



ANSON COUNTY HEALTH DEPARTMENT

POST OFFICE BOX 473
WADESBORO, NORTH CAROLINA 28170



Public Health
Prevent. Promote. Protect.

NOTICE OF PRIVACY PRACTICES APRIL 14, 2003 REVISED: SEPTEMBER 23, 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.

OUR LEGAL DUTY

We are required by law to maintain the privacy of your health information as well as ensure that the information is secured. We are also required to give you this Notice about our privacy and security practices, our legal duties, and your rights concerning your health information. We must follow the privacy and security practices that are described in this Notice while it is in effect. The original Notice took place on April 14, 2003.

Before we make any significant changes in our privacy or security practices, we will change this Notice and then make the new Notice available to you upon request. We reserve the right to change our privacy and security practices and the terms of this Notice at any time. Any changes in our privacy or security practices and the terms of our Notice will be effective for all health information that we maintain, including health information we created or received before we made this change.

You may request a copy of our Notice at any time. For more information about our privacy or security practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

We may use or disclose your health information only for the purposes listed below. Not every use or disclose in a category will be listed. However, all of our ways we are permitted to use and disclose your health information will fall within one of these categories.

For treatment, for payment of services to you, or for healthcare operations of the County.

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you. For example, if we refer you to a physician for a service that we cannot provide, your health information will be disclosed to that provider.

Payment: We may use or disclose your health information to obtain payment for services that we provide to you. If an insurance company pays for your service, it may be necessary to disclose your health information to that company. For example, you present for our services and a charge is incurred, we will submit necessary information to your insurance carrier for payment to be made for that service we provided.

If you pay for the services that we provide for you and no third-party payers are involved, you have the right to restrict disclosures of protected health information to a health plan for the service that you remitted payment for, if you paid the service in full.

Healthcare Operations: We may use or disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare providers, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities. For example, when our agency is undergoing accreditation and/or any certification for the agency some of your protected health information may be reviewed.

Breaches: In the event that any type of breaches occur in any format, this will be reported to necessary enforcement agencies as well as you will be informed of breaches that occur that could jeopardize your medical care and/or you financially.

YOUR RIGHTS:

Access: You have the right to look at or get copies of your health information, with limited exceptions. You must make a request for access to your medical records in writing by sending us a letter to the address at the end of this Notice. You have the right to ask that we submit your medical information to you in electronic format.

We may deny your request in certain limited circumstances.

Disclosure accounting: You have the right to receive a list of disclosures that we made of your health information for purposes, other than treatment, payment or healthcare operations and certain other activities, for a period of up to six years, but not including dates before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost based fee for providing the list.

Request Restrictions: You have the right to request that we restrict how we use or disclose your health information for treatment, payment or healthcare operations or the disclosures we make to someone who is involved in your care or the payment for your care, such as a family member or friend. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Confidential Communications: You have the right to request that we communicate with you about your health information by alternate means or to alternative locations. You must make your request in writing. Your request must specify the alternative means or location, and provide satisfactory explanation of how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your health information. Your request must be writing, and it must give a reason for your request. We may deny your request if you ask us to amend information that was not created by us, is not part of the information you would be permitted to inspect and copy, or is accurate and complete. Any denial will be in writing and must state the reason for the denial.

DISTRIBUTION OF OUR NOTICE OF PRIVACY PRACTICES: Each individual that receives services at our agency beginning on April 14, 2003 will be given a copy of our Notice of Privacy Practice at their first visit. In the event that we make changes to the Notice, you will be asked to sign for a revised copy of the Notice at your first visit after the changes have been made effective. Our Notice of Privacy Practices will also be located on our Anson County Health Department website at www.co.anson.nc.us. You can contact the individual listed below, at any time, to request a copy of the Notice be sent to you.

QUESTION AND COMPLAINTS

If you want more information about our privacy or security practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy or if you disagree with a decision we made about the use or disclosure of your personal health information, you may complain to us using the information listed below. You will not be penalized for filing a complaint. You also may submit a written complaint to the U.S. Department of Health and Human Services and the address will be supplied upon your request.

Contact Officer: Lisa Clark
Telephone: 704-694-5188 ext 3326
E-mail: lclark@co.anson.nc.us
Address: P O Box 473
Wadesboro, NC 28170