ERIE COUNTY NOTICE OF PRIVACY PRACTICES

Effective Date: July 31, 2013

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.

If you have any questions about this Notice of Privacy Practices ("Notice"), please contact

ERIE COUNTY CHIEF PRIVACY OFFICER
95 FRANKLIN STREET, ROOM 1634
BUFFALO, NY 14202
Chief.Privacy.Officer@erie.gov / **(716) 858-4955**

WHO WILL FOLLOW THIS NOTICE

This Notice describes the practices of Erie County departments and agencies that have been designated as "health care components" for the purpose of Health Information Portability and Affordability Act (HIPAA). These departments and agencies must follow the terms of this Notice. In addition, your information may be shared with different departments of Erie County as permitted by the HIPAA Privacy Rule.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at Erie County. We need this record to provide you with quality care and to comply with certain legal requirements.

This Notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to protect the privacy of medical information about you that identifies you, and to notify you if your medical information is used or disclosed in a way that is not consistent with this Notice. We are also required to give you this Notice, explaining our legal duties and your rights concerning your health information. We must follow the privacy practices and the terms of this Notice while it is in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. We are permitted to use and disclose information that falls within the categories described below without your permission. Erie County will first obtain your permission before using or disclosing your information for other purposes.

- **For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other Erie County personnel who are involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. Different departments of Erie County may share medical information about you in order to coordinate the care and services you need. We also may disclose medical information about you to people outside Erie County who may be involved in your medical care.

- **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about services you received so your health plan will pay us or reimburse you for the services. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

- **For Health Care Operations.** We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to ensure that clients receive quality care and services. For example, we may use medical information to review treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many clients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other Erie County staff for review and learning purposes.

- **Persons Involved in Your Care.** We may use or disclose health information to notify, or assist others in notifying a family member, your representative or other person responsible for your care of your location, your general condition, or death. If you are present, we will provide you with an opportunity to object to such disclosures of your health information prior to use or disclosure of that information. In the event that you become incapacitated or have a medical emergency, we will disclose your health information based on our professional judgment that such disclosure is directly relevant to that person's involvement in your health.

- **Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

- **Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

- **Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process.

- **As Required By Law.** We may use or disclose medical information about you when required to do so by federal, state or local law.

- **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

SPECIAL SITUATIONS

- **Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

- **Workers' Compensation.** Upon your written authorization, we may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

- **Public Health Risks.** We may disclose medical information about you for public health activities. These activities generally include the following:
  - to prevent or control disease, injury or disability;
  - to report births and deaths;
  - to report child abuse or neglect;
  - to report reactions to medications or problems with products;
  - to notify people of recalls of products they may be using;
  - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and
  - to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence (we will only make this disclosure if you agree or when required or authorized by law).

- **Disaster Relief.** We may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

- **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order, judicial subpoena, discovery request, or other lawful process.

- **Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:
  - In response to a court order, subpoena, warrant, summons or similar process;
  - To identify or locate a suspect, fugitive, material witness, or missing person;
  - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;

- About criminal conduct at the Erie County Department of Health; or
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

➢ **Coroners and Medical Examiners**
We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

➢ **National Security and Intelligence Activities.** We may disclose medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

➢ **Protective Services for the President of the U.S. and Others.** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

➢ **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the Institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written permission. For example, the County is required to ask you to sign an authorization prior to selling any medical information or using medical information for marketing purposes. In addition, the County is also required to ask you to sign an authorization prior to using or disclosing psychotherapy notes unless the County uses the psychotherapy notes for treatment, training purposes or to defend itself in a legal action or proceeding. The County is prohibited from using or disclosing genetic information for underwriting purposes.

If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

➢ **Right to Access.** You have the right to inspect and/or receive copies of medical information that may be used to make decisions about your care. You must make this request in writing. You may obtain a form to request access at the County website (www.erie.gov), or by calling (716) 858-4955. We may charge you a reasonable cost-based fee for expenses such as copying, mailing or staff time related to this request, as permitted by New York law.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request a review of the denial. Another licensed health care professional chosen by the Erie County Chief Privacy Officer will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

➢ **Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Erie County. You must make this request in writing. You may obtain a form to request an amendment at the County website (www.erie.gov), or by calling (716) 858-4955. We may charge you a reasonable cost-based fee for expenses such as copying, mailing or staff time related to this request, as permitted by New York law. The request must provide a reason that supports the request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for Erie County;
- Is not part of the information that you would be permitted to inspect and copy; or
- Is accurate and complete.

➢ **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is the list of the disclosures we made of medical information about you. You must make this request in writing. You may obtain a form to request an accounting at the County website (www.erie.gov), or by calling (716) 858-4955. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. If you request an accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to the additional request(s). We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

We are not required to provide an accounting of disclosures under certain circumstances. For example, we are not required to provide you an accounting of disclosures to third parties authorized by the patient or when the disclosure is for purposes of treatment, payment, or health care operations.

➢ **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care.

Generally, we are not required to agree to your request. If the County agrees to your request, we will comply with the request unless the information is needed to provide you emergency treatment. Except as otherwise required by law, the County will agree to requests to not disclose medical information to a health plan for purposes of carrying out payment or health care operations when the information pertains solely to services for which you paid the County out-of-pocket in full.

***You may obtain a form to request restriction at the County website (www.erie.gov) or by calling* (716) 858-4955.**

➢ **Right to Request Alternative Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. You may obtain a form to request alternative communications at the County website (www.erie.gov), or by calling (716) 858-4955. We will accommodate all reasonable requests. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted.

➢ **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. You may obtain a copy of this Notice at our website (www.erie.gov), or by calling (716) 858-4955.

CHANGES TO THIS NOTICE

➢ We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice on our website (www.erie.gov). The Notice will include the effective date. In addition, when you register at or are admitted for treatment or health care services, we will offer you a copy of the current Notice in effect.

COMPLAINTS

➢ If you believe your privacy rights have been violated, you may file a complaint with the Erie County Chief Privacy Officer. You may obtain a form to submit a complaint to the Erie County Chief Privacy Officer at the County website (www.erie.gov), or by calling (716) 858-4955. In addition, you may submit a complaint to the Secretary of the U.S. Department of Health and Human Services We will provide you with the address to file a complaint with the U.S. Department of Health and Human Services upon request.

We support your right to privacy of your health information. We will not retaliate in any way or penalize you if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.