

*The right to choose someone to act for you.* If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

*The right to make certain choices regarding your PHI.* You have both the right and the choice to tell us to share your information with your family, close friends or others involved in your care, to share information in a disaster-relief situation, or to tell us to contact you for fundraising efforts. If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety. We will never share your information without your written permission for marketing purposes nor will we sell your information nor share psychotherapy notes.

*Internet, Electronic Mail, and the Right to Obtain Copy of Paper Notice on Request.* If we maintain a website, we will prominently post a copy of this Notice on our website. If you allow us, we will forward you this Notice by electronic mail instead of on paper, and you may always request a paper copy of this Notice.

*Revisions to the Notice.* Randolph County Health Department reserves the right to change the terms of this Notice at any time, and the changes will be effective immediately and will apply to all protected health information that we maintain. Any material changes to the Notice will be promptly posted in our facilities and posted to our web site, if we maintain one. You can get a copy of the latest version of this Notice by contacting our privacy officer.

*Your Legal Rights and Complaints:* You also have the right to complain to us, or to the Secretary of the United States Department of Health and Human Services Office for Civil Rights if you believe your privacy rights have been violated. You will not be retaliated against in any way for filing a complaint with us or to the federal government. Should you have any questions, comments or complaints you may direct all inquiries to our privacy officer.

*Effective Date of this Notice:*

**September 23, 2013**

Randolph County  
Health Department  
Privacy Officer Contact Information:  
Privacy Officer: Susan Hayes

**2222B South Fayetteville Street  
Asheboro, NC 27205**

**Phone: 336-318-6213**

Randolph 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. PLEASE REVIEW IT CAREFULLY.**

Randolph County Health Department is required by law to maintain the privacy and security of certain confidential health care information, known as Protected Health Information or PHI, and to provide you with a notice of our legal duties and privacy practices with respect to your PHI. Health Department is required to abide by the terms of the version of this Notice currently in effect. If a breach occurs that may have compromised the privacy or security of your PHI, Health Department will notify you promptly of this breach and the circumstances surrounding it.

*Uses and Disclosures of PHI:* Randolph County Health Department may use PHI for the purposes of treatment, payment, and health care operations, in most cases without your written permission. Examples of our use of your PHI:

1. For treatment—Health Department will use and share your health information to approve, to deny treatment, and to determine if your medical treatment is appropriate. For example, staff may review your treatment plan by your health care provider for medical necessity.
2. For payment—Health Department will use and share your health information to pay for Medicaid claims from health care providers and to determine your eligibility to participate in programs provided through our agency. For example, your health care provider sends claims for payment to the Medicaid Fiscal Agent for payment of medical services provided to you.
3. For health care operations—Health Department will use and share your health information to evaluate a health plan's performance. For example, contracts with consultants to review hospital and other facilities' medical records to check on the quality of the care you received
4. *Other Uses and Disclosures of PHI Without Your Authorization.* Randolph County Health Department is permitted to use PHI *without* your written authorization, or opportunity to object, in certain situations, and unless prohibited by a more stringent state law, including:

- For the treatment, payment or health care operations activities of another health care provider who treats you;
- For health care and legal compliance activities;
- To a family member, other relative, or close person-

al friend or other individual involved in your care if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection, and in certain other circumstances where we are unable to obtain your agreement and believe the disclosure is in your best interests;

- To a public health authority in certain situations as required by law (such as to report abuse, neglect or domestic violence);
- For health oversight activities including audits or government investigations, inspections, disciplinary proceedings, and other administrative or judicial actions undertaken by the government (or their contractors) by law to oversee the health care system;
- For judicial and administrative proceedings as required by a court or administrative order, or in some cases in response to a subpoena or other legal process;
- For law enforcement activities in limited situations, such as when responding to a warrant;
- For military, national defense and security and other special government functions;
- To avert a serious threat to the health and safety of a person or the public at large;
- For workers' compensation purposes, and in compliance with workers' compensation laws;
- To coroners, medical examiners, and funeral directors for identifying a deceased person, determining cause of death, or carrying on their duties as authorized by law;
- If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ donation and transplantation;
- For research projects, but this will be subject to strict oversight and approvals;
- We may also use or disclose health information about you in a way that does not personally identify you or reveal who you are.

Any other use or disclosure of PHI, other than those listed above will only be made with your written authorization. You may revoke your authorization at any time, in writing, except to the extent that we have already used or disclosed medical information in reliance on that authorization.

*Client Rights:* As a client, you have a number of rights with respect to your PHI, including:

*The right to access, copy or inspect your PHI.* This means you may inspect and receive an electronic or paper copy of most of the medical information about you that we maintain. We will normally provide you with access to this information within 30 days of your request. We may also charge you a reasonable fee for you to copy any medical information that you have the

right to access. In limited circumstances, we may deny you access to your medical information, and you may appeal certain types of denials. We have available forms to request access to your PHI and we will provide a written response if we deny you access and let you know your appeal rights. You also have the right to receive confidential communications of your PHI. If you wish to inspect and copy your medical information, you should contact our privacy officer.

*The right to amend your PHI.* You have the right to ask us to amend written medical information that we may have about you. We will generally amend your information within 60 days of your request and will notify you when we have amended the information. We are permitted by law to deny your request to amend your medical information only in certain circumstances, like when we believe the information you have asked us to amend is correct, but if we do deny a request for amendment, we will tell you why in writing within 60 days of the request. If you wish to request that we amend the medical information that we have about you, you should contact our privacy officer.

*The right to request an accounting.* You may request an accounting from us of certain disclosures of your medical information that we have made in the six years prior to the date of your request. We are not required to give you an accounting of information we have used or disclosed for purposes of treatment, payment or health care operations. We are also not required to give you an accounting of our uses of protected health information for which you have already given us written authorization. If you wish to request an accounting, contact our privacy officer.

*The right to request that we restrict the uses and disclosures of your PHI.* You have the right to request that we restrict how we use and disclose the medical information that we have about you. Health Department is not required to agree to any restrictions you request, but any restrictions agreed to by the Health Department in writing are binding upon the Health Department. If you pay for a service or a health care item out-of-pocket in full, you have the right to request that we not share that information for the purpose of payment with your health insurer. We will honor this request unless we are required by law to share the information.

*The right to request confidential communications.* You have the right to ask us to contact you in a specific way (for example by home or office phone) or to send mail to a different address. We will honor all reasonable requests.