

# COUNTY OF ONEIDA

## 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.**

### Legal Authority

- Oneida County's healthcare component, which includes the Health Department, the Office for the Aging, the Department of Mental Health, the Department of Social Services, and the Health Insurance Department, uses and discloses your protected health information according to the federal law known as HIPAA (Health Insurance Portability and Accountability Act of 1996). 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 inconsistency between the information in this notice and the regulations.

### Requirement for Written Authorization

- We will generally obtain your written authorization before using your health information or sharing it with others outside the County.
- Exceptions to Requirements – 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 Health Information Without Your Written Authorization

- Treatment* – We may share your health information with doctors or nurses at a County Facility who are involved in taking care of you, and they may in turn use that information to diagnose or treat you. Examples of treatment include the following:
  - Health Department – we may use your health information to perform a physical examination of you or to perform a dressing change during a home nursing visit;
  - Office for the Aging – we may use your health information to perform case management and service coordination and to complete Level of Care evaluations.
  - Mental Health – we may use your health information to refer you to an appropriate mental health professional
  - Department of Social Services – our Adult Protective Services program may use your health information to refer you to a public health nurse or to the New York State Medicaid program.
- Payment* – We may use your health information or share it with others so that we obtain payment for your health care services. For example, we may share information about you with your health insurance company in order to obtain reimbursement after you have been treated.
- Business Operations* – We may use your health information or share it with others in order to conduct our normal business operations. For example, we may use your health information to evaluate the performance of our staff in caring for you or to educate our staff on how to improve the care they provide for you.
- Appointments Reminders, Treatment Alternatives, Benefits, and Services* – We may use your health information when we contact you with a reminder that you have an appointment for treatment or services at a County facility.
- Fundraising* – We may use information about where you live or work, and the dates that you received treatment, in order to contact you to raise money to help us operate.
- Emergencies or Public Need* – We may use or disclose your health information in an emergency or for important public need.
- Disclosure to Friends and Family Involved in Your Care* – If you do not object, we may share your health information with a family member, relative, or close personal friend who is involved in your care or payment for that care.
- Communication Barriers* – We may use or disclose your health information if we are unable to obtain your consent because of substantial communication barriers, and we believe you would want us to treat you if we could communicate with you.
- As Required By Law* – We may use or disclose your health information if we are required to do so. We also will notify you of these uses and disclosures if notice is required by law.
- Public Health Activities* – We may disclose your health information to authorized public health officials (or a foreign government agency collaborating with such officials) so they may carry out their public health activities.
- Victims of Abuse, Neglect or Domestic Violence* – We may release your health information to a public health authority that is authorized to receive reports of abuse, neglect or domestic violence.
- Health Oversight Activities* – We may release your health information to government agencies authorized to conduct audits, investigations, and inspections of our facilities.
- Product Monitoring, Repair and Recall* – We may disclose your health information to a person or company that is required by the Food and Drug Administration.
- Lawsuits and Disputes* – We may disclose your health information if we are ordered to do so by a court that is handling a lawsuit or other dispute.
- Law Enforcement* – We may disclose your health information to law enforcement officials for the following reasons:
  - To comply with court orders or laws;
  - To assist in identifying or locating a suspect, fugitive, witness, or missing person;
  - If you have been the victim of a crime;
  - If your death resulted from criminal conduct;
  - To report a crime that occurred on our property;
  - To report a crime discovered during an offsite medical emergency.
- Preventing a Serious Threat to Health or Safety* – We may use your health information or share it with others when necessary to prevent a serious threat to your health or safety, or the health or safety of another person or the public.
- National Security and Intelligence Activities or Protective Services* – We may disclose your health information to authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President or other important officials.
- Military and Veterans* – If you are in the Armed Forces, we may disclose health information about you to appropriate military command authorities for activities they may deem necessary to carry out their military mission.
- Inmates and Correctional Institutions* – If you are an inmate or you are detained by a law enforcement officer, we may disclose your health information, if necessary, to provide you with health care, or to maintain safety, security and good order at the place where you are confined.
- Workers' Compensation* – We may disclose your health information for workers' compensation or similar programs that provide benefits for work-related injuries.
- Coroners, Medical Examiners and Funeral Directors* – In the unfortunate event of your death, we may disclose your health information to a coroner, medical examiner, or funeral director.
- Organ and Tissue Donation* – In the unfortunate event of your death, we may disclose your health information to organizations that procure or store organs, eyes or other tissues.
- Exception if Information Does Not Identify You* – We may use or disclose your health information if we removed any information that might reveal who you are.
- Research* – In most cases, we will ask for your written authorization before using your health information or sharing it with others in order to conduct research.

How to Access Your Health Information

- You generally have the right to inspect and copy your health information
  - There may be an applicable charge for the cost of copying your health information.
  - Procedure for inspecting and copying health information – Contact the County department that maintains the health information you wish to inspect and copy. If you desire sets of health information from various County departments, contact one of the departments that maintains your health information; that department can then arrange with other departments for you to inspect and copy your health information maintained elsewhere.

How to Correct Your Health Information

- You have the right to request that we amend your health information if you believe it is inaccurate.
  - Procedure for correcting health information – Contact the County department that maintains the health information you wish to correct. You must fill out a form to initiate the correction process. If we feel that your request for correction is appropriate, the correction will be made. However, if we feel that no correction is required under the circumstances, you will be notified of this decision and your request for correction will become part of your health information.

How to Keep Track of the Ways Your Health Information has been Shared with Others

- You have the right to receive a list from us, called an “accounting list,” which provides information about when and how we have disclosed your health information to outside persons or organizations. Many routine disclosures we make will not be included on the list, but the list will identify non-routine disclosures of your information.
  - This “accounting list” includes disclosures of your health information for the previous six years. However, we were not required to maintain an accounting list prior to April 14, 2003, so disclosure prior to that date will not appear in your accounting list.

How to Request Additional Privacy Protections

- You have the right to request further restriction on the way we use your health information or share it with others. We are not required to agree to the restriction you request, but if we do, we will be bound by our agreement.

How to Request More Confidential Communications

- You have the right to request that we contact you in a way that is more confidential for you, such as telephoning you at work instead of at home.

How Someone May Act on Your Behalf

- You have the right to name a personal representative who may act on your behalf to control the privacy of you health information. Parents and guardians will generally have the right to control the privacy of health information about minors unless the minors are permitted by law to act on their own behalf.
  - Please identify your personal representative who may act on your behalf, if you choose or need to have one, as soon as possible.

How to Learn About Special Protections for HIV, Alcohol and Substance Abuse, Mental Health and Genetic Information

- Some parts of this general Notice of Privacy Practices may not apply to these types of information. If your treatment involves this information, you will be provided with separate notices explaining how the information will be protected.

How to Obtain a Copy of This Notice

- You have the right to a paper copy of this notice. You may request a paper copy at any time, even if you have previously agreed to receive this notice electronically.

How to Obtain a Copy of Revised Notices

- We may change our privacy practices from time to time. If we do, we will revise this notice which will be available at <https://ocgov.net/assets/Health/Compliance/Notice-of-Privacy-Practices.pdf> and in our facilities.

How to File a Complaint

- If you believe your privacy rights have been violated, you may file a complaint with:
  - The Secretary of the Department of Health and Human Services, Hubert Humphrey Building, 200 Independence Avenue S.W., Washington, D.C. 20201.
  - Oneida County HIPAA Privacy Officer, 800 Park Avenue, Utica, New York 13501, (315) 798-5910;
  - The Deputy HIPAA Privacy Officer in the County department where you believe your privacy rights have been violated. The Deputy Privacy Officers can be contacted as follows:
    - Health Department –185 Genesee Street 5<sup>th</sup> floor, Utica, New York 13501, (315) 798-6400
    - Office for the Aging/ Office of Continuing Care –120 Airline Street, Suite 201, Oriskany, New York 13424, (315)-798-5456
    - Mental Health –120 Airline Street, Suite 200, Oriskany, NY 13424(315) 768-3660
    - Department of Social Services – 800 Park Avenue, Utica, New York 13501, (315) 798-5742;
    - Health Insurance – Director of Labor Relations, 800 Park Avenue, Utica, New York 13501, (315) 798-5732.

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Oneida County  
PRIVACY ACKNOWLEDGEMENT

I, the undersigned, hereby acknowledge that I have received a copy of Oneida County’s Notice of Privacy Practices.

I acknowledge that this Notice of Privacy Practices provides information about how the Oneida County may use and disclose protected health information about me.

I acknowledge that, as provided in this Notice of Privacy Practices, the terms of this Notice may change. If Oneida County changes its Notice of Privacy Practices, I may obtain a revised copy by calling Oneida County’s Privacy Officer at (315) 798-5910.

\_\_\_\_\_  
Patient/Client Name

\_\_\_\_\_  
Parent/Guardian Signature  
(If necessary)

\_\_\_\_\_  
Date