PHI in the following circumstances when we are permitted to do so by law.

- Threat to health or safety: We may use or disclose your PHI if we believe it is necessary to prevent or lessen a serious threat to your health or safety; or to the health or safety of the public or another person.
• Public health activities: We may use or disclose your PHI to public health agencies who are charged with preventing or controlling disease, injury or disability or as required by law.
• Abuse, neglect or domestic violence: We may disclose your PHI to a government authority 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 your PHI to a health oversight agency, which is basically an agency responsible for overseeing the health care system or certain government programs for the purpose of investigations and inspections.
• Court proceedings: We may disclose your PHI to a court or an officer of the court. This may include a court order, subpoena, discovery request or other lawful process.
• Law enforcement: We may disclose your PHI to law enforcement that requires the reporting of certain types of wounds and other physical injuries.
• Coroners and others: We may disclose your 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 your PHI in order to comply with workers' compensation laws.
• Research organizations: We may use or disclose your PHI to research organizations if the organization has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your

health information.

- **Certain government functions:** We may disclose PHI for certain government functions, including but not limited to military and veterans' activities and national security and intelligence activities. We may use or disclose PHI to correctional institution that have lawful custody of you.
- **Psychotherapy Notes:** Most uses and disclosures of psychotherapy notes will require authorization from the individual prior to disclosing if the information is not kept within your medical record.
- **Business Associates:** Some services we provide through outside individuals or companies called "Business Associates", including vendors, contracted health care providers, offsite storage facilities, and liability insurance carriers. They are required by law to provide appropriate safeguards and procedures for privacy and security of the PHI entrusted to them.

8. Marketing. Onslow County Government will not sell your PHI without your expressed written authorization. We will not use and/or disclose your PHI for which the rule expressly states that written authorization of the individual takes place first.

9. NC Health Information Exchange (NC HIE). We participate in NC Health Information Exchange, the statewide health information exchange (HIE) designated by the State of North Carolina. The HIE is a secure network for health care providers to share your important health information to support treatment and continuity of care. If you are admitted to a NC HIE participating health care facility not affiliated with Onslow County Government, those health care providers will be able to see important health information held in our electronic medical record systems.

Your NC HIE record includes medicines (prescriptions), lab and test results, imaging reports, conditions, diagnoses, or health problems. To ensure your health information is entered into the correct record, your full name, birth date, sex, and social security numbers are included. All information contained in the HIE is kept private and used in accordance with applicable state and federal laws regulations. The information is accessible to participating providers to support treatment and health care operations such as, mandated disease reporting to the NC Division of Public Health.

10. Authorization. Other than the uses and disclosures described above (1-9), we will not use or disclose PHI about you without the "authorization" or signed permission by 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 (cancel) your authorization in writing, with the exception for disclosures that were being processed prior to receiving your request to revoke. If the authorization was obtained as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy or the policy itself.

If you would like to revoke your authorization, you may write us a letter requesting to revoke your authorization or submit an Authorization to Revoke Form. 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.

SPECIAL PROVISIONS FOR MINORS

Under North Carolina law, minors, with or without the consent of a parent or guardian, have the right to consent to services for the prevention, diagnosis, and treatment of certain illnesses including venereal disease and other diseases that must be reported to the State; pregnancy; abuse of controlled substances or alcohol; and emotional disturbance.

If you are a minor and you consent to one of these services, you have all the authority and rights included in this Notice relating to that service. In addition, the law permits certain minors to be treated as adults for all purposes. These minors have all the rights and authority included in this Notice for all services.

YOU HAVE RIGHTS REGARDING PHI ABOUT YOU

1. Access. 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 or submit an Access Request Form. You have the right to request that we submit your PHI to you in electronic format, or if unavailable, in some other form acceptable to you. As an alternative we may provide you with a summary or explanation of the PHI about you if you agree in advance to the form and cost of the summary or explanation. Be aware that we may charge in accordance to the current county fee schedule.

There are certain situations in which we are not required to comply with your request. Under these circumstances, we will respond to you in writing, stating why we will not grant your request and describing any rights you may have to request a review of our denial.

2. Right to have medical information amended. You have the right to have us amend, in other words correct or supplement PHI about you that we maintain in certain groups of records. If you believe the information we have is 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 submit an Amendment Request Form.

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 your rights to give us a written statement disagreeing with the denial. If we accept your request to change the information, we will make reasonable efforts to inform others of the amendment, including persons you have name who have received PHI about you and who need the changes.

3. Right to an Accounting of Disclosures. You have the right to receive a listing of disclosures that we have made for the previous six (6) years. If you would like to receive a detailed listing, you may submit a request in writing or submit Detailed Listing of Disclosures Request Form.

The accounting will not include several types of disclosures, including disclosures for: treatment; billing and collection of payment for treatment or for health care operations; made to or authorize by you, or someone that you authorized; occurring as a byproduct of permitted uses and disclosures; made to individuals involved in your care, for directory or notification purposes; allowed by law; and limited information that does not identify you. Disclosures made prior to April 14, 2003 will not be listed. If you request a detailed listing of

disclosures more than once every twelve (12) months, we may charge a fee in accordance to the current county fee schedule.

4. Right to request an alternative method of contact. You have the right to request how and where we contact you about PHI. 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, but such request must be provided in writing.

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 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. You must name the agency that is the subject of the complaint and describe the acts or omissions believed to be in violation of the applicable requirement. The complaint must be filed within 180 days of when the acts or omissions believed to have occurred.

To file a complaint with the County of Onslow you may send your complaint to:

County of Onslow
Onslow County Health Department
ATTN: Privacy Officer
612 College St.
Jacksonville, NC 28540

A complaint form may be accessed at:
www.onslowcountync.gov/HIPAA

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

Region IV, Office of Civil Rights
US Department of Health and Human Services
Atlanta Federal Center
Suite 3B70
61 Forsyth Street, SW
Atlanta, Georgia 30303-8909

Website. A copy of this notice of privacy practices is posted on the County of Onslow website at:
<http://www.onslowcountync.gov/HIPAA>