



## COUNTY OF OSWEGO

County Office Building · 46 East Bridge Street · Oswego, NY 13126  
www.oswegocounty.com

### 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.**

Oswego County uses and discloses your protected health information according to the Health Insurance Portability and Accountability Act of 1996, known as “HIPAA” and specifically, its “Privacy Rule,” as well as Title XIII of the American Recovery and Reinvestment Act of 2009 (“ARRA”) known as the Health Information Technology for Economic and Clinical Health Act (“HITECH”) and its implementing regulations. You may find these regulations at 45 Code of Federal Regulations Part 160 and 164. This notice attempts to summarize the regulations. The regulations supersede any inconsistencies between the information in this notice and the regulations.

We are required by law to:

- Make sure that protected health information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to your protected health information; and
- Follow terms of the notice that is currently in effect.

#### *USES AND DISCLOSURES OF YOUR HEALTH INFORMATION*

##### **Requirement for Written Authorization**

We generally require your written authorization before using your protected health information or sharing it with others. There are some situations when we do not need your written authorization before using your health information or sharing it with others.

##### **How We May Use and Disclose Your Protected Health Information Without Your Written Authorization**

The following categories describe different ways that we may use and disclose your protected health information without prior written authorization. For each category of uses or disclosures we will explain what we mean and give some examples. Not every use or disclosure is a category. However, all of the ways we are permitted to use and disclose information will fall within one of these categories.

1. **Treatment:** We may use your health information to provide health care, treatment or service, including disclosing medical information about you to your doctor or to other programs that may be involved in your care. Examples: laboratories, pharmacy, medical equipment provider, or meals on wheels.
2. **Payment:** We may use and disclose your health information in order to obtain payment for your health care services. Example: We may share information about you with your insurance company in order to obtain reimbursement after you have been treated. If you pay for services out-of-pocket you may request that the information not be shared.
3. **Business Operations:** We may use and disclose your health information in order to conduct our normal business operations. For example, we may use your health information in evaluating the performance of our staff in caring for you.
4. **Community Awareness:** We may use and disclose health information to contact you in an effort to raise community awareness about Oswego County and its operations.
5. **Appointment Reminders:** We may use and disclose your health information in order to contact you with a reminder for an appointment for treatment or services.
6. **To Individuals Involved In Your Care or Payment for Your Care:** We may disclose your health information to a friend or family member who is involved in your medical care or payment for that care.
7. **Emergencies, Disasters or Public Need:** We may disclose health information about you to an entity assisting in emergency or disaster relief efforts so that your family can be notified about your condition, status and location, or in the event of an important public need.

8. **Organ and Tissue Donation:** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplant or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplant.
9. **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.
10. **Communications Barriers:** We may disclose your health information if we are unable to obtain your consent due to substantial communication barriers and we believe you would want us to treat you if we could communicate with you.
11. **Workers' Compensation:** We may release medical information about you to workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
12. **Public Health Activities:** We may disclose your health information to authorized public health officials so that they may carry out their public health functions. These activities generally include the following:
  - Preventing or controlling disease, injury or disability;
  - Reporting births and deaths;
  - Reporting child abuse or neglect;
  - Reporting reactions to medications or problems with products;
  - Notifying people of recalls of products they may be using;
  - Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
  - Notifying the appropriate public health authority if we believe a patient has been the victim of abuse, neglect or domestic violence.

We will only make these disclosures when required or authorized by law.

13. **Health Oversight Activities:** We may disclose your health information to a health oversight agency for activities authorized by law. Some of these oversight activities include, for example, audits, investigations, inspections, and licensures.
14. **As Required by Law:** We will release your health information if required to do so by federal, state or local law, and/or to law enforcement officials:
  - In response to 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 a death we believe may be the result of criminal conduct;
  - 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;
  - Who are conducting national security, intelligence activities or protective services for the President or other federal officials;
  - In order for a correctional institution or a law enforcement official to (1) provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) maintain the safety and security of the correctional institution. We will notify you of these uses or disclosures only if notice is required by law.
15. **Coroners, Medical Examiners and Funeral Directors:** In the event of your death, we may disclose your health information to a coroner, medical examiner or funeral director. Release of your information may be necessary to identify a deceased person or to determine the cause of death or to allow funeral directors as necessary to carry out their duties.
16. **Non-Identifiable or De-Identified Information:** We may use or disclose your health information if we remove any information that might reveal who you are.
17. **Research:** While allowable to disclose your health information for purposes of conducting research, we will ask for your written authorization before such a disclosure is made of personally identifiable information.

### **All Other Uses and Disclosures of Your Protected Health Information**

Other uses and disclosures of your health information not covered by this notice or the laws that apply to us will be made only with your written authorization. This includes marketing purposes or uses and disclosures that constitute the sale of PHI, as well as uses and disclosures of psychotherapy notes.

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 provide to you.

### ***RIGHTS AND OBLIGATIONS***

#### **You have the right to:**

1. **Receive a paper copy of this notice.**
2. **Access your health information** in an electronic format upon request where the County uses or maintains the information in an Electronic Health Record (“EHR”), as defined by the HITECH Act.
3. **Inspect and Copy** your health information. Usually, this includes medical and billing records, but does not include psychotherapy notes. In order to inspect and copy otherwise protected health information, you must make a request to do so in writing to the Oswego County Privacy Officer. If you request a copy of the information, we may charge a fee of .75 cents per page for the cost of copying, mailing or other supplies associated with your request.
4. **Request an Amendment** if you feel that protected health information we have about you is incorrect. To request an amendment, your request must be made in writing and submitted to the Privacy Officer. You must provide a reason that supports your request if you ask us to amend information. 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 there is a reasonable basis to believe that the person or entity that created the information is no longer available to make an amendment;
  - Is not part of the medical information kept by or for the use or purposes of the County;
  - Is not part of the information which you would be permitted to inspect and copy; or
  - Is accurate and complete.
5. **Receive an “Accounting of Disclosures.”** This is a list of instances where the County or a Business Associate, as defined by the HIPAA Privacy Rule and the HITECH Act, has disclosed your protected health information. When the information is maintained in a paper or other format, the time period may not be longer than six years and may not include dates before April 14, 2003. To request an accounting of disclosures, you must submit your request in writing to Oswego County Privacy Officer. The first list you request within a 12-month period will be free. For additional lists we may charge you for the costs of providing the list. 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. The County may, at its option, provide you with a list of its Business Associates, along with their contact information, so that you may request an Accounting of Disclosures directly from those Business Associates.
6. **Request a Restriction** or limitation on the protected health information we use or disclose about you. To request restrictions or limitations, you must make your request in writing to the Oswego County Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply. For example, not being included on an appointment reminder list. **We are not required to agree to your request.** If we do agree, we will comply with your request, unless the information is needed for providing emergency treatment.
7. **Require a Restriction** on the disclosure of your protected health information to a Health plan where the purpose is not related to treatment and the health care services to which the protected health information applies have been paid for out of pocket and in full.

8. **Request Confidential Communications** You have the right to request that we communicate with you about your health 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. To request confidential communications, you must make your request in writing to the Oswego County Privacy Officer or your HIPAA Department Coordinator. We will not ask the reason for your request and will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
9. **Receive Notice of a Breach** If a breach of your unsecured PHI occurs, you have the right to be notified. This notification shall be without unreasonable delay.
10. **Opt Out of Fundraising** While the County generally does not engage in fundraising, you have the right to opt out of any fundraising communications. The HIPAA Privacy Officer can assist you if you believe you have received an unsolicited fundraising communication from the County or any of its health care components.
11. **File a Complaint** If you are concerned that we have violated your privacy rights or you disagree with a decision we made about access or correction to your records you may contact our Privacy Officer. You may also send a written complaint to the US Department of Health and Human Services. The Privacy Officer can provide you with the appropriate address upon request. If you send a written complaint to the US Department of Health and Human Services, you will not suffer any retaliation.

### **Changes To This Notice**

We reserve the right to change this notice and our privacy practices at any time and further reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. Before we make a significant change in our policies we will change our notice and post the new notice within 60 days of the change. For more information about our privacy practices, contact our Privacy Officer at 349-3514.

### **Posting and Other Receipt of Notice**

A copy of the current notice will be posted in the lobby area of Oswego County provider sites and official County bulletin boards, as well as on the Oswego County website as required by 45 CFR 164.520(c)(3). The notice will contain in the upper right-hand corner, the effective date.

You will receive a copy of this notice:

- Each time you register at or are admitted to receive health care services or benefits from Oswego County.
- When you are hired by Oswego County.
- When you contract with Oswego County as a Business Associate.

You may be asked to sign an Acknowledgment of Receipt of Privacy Practices.