

## **Caldwell County Department of Social Services (DSS)**

### **Notice of Privacy Practices**

THIS NOTICE IS EFFECTIVE 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.

DSS staff must collect information about you to provide you services. DSS knows that the information we collect about you is private.

SOME OF OUR PROGRAMS (WE) ARE REQUIRED BY LAW TO PROTECT MEDICAL INFORMATION ABOUT YOU THAT IDENTIFIES YOU, AS DESCRIBED IN THIS NOTICE.

This may be information about health care services that some of our programs provide to you or payment for health care provided to you. It may also be information about your past, present, or future health care condition. We call this “protected health information” (PHI), health information, or medical information.

We are required by law to provide you with this Notice of Privacy Practices explaining our legal duties and privacy practices with respect to health care information used and disclosed by some of our programs. We are legally bound to follow the terms of this Notice. In other words, some of our programs are only allowed to use and disclose health care information in the manner described in this Notice. Not all situations will be described.

We may change the terms of this Notice in the future. We reserve the right to make changes and to make the new Notice effective for all health care information that we maintain. If we make changes to the Notice, we will:

- **Post the new Notice in our waiting area**
- **Have copies of new Notice available upon request**
- **Post the new Notice on our website.**

This notice tells you how some of our programs may use and disclose medical information about you, your rights with respect to medical information about you, and how and where you may file privacy related complaint.

SOME OF OUR PROGRAMS MAY USE AND DISCLOSE YOUR HEALTH CARE INFORMATION WITHOUT YOUR AUTHORIZATION

This section of our Notice explains in some detail how some of our programs may use and disclose health care information about you in order to provide health care, obtain payment for that health care, and operate our business efficiently.

This section then briefly mentions several other circumstances in which we may use or disclose health care information about you. For more information about any of these uses or disclosures,

or about any of our privacy policies, procedures or practices, you may contact our Privacy Officer at 828-426-8221.

- Some of our programs may use your health information for treatment.
- Some of our programs may use or disclose your health information to provide, coordinate or manage your health care and related services. This may include sharing health information about you to other health care providers to coordinate services. For example, we may use or share your health information to manage and coordinate your In-Home Aide Services.
- Some of our programs may use your health information for payment.
- Some of our programs may use or disclose your health information to get payment, to pay for health care services you receive, or so that your health care providers may get payment for services we coordinated. In some instances, we may disclose medical information about you to an insurance plan before you receive certain services, so we may know if the insurance plan will pay for the services. For example, we may use your health information to bill Medicaid for health care provided to you.
- Some of our programs may use your health information for health care operations.
- Some of our programs may use or disclose health information in order to manage and improve its programs and activities. For example, a supervisor may review your record to evaluate the quality and accuracy of services being provided to you by your social worker.
- Some of our programs may use your health information for appointments and other health information.
- Some of our programs may send you reminders for medical care, check-ups, or reviews of your services. We may send you information about health services that may be of interest to you.
- Some of our programs may use your health information with persons involved in your care.
- Some of our programs may disclose your health care information to a relative, close personal friend or any other person you identify if we know that person is involved in your care and the health information is relevant to your care.

If the client is a minor, we may disclose health care information about the minor to a parent, guardian or other person responsible for the minor, except in limited circumstances. We may also use or disclose your health information to another person involved in your care or a disaster relief organization (such as Red Cross) if we need to notify someone about your location or condition. You may ask us at any time not to disclose health care information about you to persons involved in your care. We will agree to your request and not disclose the health information except in certain limited circumstances.

- Some of our programs may use and/or disclose certain protected health information (PHI) without written authorization in limited circumstances such as:

Those required by law-DSS will use and disclose medical information about you whenever we are required by law to do so. There are many state and federal laws that require us to use and disclose medical information.

National priority uses and disclosures-The federal government has determined there are times it is so important to disclose medical information that it may be disclosed without the individual's permission. Below are some brief descriptions of these activities recognized by law.

We will only disclose medical information about you in the following circumstances when permitted or required by law. For more information on disclosures permitted or required by law and national priority disclosures, contact our Privacy Officer at 828-426-8221.

- Threat to health or safety: DSS may use or disclose medical information about you if we believe it is necessary to prevent or lessen a serious threat to health or safety.
- Public health activities: We may disclose PHI about you for public health activities. For example, activities related to reporting child abuse and neglect.
- Health oversight activities: We may disclose medical information about you to a health oversight agency, which is basically an agency that oversees the health care system for certain government programs.
- Research activities: DSS uses information for studies and to develop reports. These reports do not identify specific people.
- Abuse, neglect, and domestic violence: We may disclose medical information about you to a DSS Adult Protective Services social worker if you are an adult and we reasonably believe that you may be a victim of abuse, neglect or domestic violence.
- Law Enforcement or Court proceedings: DSS may disclose PHI without an authorization to follow other state or federal laws or in response to a court order.
- Government functions and programs: DSS may use or disclose PHI for certain governmental functions or programs when permitted or required by state or federal law.

#### OTHER USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION

Other than the uses and disclosures described above, we will not use or disclose health care information about you without the "authorization" – or signed permission from you or your personal representative. In some instances, we may wish to use or disclose health care information about you and we may contact you to ask you to sign an authorization form so we may coordinate non-health care related services for you. In other instances you may contact us to ask us to disclose health care information and we will ask you to sign an authorization form.

If you sign a written authorization allowing us to disclose health care information about you, you may later revoke (or cancel) your authorization in writing (except in very limited circumstances related to obtaining insurance coverage). If you would like to revoke your authorization, you may write us a letter revoking your authorization. If you revoke your authorization, we will follow your instructions except to the extent that we have already relied upon your authorization and taken some action.

## **YOU HAVE RIGHTS WITH RESPECT TO HEALTH CARE INFORMATION ABOUT YOU COLLECTED AND MAINTAINED BY SOME OF OUR PROGRAMS**

This section of the Notice briefly describes each of these rights. If you would like to know more about your rights, please contact our Privacy Officer at 828-426-8221.

### **1. Right to a copy of this Notice**

You have a right to have a paper copy of our Notice of Privacy Practices at any time. In addition, a copy of this Notice will always be posted in our waiting area. This notice is also posted on our website.

If you would like to have a copy of our Notice, ask the receptionist for a copy or contact our Privacy Officer.

### **2. Right of access to inspect and copy**

You have the right to inspect (which means see or review) and to receive a copy of health care information about you that we maintain in certain groups of records. If you would like to inspect or receive a copy of health care information about you, you must provide us with a request in writing. You may write us a letter requesting access or contact our Privacy Officer. Our agency must act on this request no later than 30 days after receipt of the request. If you would like a copy of the information, we may charge you a fee to cover the costs of copy.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. We will also inform you in writing if you have the right to have our decision reviewed by another person.

### **3. Right to have health care information amended**

You have the right to have us amend (which means correct or add health care information about you that we maintain in certain groups of records). If you believe that we have information that is either inaccurate or incomplete, we may amend the information to indicate the problem and notify others who have copies of the inaccurate or incomplete information. If you would like us to amend information, you must provide us with a request in writing or contact our Privacy Officer. Our agency must act on this request no later than 60 days after receipt of the request.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. You will have the opportunity to send us a statement

explaining why you disagree with our decision to deny your amendment request and we will share your statement whenever we disclose the information in the future.

#### 4. Right to an accounting of disclosures we have made

You have the right to receive an accounting (which means a detailed listing) of disclosures that we have made for the previous six (6) years (beginning April 14, 2003). If you would like to receive an accounting, you may send us a letter requesting an accounting or contact our Privacy Officer. Our agency must act on this request no later than 60 days after receipt of the request. If you request an accounting more than once every twelve (12) months, we may charge you a fee to cover the costs of preparing the accounting.

The accounting will not include several types of disclosures, including disclosures for treatment, payment, or health care operations. It will also not include disclosures made prior to April 14, 2003.

#### 5. Right to request restrictions on uses and disclosures

You have the right to request that we limit the use and disclosures of health care information about you for treatment, payment, and health operations. We are not required to agree to your request.

If we do agree to your request, we must follow your restrictions (except if the information is necessary for emergency treatment). You may cancel the restrictions at any time. In addition, we may cancel a restriction at any time as long as we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation.

#### 6. Right to request an alternative method of contact

You have the right to be contacted at a different location or by a different method. For example, you may prefer to have all written information mailed to your work address rather than your home address.

We will agree to any reasonable request for alternative methods of contact. If you would like to request an alternative method of contact, you must provide us with a request in writing.

### YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES

If you believe that your privacy rights have been violated or if you are dissatisfied with our privacy policies or procedures, you may file a complaint either with us or with the federal government. We will not take any action against you or change our treatment of you in any way if you file a complaint.

To file a written complaint with Caldwell County Department of Social Services, you may bring your complaint to the department or you may mail it to the following address:

Caldwell County DSS

ATTENTION: Privacy Officer

2345 Morganton Blvd., SW Suite A, Lenoir, NC 28645

If you have questions about any of the processes listed above, please contact your caseworker or the Privacy Officer at 828-426-8221.