

Notice of Privacy Practices

Your Information.

Your Rights.

Our Responsibilities.

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.**

Your Rights

- Get a copy of your paper or electronic medical record
- Ask us to correct your medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- Be notified of a breach
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Market our services and sell your information
- Raise funds

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions
- Work with business associates
- Respond to breaches

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get copies of your health information, with limited exceptions.
- If your health information is maintained in an electronic format, you have the right to request that an electronic copy of the record be given to you. We will make every effort to provide your health information in the format requested, if it is readily producible in such format.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Your request must be in writing and must give a reason for the request.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communication

- 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.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information

- You have the right to receive a list of disclosures that we made of your health information for purposes, other than treatment, payment of healthcare operations and certain other activities, for a period of up to six years, but not including dates before April 14, 2003.

Get a copy of this privacy notice

- You have the right to a paper copy of this notice at any time. Please ask for a copy.

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 this authority and can act for you before we take any action.

Be notified of a breach

- You have the right to be notified if any of your unsecured health information is breached.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your privacy rights by contacting the agencies listed on the last page of this notice.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- *If you are unable to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety. We may disclose your information when we are required to do so by federal, state, or local law.*

In these cases, we will not share your information unless you give us written permission:

- Marketing purposes
- Fundraising efforts
- Sale of your information
- Most sharing of psychotherapy notes

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways:

To treat you

- We can use your health information and share it with other professionals who are treating you.
- *Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

Run our organization (Health Care Operations)

- We can use and share your health information to run our practice, improve your care, and contact you when necessary. This includes contacting you for appointment reminders.
- *Example: We use health information about you to manage your treatment and services.*

Bill for your services (Payment)

- We can use and share your health information to bill and get payment from health plans or other entities.
- *Example: We give information about you to your health insurance plan so it will pay for your services.*

How else can we use or share your health information?

We are allowed or required to share your information in other ways - usually in ways that contribute to the public good, such as public health and research.

Help with public health and safety issues

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With correctional institutions that have custody of you
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena, discovery request, or other lawful purpose.

Work with business associates

- We can share health information with our business associates that perform functions on our behalf or provide us with services if the information is necessary. All of our business associates are obligated to protect the privacy of your information.

Respond to breaches

- We can share health information to provide legally required notices of unauthorized access to or disclosure of health information.

Our responsibilities

- We are 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 must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing.

Changes to the Terms of the Notice

- We can change the terms of this notice in the future, and the changes will apply to all information we have about you. The new notice will be available upon request and posted in our lobby.

To file a complaint:

- You can complain if you feel we have violated your privacy rights by contacting us in writing:
Beaufort County Health Department
Attn: HIPAA Privacy Officer
1436 Highland Drive
Washington, NC 27889
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to:
200 Independence Avenue S.W.
Washington, D.C. 20201

Effective Date of the Notice

Original Notice: April 14, 2003

Revised: September 17, 2013