

# Rowan County Health Department 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.

### OUR LEGAL DUTY

Rowan County Health Department is required by applicable federal and state law to maintain the privacy of medical information on you that we hold, develop or receive from other sources. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your medical information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect 04/14/03 and will remain in effect until we replace it.

Rowan County Health Department reserves the right to change our privacy practices and the terms of this Notice, at any time, provided applicable law permits such changes. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all medical information that we maintain, including medical information we created or received before we made the changes. Before we make a significant change on our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

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### USES AND DISCLOSURES OF MEDICAL INFORMATION

We use and disclose medical information about you for treatment, payment, and healthcare operations. For example:

**Treatment:** We may use or disclose your medical information to a physician or other healthcare provider providing treatment to you.

**Payment:** We may use and disclose your medical information to obtain payment for services we provide to you.

**Healthcare Operations:** We may use and disclose your medical information in connection with our healthcare operations. Healthcare operations include treatment; patient evaluation; quality assessment and improvement activities; review of the competence or qualifications of health care professionals and emergency medical personnel; evaluation of practitioner and provider performance; conducting training programs, accreditation, certification, licensing or credentialing activities.

**Your Authorization:** In addition to our use of your medical information for treatment, payment or healthcare operations, you may give us written authorization to use your medical information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your medical information for any reason except those described in the Notice.

**To your family and friends:** We must disclose your medical information to you, as described in the Patient Rights section of this Notice. We may disclose your medical information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

**Persons Involved in Care:** We may use or disclose medical information to notify or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, or your location, your general condition, or death. If you are present, then prior to use or disclosure of your medical information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose medical information based on a determination using our professional judgment disclosing only medical information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of medical information.

**Marketing Health-Related services:** We will not use your medical information for marketing communications.

**Required by Law:** We may use or disclose your medical information when we are required to do so by law.

**Abuse or Neglect:** We may disclose your medical information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We

may disclose your medical information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

**National Security:** We may disclose to military authorities the medical information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials' medical information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement officials having lawful custody of protected medical information of inmate or patient under certain circumstances.

**Appointment Reminders:** We may use or disclose your medical information to provide you with appointment reminders such as voicemail messages, postcards, or letters.

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## **PATIENT RIGHTS**

**Access:** You have the right to look at or get copies of your medical information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your medical information. You may obtain a form to request access by using the contact information listed at the end of this Notice. You may also request access by sending us a letter to the address at the end of this Notice. If you request copies, a fee may be charged if you want the copies mailed to you. If you request an alternative format, a fee may be charged for providing your medical information in that format. If you prefer, we will prepare a summary or an explanation of your medical information for a possible fee.

**Disclosure accounting:** You have the right to receive a list of instances in which we disclosed your medical information for purposes other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

**Restriction:** You have the right to request that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement, except in an emergency.

**Alternative Communication:** You have the right to request that we communicate with you about your medical information by alternative means or to alternative locations. You must make your request in writing. Your request must specify the alternative means or location and provide a satisfactory explanation of how payments will be handled under the alternative means or location you request.

**Amendment:** You have the right to request that we amend your medical information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances.

**Electronic Notice:** If you receive this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form.

## **QUESTIONS AND COMPLAINTS**

If you want more information about our privacy practices or have questions or concerns, please contact the office that provided you with this notice.

If you feel that we may have violated your privacy rights, or you disagree with a decision we made about access to your medical information or in response to a request you made to amend or restrict the use or disclosure of your medical information or want us to communicate with you by alternative means or at alternative locations, you may make a complaint at the office that provided you with this notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

HIPAA Officers  
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Salisbury, NC 28146  
Telephone: 704-216-8777  
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