

Notice of Information Practices

***THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY
BE USED AND DISCLOSED AND HOW YOU CAN ACCESS IT.***
PLEASE REVIEW CAREFULLY

Understanding Your Health Record Information

Each time you visit a hospital, a physician, or another health care provider, the provider makes a record of your visit. Typically, this record contains your health history, current symptoms, examination and test results, diagnoses, treatment, and plan for future care or treatment. This information, often referred to as your medical record, serves as the following:

- Basis for planning your care and treatment.
- Means of communication among the many health professionals who contribute to your care.
- Legal document describing the care that you received.
- Means by which you or a third-party payer can verify that you actually received the services billed for.
- Tool in medical education.
- Source of information for public health officials charged with protecting the public's health.
- Tool to assess the appropriateness and quality of care that you received.
- Tool to improve the quality of health care and achieve better patient outcomes.

Understanding what is in your health records and how your health information is used helps you to:

- Ensure its accuracy and completeness.
- Understand who, what, where, why, and how others may access your health information.
- Make informed decisions about authorizing disclosure to others.
- Better understand the health information rights detailed below.

Your Rights under the Federal Privacy Standard

Although your health records are the physical property of the health care provider who completed it, you have the following rights with regard to the information contained therein:

- Request restriction on uses and disclosures of your health information for treatment, payment, and health care operations. "Health care operations" consist of activities that are necessary to carry out the operations of the provider, such as quality assurance and peer review. The right to request restriction does not extend to uses or disclosures permitted or required under the following

sections of the federal privacy regulations: §164.502(a)(2)(i) (disclosures to you); 164.510(a) (for facility directories, but note that you have the right to object to such uses); or, 164.512 (uses and disclosures not requiring a consent or authorization). The latter uses and disclosures include, for example, those required by law, such as mandatory communicable disease reporting. In those cases, you do not have a right to request restriction. We do not have to agree to a restriction. If we do, we will adhere to it unless you request otherwise, or we give you advance notice. You may also ask us to communicate with you by alternate means. If the method of communication is reasonable, we must grant the request. You may request restriction or alternate communications in writing to Genesee County Health Department; County Building #2; 3837 West Main Street Road; Batavia, New York 14020.

- Obtain a copy of this notice of information practices.

- Inspect and copy your health information upon request. Again, this right is not absolute. In certain situations, such as if access would cause harm, we can deny access. You do not have a right to access the following:

1. Psychotherapy notes. Such notes consist of those notes that are recorded in any medium by a healthcare provider who is a mental health professional documenting or analyzing a conversation during a private group, joint, or family counseling session and that are separated from the rest of your medical record.
2. Information compiled in reasonable anticipation of or for use in civil, criminal, or administrative actions or proceedings.
3. Protected Health Information (PHI) that is subject to the Clinical Laboratory Improvement Act of 1988 (CLIA), 42USC §263(a), to the extent that giving you access would be prohibited by law.
4. Information that was obtained from someone other than a healthcare provider under a promise of confidentiality and the requested access would be reasonably likely to reveal the source of the information.

In other situations, we may deny you access, but if we do, we must provide you a review of our decision denying access. These “reviewable” grounds for denial include the following:

1. A licensed healthcare professional, such as your attending physician, has determined, in the exercise of professional judgement, that the information contained, or the PHI makes reference to another person (other than a healthcare provider) and the access is reasonably likely to endanger the life or physical safety of yourself or another person.

For reviewable grounds, another licensed professional must review the decision of the provider denying access within 60 days. If we deny you access, we will explain why and what your rights are, including how to seek review. If we grant access, we will tell you what you have to do to get access. We reserve the right to charge a reasonable, cost-based fee for making copies.

- Request amendment/correction of your health information. We do not have to grant the request if the

following conditions exist:

1. We did not create the record. If, as in the case of a consultation report from another provider, we did not create the record, we cannot know whether it is accurate or not. Thus, in such cases, you must seek amendment/correction from the party creating the record. If the party amends or corrects the record, we will put the corrected record into our records.
2. The records are not available to you as discussed immediately above.
3. The record is accurate and complete.

If we deny your request for amendment/correction, we will notify you why, how you can attach a statement of disagreement to your records (which we may rebut), and how you can complain. If we grant the request, we will make the correction and distribute the correction to those who need it and those whom you identify to us that you want to receive the corrected information.

- Obtain an accounting of non-routine uses and disclosures, those other than for treatment, payment, and health care operations. We do not need to provide an accounting for the following disclosures:

1. To you for disclosures of protected health information to you.
2. For the facility directory or to persons involved in your care or for other notification purposes as provided in § 164.510 of the federal privacy regulations (uses and disclosures requiring an opportunity for the individual to agree or to object, including notification to family members, personal representatives, or other persons responsible for your care, of the your location, general condition, or death).
3. For national security or intelligence purposes under § 164.512(k)(2) of the federal privacy regulations (disclosures not requiring consent, authorization, or an opportunity to object).
4. To correctional institutions or law enforcement officials under § 164.512(k)(5) of the federal privacy regulations (disclosures not requiring consent, authorization, or an opportunity to object).
5. That occurred before April 14, 2003.

We must provide the accounting within 60 days. The accounting must include the following information:

1. Date of each disclosure.
2. Name and address of the organization or person who received the protected health information.

3. Brief description of the information disclosed.
4. Brief statement of the purpose of the disclosure that reasonably informs you of the basis for the disclosure or, in lieu of such statement, a copy of your written authorization or a copy of the written request for disclosure.

The first accounting in any 12-month period is free. Thereafter, we reserve the right to charge a reasonable, cost-based fee.

- Revoke your authorization to use or disclose health information except to the extent that we have taken action in reliance on the authorization.

Our Responsibilities under the Federal Privacy Standard

In addition to providing you your rights, as detailed above, the federal privacy standard requires us to take the following measures:

1. Maintain the privacy of your health information, including implementing reasonable and appropriate physical, administrative, and technical safeguards to protect the information.
2. Provide you this notice as to our legal duties and privacy practices with respect to individually identifiable health information that we collect and maintain about you.
3. Abide by the terms of this notice.
4. Train our personnel concerning privacy and confidentiality.
5. Implement a sanction policy to discipline those who breach privacy/confidentiality, or our policies regarding thereof.
6. Mitigate any breach of privacy/confidentiality.

We will not use or disclose your health information without your authorization, except as described in this notice, or as otherwise required by law.

How To Get More Information Or To Report A Problem

If you have questions and would like additional information, or make a complaint, you may contact the county public health director at 585-344-8506, or in writing to Genesee County Health Department, Regulatory Affairs/Quality Management; County Building #2; 3837 West Main Street Road; Batavia, New York 14020.

You may also make a complaint to the US Office Of Civil Rights; Department Of Health And Human Services; Jacob Javits Building; 26 Federal Place, Suite 3312; New York, New York 10278; telephone: 212-264-3313, if you believe your privacy rights have been violated. Federal privacy regulations prohibit retaliation against persons who file complaints or who assist in the investigation of any complaint.

Examples Of Disclosures For Treatment, Payment, And Health Operations

- Treatment: A physician, physician's assistant, nurse practitioner, therapist, nurse, or another member of your healthcare team will record information in your record to diagnose your condition and determine the best course of treatment for you. The primary caregiver will give treatment orders and document what s/he expects other members of the care team to do to treat you. Those other members will then document the

actions they took and their observations. In that way, the primary caregiver will know how you are responding to treatment. We will also provide your physician, other healthcare professionals, or a subsequent healthcare provider copies of your records to assist them in treating you once we no longer are.

- **Payment:** We may send a bill to you or to a third party payor, such as health insurance. The information accompanying the bill may include personal data, diagnosis, treatment, and supplies utilized. In some cases, we will provide a copy of your entire chart to the health insurance vendor.

- **Healthcare Operations:** Members of the medical staff, the risk or quality improvement manager, or members of the quality assurance team may use information in your health record to assess the care and outcomes in your cases and the competence of the caregivers. We will use this information in an effort to continually improve the quality and effectiveness of the health care and services that we provide.

- **Business associates:** We provide some services through contracts with business associates. Examples include, but are not limited to software vendors, accountants and auditors. When we use these services, we may disclose your health information to the business associates so that they can perform the functions that we have contracted with them to perform. To protect your health information, however, we require the business associates to appropriately safeguard your information.

- **Directory:** Unless you notify us that you object, we will use your name, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name.

- **Notification:** We may use or disclose information to notify or assist in notifying a family member, a personal representative, or another person responsible for your care, your location, and general condition.

- **Communication with family:** Unless you object, health professionals, using their best judgment, may disclose to a family member, another relative, a close personal friend, or any other person that you identify, health information relevant to that person's involvement in your care or payment related to your care.

- **Research:** We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

- **Funeral directors:** We may disclose health information to funeral directors consistent with applicable law to enable them to carry out their duties.

- **Marketing/continuity of care:** We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

- **Fundraising:** We may contact you as a part of a fundraising effort. You have the right to request not to receive subsequent fundraising materials.

- **Food and Drug Administration:** We may disclose to the FDA health information relative to adverse effects/events with respect to food, drugs, supplements, product or product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

- **Workers Compensation:** We may disclose health information to the extent authorized by and to the

extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

- *Public Health:* As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.