

HIPAA 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.

ACKNOWLEDGMENT OF THE RECEIPT OF THIS NOTICE

REQUIREMENT FOR WRITTEN AUTHORIZATION:

- We will generally obtain your written authorization before using your health information or sharing it with others outside the County.

EXCEPTIONS TO REQUIREMENTS:

- There are some situations when we do not need your written authorization before using your health information or sharing it with others.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION

TREATMENT:

- We may share your health information with doctors or nurses at a County facility who are involved in taking care of you, and they may in turn use that information to diagnose or treat you.

PAYMENT:

- We may use your health information or share it with others so that we obtain payment for your health care services. For example, we may share information about you with your health insurance company in order to obtain reimbursement after you have been treated.

BUSINESS OPERATIONS:

- We may use your health information or share it with others in order to conduct our normal business operations. For example, we may use your health information to evaluate the performance of our staff in caring for you, or to educate our staff on how

to improve the care they provide for you.

APPOINTMENT REMINDERS, TREATMENT ALTERNATIVES, BENEFITS AND SERVICES:

- We may use your health information when we contact you with a reminder that you have an appointment for treatment or services at a County facility.

FUNDRAISING:

- We may use information about where you live or work, and the dates that you received treatment, in order to contact you to raise money to help us operate.

EXCEPTION FOR DIRECTORY AND DISCLOSURE TO FRIENDS AND FAMILY INVOLVED IN YOUR CARE

EXCEPTION IN EMERGENCIES OR PUBLIC NEED:

- We may use or disclose your health information in an emergency or for important public need.

FRIENDS AND FAMILY INVOLVED IN YOUR CARE:

- If you do not object, we may share your health information with a family member, relative or close personal friend who is involved in your care or payment for that care.

EMERGENCIES:

- We may use or disclose your health information if you need emergency treatment or if we are required by law to treat you but are unable to obtain your consent.

COMMUNICATION BARRIERS:

- We may use or disclose your health information if we are unable to obtain your consent because of substantial communication barriers, and we believe you would want us to treat you if we could communicate with you.

AS REQUIRED BY LAW:

- We may use or disclose your health information if we are required by law to do so. We also will notify you of these uses and disclosures if notice is required by law.

PUBLIC HEALTH ACTIVITIES:

- We may disclose your health information to authorized public health officials (or a foreign government agency collaborating with such officials) so they may carry out their public health activities.

VICTIMS OF ABUSE, NEGLECT OR DOMESTIC VIOLENCE:

- We may release health information to a public health authority that is authorized to receive reports of abuse, neglect or domestic violence.

HEALTH OVERSIGHT ACTIVITIES:

- We may release your health information to government agencies authorized to conduct audits, investigations and inspections of our facility.

PRODUCT MONITORING, REPAIR AND RECALL:

- We may disclose your health information to a person or company that is required by the Food and Drug Administration.

LAWSUITS AND DISPUTES:

- We may disclose your health information if we are ordered to do so by a court that is handling a lawsuit or other dispute.

LAW ENFORCEMENT:

We may disclose your health information to law enforcement officials for the following reasons:

- To comply with court orders or laws;
- Identifying or locating a suspect, fugitive, witness or missing person;
- If you have been the victim of a crime;
- Your death resulted from criminal conduct;
- To report a crime that occurred on our property; or
- To report a crime discovered during an offsite medical emergency.

TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY:

- We may use your health information or share it with others when necessary to prevent a serious threat to your health or

safety or the health or safety of another person or the public.

NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES OR PROTECTIVE SERVICES:

- We may disclose your health information to authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President or other important officials.

MILITARY AND VETERANS:

- If you are in the Armed Forces, we may disclose health information about you to appropriate military command authorities for activities they may deem necessary to carry out their military mission.

INMATES AND CORRECTIONAL INSTITUTIONS:

- If you are an inmate or you are detained by a law enforcement officer, we may disclose your health information, if necessary, to provide you with health care, or to maintain safety, security and good order at the place where you are confined.

WORKERS' COMPENSATION:

- We may disclose your health information for workers' compensation or similar programs that provide benefits for work-related injuries.

CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS:

- In the unfortunate event of your death, we may disclose your health information to a coroner or medical examiner.

ORGAN AND TISSUE DONATION:

- In the unfortunate event of your death, we may disclose your health information to organizations that procure or store organs, eyes or other tissues.

EXCEPTION IF INFORMATION DOES NOT IDENTIFY YOU:

- We may use or disclose your health information if we have removed any information that might reveal who you are.

RESEARCH:

- In most cases, we will ask for your written authorization before using your health information or sharing it with others in order to conduct research.

HOW TO ACCESS YOUR HEALTH INFORMATION:

- You generally have the right to inspect and copy your health information.

HOW TO CORRECT YOUR HEALTH INFORMATION:

- You have the right to request that we amend your health information if you believe it is inaccurate or incomplete.

HOW TO KEEP TRACK OF THE WAYS YOUR HEALTH INFORMATION HAS BEEN SHARED WITH OTHERS:

- You have the right to receive a list from us, called an "accounting list", which provides information about when and how we have disclosed your health information to outside persons or organizations. Many routine disclosures we make will not be included on the list, but the list will identify non-routine disclosures of your information.

HOW TO REQUEST ADDITIONAL PRIVACY PROTECTIONS:

- You have the right to request further restrictions on the way we use your health information or share it with others. We are not required to agree to the restriction you request, but if we do, we will be bound by our agreement.

HOW TO REQUEST MORE CONFIDENTIAL COMMUNICATIONS:

- You have the right to request that we contact you in a way that is more confidential for you, such as at work instead of at home.

HOW SOMEONE MAY ACT ON YOUR BEHALF:

- You have the right to name a personal representative who may act on your behalf to control the privacy of your health information. Parents and guardians will generally have the right to control the privacy of health information about minors unless the minors are permitted by law to act on their own behalf.

HOW TO LEARN ABOUT SPECIAL PROTECTIONS FOR HIV, ALCOHOL AND

SUBSTANCE ABUSE, MENTAL HEALTH AND GENETIC INFORMATION:

- Some parts of this general Notice of Privacy Practices may not apply to these types of information. If your treatment involves this information, you will be provided with separate notices explaining how the information will be protected.

HOW TO OBTAIN A COPY OF THIS NOTICE:

- You have the right to a paper copy of this notice. You may request a paper copy at any time, even if you have previously agreed to receive this notice electronically.

HOW TO OBTAIN A COPY OF REVISED NOTICES:

- We may change our privacy practices from time to time. If we do, we will revise this notice so you will have an accurate summary of our practices.

HOW TO FILE A COMPLAINT:

- If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services.

We are required to abide by the terms of this notice as long as it is currently in effect.

We reserve the right to revise this notice, and to make a new notice effective for all protected health information we maintain. Any revised notice will be posted in our facility and copies will be available there.

If you want to complain about violations of your privacy rights, you have the right to file a complaint with the Secretary of the Department of Health and Human Services of the United States. You may also file a complaint with us. Complaints should be directed to the Greene County Attorney's Office, 411 Main Street, Catskill, NY, 12414.

No retaliatory action will be taken against you for any complaint you may make.