

County of Sampson

**Notice of Privacy Practices
This Notice is Effective on April 14, 2003**

**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
WE ARE REQUIRED BY LAW
TO PROTECT MEDICAL INFORMATION ABOUT YOU**

We are required by law to protect the privacy of medical information about you and that identifies you. This medical information may be information about health care we provide to you or payment for health care provided to you. It may also be information about your past, present, or future medical condition. We are also required by law to provide you with this Notice of Privacy Practices explaining our legal duties and privacy practices with respect to medical information. We are legally required to follow the terms of this Notice. In other words, we are only allowed to use and disclose medical information in the manner that we have described in this Notice.

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 medical information that we maintain. If we make changes to the Notice, we will:

- Post the new notice in our waiting area.
- Have copies of the new Notice available upon request (you may always contact our Privacy Officer at (910-592-1131) to obtain a copy of the current notice).

**WE MAY USE AND DISCLOSE MEDICAL INFORMATION
ABOUT YOU IN SEVERAL CIRCUMSTANCES**

This section of our Notice explains in some detail how we may use and disclose medical information about you in order to provide health care, obtain payment for that health care, and operate our business efficiently.

1. Treatment:

We may use/or disclose medical information about use to send you reminders about an appointment.

We may use and disclose medical information about you to provide health care treatment to you.

2. Payment:

We may use and disclose medical information about you to obtain payment for health care services that you received.

3. Health Care Operation:

We may use and disclose medical information about you in performing a variety of business activities that we call "health care operations." For example, we may use or disclose medical information about you in performing the following activities:

- Reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you.
- 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 our other patients.
- Improving health care and lowering costs for groups of people who have similar health problems and helping manage and coordinate the care for these groups of people.
- 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 medical information 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. Persons Involved in Your Care:

We may disclose medical information about you to a relative, close personal friend or any other person you identify if that person is involved in your care and the information is relevant to your care. If the patient is a minor, we may disclose medical information about the minor to a parent, guardian or other person responsible for the minor except in limited circumstances.

You may ask us at any time not to disclose medical information about you to persons involved in your care.

5. Required by Law:

For example, 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.

6. National Priority Uses and Disclosures:

When permitted by law, we may use or disclose medical information about you without your permission for various activities that are recognized as “national priorities.” Below are brief descriptions of the “national priority” activities recognized by law.

- **Threat to health or safety.**
- **Public health activities.**
- **Abuse, neglect or domestic violence.**
- **Health oversight activities:** We may disclose medical information about you to a health oversight agency – which is basically an agency responsible for overseeing the health care system or certain government programs..
- **Court proceedings:** For example, we would disclose medical information about you to a court if a judge orders us to do so.
- **Law enforcement.**
- **Coroners and others..**
- **Workers’ compensation.**
- **Research organizations.**
- **Certain government functions:** We may use or disclose medical information about you for certain government functions, including but not limited to military and veterans’ activities and national security and intelligence activities.

7. Authorization:

Other than the uses and disclosures described above (#1-6), we will not use or disclose medical information about you without the “authorization” – or signed permission – of you or your personal representative.

If you sign a written authorization allowing us to disclose medical information about you, you may later revoke (or cancel) your authorization in writing (except in very limited circumstances related to obtaining insurance coverage).

<p>YOU HAVE RIGHTS WITH RESPECT TO MEDICAL INFORMATION ABOUT YOU</p>

You have several rights with respect to medical information about you. This section of the Notice will briefly mention each of these rights.

a. Right to a Copy of This Notice:

You have a right to have a paper copy of our Notice of Privacy Practices at any time. In addition, a copy of this Notice will always be posted in our waiting area. If you would like to have a full copy of our Notice, ask the receptionist for a copy or contact our Privacy Officer.

b. Right of Access to Inspect and Copy:

You have the right to inspect (which means see or review) and receive a copy of medical information about you that we maintain in certain groups of records. If you would like to inspect or receive a copy of medical information about you, you must provide us with a request in writing.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. We will also inform you in writing if you have the right to have our decision reviewed by another person.

If you would like a copy of the information, we will charge you a fee to cover the costs of the copy.

c. Right to Have Medical Information Amended:

You have the right to have us amend (which means correct or supplement) medical information about you that we maintain in certain groups of records. If you believe that we have information that is either 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 and explain why you would like us to amend the information. We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. You will have the opportunity to send us a statement explaining why you disagree with our decision to deny your amendment request and we will share your statement whenever we disclose the information in the future.

d. Right to an Accounting of Disclosures We Have Made:

You have the right to receive an accounting (which means a detailed listing) of disclosures that we have made for the previous six (6) years. If you would like to receive an accounting, please contact our Privacy Officer.

e. Right to Request Restrictions on Uses and Disclosures:

You have the right to request that we limit the use and disclosure of medical information about you for treatment, payment and health care operations.

We are not required to agree to your request.

f. Right to Request an Alternative Method of Contact:

You have the right to request to be contacted at a different location or by a different method. 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. If you would like to request an alternative method of contact, you must provide us with a request 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.

To file a written complaint, you may bring your complaint to the department or you may mail it to the following address:

**County of Sampson
360 County Complex Road
Clinton NC 28328
910-592-1131**

Monday – Friday, 8:00 a.m. – 5:00 p.m.

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

**Secretary of the United States
Department of Health and Human Services**

Acknowledgement

Notice of Privacy Practices

Date: _____ **Run Number:** _____

Patient Name: _____

Notice of Privacy Practices

I do hereby acknowledge receipt of the County of Sampson Notice of Privacy Practices. This will be retained and filed in the medical record.

1) I, _____, acknowledge receipt of this Notice of Privacy Policy on this the _____ day of _____, 20____.
Signed: _____

2) **Patient refused to sign the acknowledgment of receipt of the Notice of Privacy Policy. Patient was given a copy of the Notice, was offered the opportunity to review and ask questions.**
Signed: _____
Date: _____

3) **Notice could not be provided to the above named patient because:**

Signed: _____
Date: _____