



# Onondaga County Health Department 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.*

## **A. Our Commitment to Your Privacy**

Onondaga County Health Department (OCHD) is dedicated to keeping the privacy of your protected health information (PHI). In carrying out our business, we will set up records about you and the treatment and services we provide to you. We are required by law to keep your PHI private. We are also required by law to provide people with Notice of our legal duties and privacy practices about PHI. The OCHD is required by law to follow the terms of the Notice of Privacy Practices currently in effect. We realize that the laws are complicated, but we must provide you with the following important information:

- How we may use and release your PHI
- Your privacy rights about your PHI

The terms of this Notice apply to all records that have your PHI that are set up or kept by programs in the OCHD that are covered by the Health Insurance Portability and Accountability Act (HIPAA). We have the right to change the terms of this Notice and to make the new Notice terms cover all PHI kept. Any change to this Notice will cover all of your records that our Health Department has set up or kept in the past, and for any of your records that we may set up or keep in the future. A copy of our current Notice will be posted at all locations where OCHD offers health services. This Notice will be posted in a place where it can easily be seen at all times. You may ask for a copy of our most current Notice at any time.

**B. If You Have Questions About This Notice:** Please contact the Privacy Administrator at (315) 435-3252, Onondaga County Health Department Administration, 421 Montgomery St., Syracuse, New York 13202.

## **C. We May Use and Release Your Protected Health Information (PHI) in the Following Ways:**

1. **TREATMENT:** The OCHD will use your PHI to provide you with health services. For example, we may ask you to have laboratory tests (such as blood or urine), and we may use the results to diagnose and treat you. We may use your PHI to write a prescription for you or we might release your PHI to a pharmacy when we order a prescription for you. We may also use your PHI to refer you to, or to communicate with, another health care provider about your care. In certain cases, we may transfer your records for you to get health care with another health care provider. Many of the people who work for OCHD may use or release your PHI in order to treat you or to assist others in your treatment. This may include other workers in addition to doctors or nurses. In a small number of cases, we may release your PHI to others who may assist in your care, including but not limited to family members, or use or disclose your PHI to notify someone regarding your location, general condition, or death.

2. **PAYMENT:** The OCHD may use and release your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to make sure that you are eligible for benefits (and for what range of benefits). We also may provide your insurer with details about your treatment to find out if your insurer will cover, or pay for, your treatment. We may also use and release your PHI to get payment from third parties that may be responsible for such costs, such as family members. Also, we may use your PHI to bill you directly for services and items.
3. **HEALTH CARE OPERATIONS:** OCHD may use and release your PHI to operate our business. As examples of ways we may use and disclose your information for our operations, OCHD may use your PHI to evaluate the quality of care received from us, or to conduct cost-management and business planning activities for OCHD. We may also enter your information into computer data banks. This information may be used, for example, for statistical purposes or for the coordination of care. OCHD may release your PHI to other people or entities with which we have an agreement in order to provide services to you. We have a right to change our practices about the health information we keep. If our practices change, the information will be available in a new version of Notice of Privacy Practices that will be available at our service delivery sites upon your request.
4. **RELEASES REQUIRED BY LAW:** OCHD will use and release your PHI when we are authorized or required to do so by federal, state or local law. This includes, but is not limited to, mandatory reporting such as for suspected child abuse and neglect.

#### **D. Use and Release of Your PHI in Certain Special Circumstances**

1. **PUBLIC HEALTH PURPOSES: OCHD, for Public Health Activities, is authorized by law to collect, use and release PHI for the following purposes:**
  - Maintenance of Vital Records, such as births and deaths
  - Mandatory disease reporting
  - Preventing or controlling disease, injury or disability
  - Notification of a person about potential exposure to certain communicable diseases
  - Notification of a person about a potential risk for spreading or contracting certain diseases or conditions
  - Reporting reactions to drugs or problems with specific products or devices
  - Notification of the appropriate government agency and authority about abuse or neglect of an adult patient (including domestic violence); however, we will only release this information if the patient agrees or we are required or authorized by law to release this information
  - Notification of your employer under limited circumstances relating mostly to workplace injury, illness or medical surveillance
2. **HEALTH OVERSIGHT ACTIVITIES:** OCHD may release your PHI to a health oversight agency for activities authorized by law. Oversight activities include, but may not be limited to, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative and criminal procedures or actions; or other activities necessary to monitor government programs, compliance with civil rights laws and the health care system in general.

3. **JUDICIAL AND ADMINISTRATIVE PROCEEDINGS:** OCHD may release your PHI in the course of any court or administrative proceeding in response to an Order of a Court or administrative tribunal, Judicial Subpoena, discovery request or other legally required release.
4. **LAW ENFORCEMENT:** OCHD may, for example, release your PHI if asked to do so by a law enforcement official:
  - Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
  - Concerning a death believed by law enforcement to have resulted from criminal conduct
  - Regarding criminal conduct at our offices
  - In response to a Warrant, Summons, Court Order, Subpoena or similar legal process
  - To assist law enforcement to identify/locate a suspect, material witness, fugitive or missing person
  - In an emergency, to report a crime (including the location or victim(s) of the crime, or description, identity or location of the perpetrator)
5. **SERIOUS THREATS TO HEALTH AND SAFETY:** OCHD may use and release your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these conditions we will only release your PHI to a person or organization able to help prevent the threat.
6. **MILITARY:** OCHD may release your PHI if you are a member of the U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
7. **NATIONAL SECURITY:** OCHD may release your PHI to federal officials for intelligence and national security activities authorized by law. We may also release your PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to carry out investigations.
8. **INMATES:** OCHD may release your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Release of PHI for these purposes would be necessary: a) for the institution to provide health care services to you, b) for the safety and security of the institution, and/or c) to protect your health and safety or the health and safety of other individuals.
9. **WORKERS COMPENSATION:** OCHD may release your PHI for workers' compensation and similar programs.
10. **RESEARCH:** The OCHD may use or release your PHI for research with your approval or when a review board has approved research which poses minimal risk and your privacy is ensured, or when a research project is being prepared. No public release of your name will be made without your consent.
11. **FOR ORGAN, TISSUE, OR BLOOD DONATIONS:** Information may be released to groups engaged in obtaining, banking or transplantation, if necessary to ensure safe donations and transplants.
12. **DECEDENTS:** In the event of your death, your information may be released to funeral directors, coroners and medical examiners to enable them to carry out their lawful duties.

## E. Your Rights Regarding PHI

You have the following rights regarding the PHI that we keep about you:

- 1. CONFIDENTIAL COMMUNICATIONS.** OCHD may contact you by mail, phone, email, or other means as determined necessary. We may, for example, send you or call you with appointment reminders or with information regarding our programs and services. We may leave messages for you on your answering machine or with someone else if you are not available. You have the right to ask that the OCHD contact you about your health and related issues in a certain way or at a certain location. For example, you may ask that we contact you at home, rather than at work. In order to request a type of confidential contact, you must make a written request to the **OCHD program where you are receiving your services. There are appropriate forms available at all locations that OCHD provides services.** You must specify the requested method of contact, or the location where you wish to be contacted. OCHD will fill *reasonable* requests. You do not need to give a reason for your request.
- 2. REQUESTING RESTRICTIONS:** You have the right to request a restriction in our use or release of your PHI for treatment, payment or health care operations. Also, you have the right to request that we restrict our release of your PHI to certain individuals involved in your care or the payment for your care, such as family members and friends, or to disaster relief organizations. **We are not required to agree to your request;** however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use and disclosure of your PHI, you must make your request in writing to the **OCHD program where you are receiving your services. There are appropriate forms available at all locations that OCHD provides services.** Any request must describe clearly and briefly:
  - The information you wish restricted
  - Whether you are requesting to limit the OCHD's use, release or both; and
  - Who is limited from receiving your PHI
- 3. INSPECTION AND COPIES:** You have the right to inspect and get a copy of the PHI created by OCHD that may be used to make decisions about you, including patient medical records and billing records, but not including some psychotherapy notes or other limited information. You must give your request in writing to the **OCHD program where you are receiving your services.** In order to inspect and/or get a copy of your PHI, OCHD may charge a fee for the costs of copying, mailing, labor and supplies needed for your request. OCHD may deny your request to inspect and/or copy in certain limited circumstances; however, you may ask for a review of the denial.
- 4. AMENDMENT:** You may ask to correct your health information if you believe it is incorrect or incomplete, and you may request a correction for as long as the information is kept by or for the OCHD. To request a correction, your request must be in writing and given to the **OCHD program where you are receiving your services.** You must give us a reason that supports your request for correction. OCHD will deny your request if you do not submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to correct information that is in our opinion: a) accurate and complete; b) not part of the PHI kept by or for the OCHD; c) not part of the PHI which you would be allowed inspect and copy; or d) not created by the OCHD, unless the individual or entity that created the information is not available to correct the information.

5. **ACCOUNTING OF DISCLOSURES:** All of our patients have the right to request an “accounting of disclosures”. An “accounting of disclosures” is a list of certain non-routine releases of your PHI that our department has made for reasons other than treatment, payment, health care operations, or for certain other reasons. Use of your PHI, as a part of the routine health care in the OCHD does not have to be documented on this “accounting of disclosures”. For example, the doctor sharing PHI with your nurse, or the billing department using your PHI to file an insurance claim. In order to get an “accounting of disclosures” you must give your request in writing to **the OCHD program where you are receiving your services**. All requests for an “accounting of disclosures” must state a time period, which may not be longer than six (6) years from the date of release and may not include dates before April 14, 2003.
6. **RIGHT TO A PAPER COPY OF THIS NOTICE:** You have the right to receive a paper copy of our Notice of Privacy Practices. You may ask us to give you a copy of this Notice at any time. To obtain a paper copy of this Notice, contact the **OCHD program where you are receiving your services**.
7. **RIGHT TO FILE A COMPLAINT:** If you believe your privacy rights have been violated, you may file a complaint with: the Onondaga County Health Department or with the Secretary of the Department of Health and Human Services. **To file a complaint with OCHD, contact the Privacy Administrator, Onondaga County Health Department Administration, 421 Montgomery St., Syracuse, New York 13202. All complaints must be submitted in writing. You will not be retaliated against for filing a complaint.**
8. **RIGHT TO PROVIDE AUTHORIZATION FOR OTHER USES AND RELEASES:** OCHD will get your written permission for uses and releases that are not identified by this Notice or permitted or required by applicable law. Any permission you provide to us about the use and disclosure of your PHI may be revoked at any time **in writing, except for the information already given out based on the authorization**. Oral revocations for HIV related information will be honored. After you revoke your permission we will no longer use or release your PHI for the reasons described in the authorization.

If you have any questions regarding this Notice or our privacy policies, please contact the Privacy Administrator, Onondaga County Health Department Administration, 421 Montgomery St., Syracuse, New York 13202. (315-435-3252)

**This Notice will be in effect 8/10/05**

Joanne M. Mahoney  
*County Executive*



Cynthia B. Morrow, MD, MPH  
*Commissioner of Health*

[www.ongov.net](http://www.ongov.net)