

COUNTY OF MADISON

Notice of Privacy Practices



Madison County has adopted these policies and procedures for protection of the privacy of the people we serve.

These policies and procedures were approved by the Madison County Board of Supervisors on April 8, 2003. They are effective as of April 14, 2003.

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.

Introduction

We at Madison County respect your privacy. Each Department is deeply committed to using your “protected health information” responsibly. This Notice is being provided to you so that you may better understand our obligations to you and your legal rights when it comes to your protected health information.

Our Obligation to You

We are required by law to maintain the privacy of your protected health information, to notify you of our legal duties and your legal rights, and to abide by the privacy policies described in this Notice.

What is “Protected Health Information”

“Protected health information” means any information that we create or receive that identifies you and relates to your health or payment for services for you. This could include information about your health condition, health care services you have received or will receive in the future, geographic information (such as where you live or work), demographic information (such as your race, gender or ethnicity) or unique numbers that may identify you (such as your social security number).

Our Policy

It is our policy to obtain a general written consent to use and disclose your protected health information for treatment, payment or health care operation purposes. You will be asked to sign a Consent form to permit all such uses and disclosures of your information.

Except as described in the following paragraphs, we will not use or disclose your protected health information without your written authorization.

We will use or disclose your health information for:

Treatment

We will use your protected health information and disclose it to others, *as necessary*, to provide treatment to you. For example:

1. Various members of our staff may see your record in the course of our care for you. This may include nurses, therapists, case workers or administrative personnel.
2. It may be necessary to send blood or tissue samples to a laboratory for analysis to help us evaluate your medical condition.
3. We may provide information to your health plan or another treatment provider in order to arrange for a referral or clinical consultation.
4. We may contact you to remind you of appointments.
5. We may contact you to tell you about treatment or social services that we offer that might be of benefit to you.

Payment

We will use or disclose your protected health information as needed to arrange for payment for services to you. For example, information about your diagnosis and the service we render is included in the bills that we submit to your health insurance plan. Your health plan may require health information in order to confirm that the services rendered are covered by your benefit program and medically necessary. A health care provider that delivers service to you, such as a clinical laboratory, may need information about you in order to arrange for payment of its services.

Health Care Operations

It may also be necessary to use or disclose protected health information for our health care operations or those of another organization that has a relationship with you. For example, your health plan may wish to review your records to be sure that we meet proper standards for care.

Other Disclosures

There are other circumstances in which we may be required by law to disclose protected health information without your permission. This includes disclosures made:

- Unless you object, to a family member or a close personal friend who is involved in your care or payment for that care;
- In emergency situations;
- To comply with state law requiring reports of suspected child abuse or neglect;
- Pursuant to court order;
- To health oversight agencies, government agencies, or public health authorities;
- To law enforcement officials, under certain circumstances;
- To coroners, medical examiners or funeral directors;
- To researchers involved in approved research projects; and
- As otherwise required by law.

Alcohol and Drug Abuse Treatment Programs

We will follow the provisions of 42 CFR Part 2 governing disclosure of protected health information in Alcohol and Drug Abuse Treatment Programs. For individuals receiving such treatment, except as otherwise required by law, the Program will not disclose your protected health information to a third party without your written permission or a court order.

Your Legal Rights

Although your records are the physical property of the County of Madison, the information they contain belongs to you. You have the right to:

- ***Request confidential communications.*** You may request that communications to you, such as appointment

reminders, bills or explanations Of health benefits be made in a confidential manner. We will accommodate any such request.

- ***Request restrictions on use and disclosure of your information.*** You have the right to request restrictions on our use of your protected health information for particular purposes, or our disclosure of that information to certain third parties. We are not obligated to agree to a requested restriction, but we will consider your request.
- ***Revoke a Consent or Authorization.*** You may revoke a written Consent or Authorization for us to use or disclose your protected health information. The revocation will not affect any previous use or disclosure of your information.
- ***Review and copy record.*** You have the right to see records used to make decisions about you. We will, however, delete any protected health information about other persons that may be contained in your record. At your request, we will make a copy of your record for you. However, we will charge a fee for this service.
- ***“Amend” your record.*** If you believe your record contains an error, you may ask us to amend it. If there is a mistake, a note will be entered in the record to correct the error. If not, you will be told and allowed the opportunity to add a short statement to the record explaining why you believe the record is inaccurate. This information will be included as part of the total record.
- ***An accounting.*** You have the right to an accounting of some disclosures of your protected health information to third parties. This does not include disclosures that you authorize, or disclosures that occur in the context of treatment, payment or health care operations. We will provide an accounting of other disclosures made from the date of effect of this policy, up to six years. If requested by law enforcement authorities that are conducting a criminal investigation, we will suspend accounting of disclosures made to them.
- ***A paper copy of this Notice.*** A copy of our current notice will always be posted on our website (madisoncounty.org) and in our reception areas. You also have the right to a paper copy of Madison County’s Notice of Privacy Practices.

Personal Representatives. A personal representative of a patient or client may act on their behalf in exercising their privacy rights. This includes the **parent or legal guardian** of a minor. Disclosure of protected health information to a personal representative may be limited in cases of domestic or child abuse.

How to Exercise Your Legal Rights

Questions about our privacy policies and procedures and requests to exercise individual rights should be directed to the County’s Privacy Officer at (315) 366-2203.

If you believe your privacy rights have been violated, you may file a complaint with the County’s Privacy Officer, or with the Secretary of the U. S. Department of Health and Human Services (“DHHS”). Should you choose to file a complaint with the County’s Privacy Officer, you will be given a complaint form and an overview of the complaint process

If you want to file a complaint with DHHS please call the County Privacy Officer at (315) 366-2203 and we will provide you with the appropriate DHHS contact and address. **You will not be retaliated against, in any manner, for filing a complaint.**

- You also have the right to a paper copy of Madison County’s Notice of Privacy Practices.

Personal Representatives. A personal representative of a patient or client may act on their behalf in exercising their privacy rights. This includes the **parent or legal guardian** of a minor. Disclosure of protected health information to a personal representative may be limited in cases of domestic or child abuse.

How to Exercise Your Legal Rights

Questions about our privacy policies and procedures and requests to exercise individual rights should be directed to the County’s Privacy Officer at (315) 366-2203.

If you believe your privacy rights have been violated, you may file a complaint with the County’s Privacy Officer, or with the Secretary of the U. S. Department of Health and Human Services (“DHHS”). Should you choose to file a complaint with the County’s Privacy Officer, you will be given a complaint form and an overview of the complaint process

If you want to file a complaint with DHHS please call the County Privacy Officer at (315) 366-2203 and we will provide

you with the appropriate DHHS contact and address. **You will not be retaliated against, in any manner, for filing a complaint.**

Madison County reserves the right to change the terms of its Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that it maintains.

Madison County reserves the right to change the terms of its Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that it maintains.

Board of Supervisors
P.O. Box 635
Wampsville, New York 13163
Phone (315) 366-2201
Fax (315) 366-2502