

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.

INTRODUCTION

The Westchester County Department of Health (WCDH), under the Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA), is required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

This Notice is posted at our clinics and available on our website at <http://health.westchestergov.com/>.

PROTECTED INFORMATION

We protect any information that identifies you or could be used to identify you that relates to your health, your treatment or your health insurance benefits. We will share Information, as necessary, as it relates to your treatment, payment of services or to conduct health care operations.

HOW WE USE AND DISCLOSE YOUR HEALTH INFORMATION

We can use and disclose your health information for treatment, payment and health care operations. Examples are provided to help you better understand each category. These examples do not cover every type of use or disclosure. In addition, special rules may apply to certain types of sensitive health information.

Treatment

We may use and share your health information with other professionals related to the provision, coordination and management of your care and treatment. For example, a doctor treating you for an injury asks another doctor about your overall health condition. This may occur between two doctors at our facility or between our doctor and another doctor at another facility to assist us in delivering appropriate care for you.

Payment

We may use and share your health information to determine eligibility for insurance coverage, and to bill and get reimbursement from health plans and other entities. For example, we may share information about you to your health insurance plan, so that we will get paid for services provided.

Health Care Operations

We may use and share your health information about you to run our clinic operations or to improve your care. This may include such activities as case management, clinician reviews, quality assessment and improvement, evaluating the performance of our health care providers, training of professional students, reviewing and responding to patient complaints or grievances, compliance or audit reviews, and business planning. For example, we may allow a nurse to review your medical chart as part of a program to identify whether you have received all recommended preventive services.

We may use and disclose your health information to remind you about appointments you have made or to encourage you to make such appointments:

1. as required by law. We may use and disclose your health information as required by state, federal or local law.
2. for public health activities. We may disclose your health information to public health authorities or agencies conducting public health activities, such as preventing or controlling disease. Disclosure may also be made to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease

or condition.

3. for reporting suspected abuse, neglect or domestic violence. We may disclose your health information to an appropriate government agency if we believe you are a victim of abuse, neglect or domestic violence and you agree to the disclosure or if the disclosure is required by law.
4. for judicial and administrative proceedings. We may disclose your health information in the course of any judicial or administrative proceeding in response to an appropriate court order or administrative body.
5. for law enforcement purposes. We may share your health information to a law enforcement official when needed to lessen a serious and imminent threat to the safety of the public or otherwise required by law.
6. about deceased individuals. We may disclose your health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law.
7. for organ and tissue donation requests. We may share health information about you with organ procurement organizations.
8. for research. We may use or share your information for health research.

SPECIAL TREATMENT OF SENSITIVE INFORMATION

Certain types of sensitive health information have additional laws that further protect the sharing of such information. Any disclosures for such information will be subject to these additional protections, including, HIV/AIDS, alcohol and substance abuse and mental health records.

OBTAINING YOUR AUTHORIZATION FOR OTHER USES AND DISCLOSURES

WCDH will not use or disclose your health information for any purpose not specified in this Notice of Privacy Practices without your written authorization. The written authorization will specifically identify the particular purpose of the use or disclosure, the information being used or disclosed and the recipient of the information. If you give us your authorization, you may revoke it at any time, in which case we will no longer use or disclose your health information for this purpose.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights about your health information:

1. Right to Inspect and Copy: Under Section 18 of the Public Health Law in NY State, we must give you the opportunity to inspect your medical records within **10 days** of a written and signed request for access to your records. We must also provide copies of your records if copies are requested. Ask us how to do this. We may charge reasonable fees to recover costs for inspections and copying; however, the reasonable charge for paper copies shall not exceed seventy-five cents per page. However, you cannot be denied access to information solely because of inability to pay.
2. Right to Ask for a Correction to Your Record: You can ask us to correct health information about you that you think is incorrect or incomplete. You will need to submit your request in writing to the Clinic Supervising Public Health Nurse at the address listed at the end of this notice. Your request must describe the reason for your request. We do not have to agree to make the changes you request. If we do not believe the changes you requested are appropriate, we will notify you in writing how you can have your objection to our decision included in our records. A correction will be handled as an addition not a replacement of the record.
3. Right to Request Confidential Communications: You can ask us to contact you in a specific way for example, home or office phone or to send mail to a different address. We will agree to all reasonable requests.
4. Right to Request Limits with What We Use or Share: You can ask us not to use or share certain health information for treatment, payment, and or our operations. We are not required to agree to your request, and we may deny your request if it affects your care.
5. Right to Know Certain Disclosures: You can ask us for a listing (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared

it with, and why. We will include all disclosures, except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free but will charge a reasonable fee if you ask for another one within 12 months. You may request a list of disclosures by writing to the Privacy Officer at address listed on the last page of this Notice.

6. 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. We will make sure the person has the authority and can act for you before we take any action.
7. Right to File a Complaint: You can file a complaint if you feel that your rights have been violated by contacting the Privacy Officer listed on the last page of this notice. You can also contact the U.S. Department of Health and Human Services Office for Civil Rights in writing at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling 1-877-696-6774. We will not retaliate against you for filing a complaint.
8. Right to Paper Copy of Notice: You have the right to ask us for a paper copy of this Notice at any time. You can request a copy at our clinic, visiting our website or writing the Clinic Supervising Public Health Nurse at the address listed on the last page of this Notice.
9. Right to Share Information: You have both the right and choice to tell us if you want to share information with your family, close friends or others involved in your care. In these cases, we will share only the information that is necessary for the family member or friend to assist you. We may also notify a family member or friend about your general condition. If you are unable to tell us your preference, we may go ahead and share your information, if we believe it is in your best interest.

CHANGES TO THE TERMS OF THIS NOTICE

We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at that time.

EFFECTIVE DATE

This Notice of Privacy Practices is effective as of November 14, 2016 and amends the April 14, 2003 Notice.

ADDITIONAL INFORMATION

If you have any questions or would like additional information about this Notice or WCDH privacy practices, please contact our Privacy Officer at address or phone below.

Westchester County Department of Health
Privacy Officer/Deputy Commissioner for Administration
10 County Center Road, White Plains, NY 10607
914-995-7522 or 914-813-5000

Westchester County Department of Health
Clinic Supervising Public Health Nurse
134 Court Street, White Plains, New York 10601
914-995-5800