

# NOTICE OF PRIVACY POLICIES FOR FLOYD COUNTY BOARD OF HEALTH

NWGA SPECIALTY CARE SERVICES, 16 EAST 12<sup>TH</sup> STREET, ROME, GA, 30161 (706) 295-6701

## Notice of Health Information Practices

THIS NOTICE OF HEALTH INFORMATION PRACTICES DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY.**

### Introduction

It is important to us that you understand what information we collect about you and how it is used. We want you to know that we limit the collection and disclosure of information to only that which we believe is necessary to serve you and administer our business. This Notice is effective April 14, 2003, and applies to all protected health information as defined by federal regulations.

### Understanding Your Health Record/Information

Each time you visit the health department a record of your visit is made. This record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as:

1. A basis for planning your care and treatment.
2. A means of communication among the many health professionals who contribute to your care.
3. A legal document describing the care you received.
4. A way that you or a third-party payer can verify that services billed were actually provided.
5. A tool in educating health professionals.
6. A source of data for medical research.
7. A source of information for public health officials charged with improving the health of this state and the nation.
8. A source of data for our planning and marketing.
9. A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.
10. A source of supporting data, which allows us to receive state and federal funding to provide public health services.

Understanding what is in your record and how your health information is used helps you to ensure its accuracy. You can better understand who, what, when, where, and why others may access your health information. It allows you to make more informed decisions when authorizing disclosure to others.

### Your Health Information Rights

Although your health record is the property of the health department, the information belongs to you. You have the following rights:

1. To receive a paper copy of this notice of information practices upon request.
2. To inspect and/or receive a copy of your health record.
3. To amend your health record
4. To receive an accounting of disclosures of your health information.
5. To request communications of your health information by other means or at other locations.
6. To request a restriction on certain uses and disclosures of your information.
7. To revoke your authorization to use or disclose your health information except to the extent that action has already been taken.

### Our Responsibilities

The Specialty Care Services Office is required to:

1. Maintain the privacy of your health information.
2. Provide you with this notice of our legal duties and privacy practices regarding information we collect and maintain about you.
3. Abide by the terms of this notice.
4. Notify you if we are not able to agree to a requested restriction.
5. Agree to reasonable requests from you to deliver health information in other ways or at other locations.

We reserve the right to change our practices and to make those changes effective for all protected health information we maintain. Should our information practices change, we will post the revised notice in our facility and provide you with a copy on request.

We will not use or disclose your health information without your permission except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

Dist. 1-1, Rev. 10-13

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I have received the Notice of Health Information Practices from Floyd County Board of Health

I prefer to limit the disclosure of my health information and desire to speak with the Floyd County Board of Health Privacy Officer.

Client's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If signed by someone other than the patient, please state relationship to patient. \_\_\_\_\_

## For More Information or to Report a Problem

If you are comfortable with the content of this policy and will allow us to exchange information about you as outlined, then you need only to sign the acknowledgement attached. If you prefer to limit disclosure of information about you, please note that on the acknowledgement form and contact the Floyd County Board of Health Privacy Officer for further information.

If you believe your privacy rights have been violated, you can file a complaint with the health department's Privacy Officer, or with the Office for Civil Rights U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address for the OCR is listed below:

*Office for Civil Rights*  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, D.C. 20201

## Examples of Disclosures for Treatment, Payment and Health Operations

*We will use your health information for treatment.*

**For example:** Information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment. If you receive additional treatment from another physician, hospital, or laboratory we may share information with that provider about services you received in this facility.

*We will use your health information for payment.*

**For example:** A bill may be sent to you, a health insurance company, Medicaid or Medicare. The information on or with the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. We may contact or share information with other providers for payment services.

*We will use your health information for regular health operations.*

**For example:** Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

**Business associates:** There are some services provided in our organization through contacts with business associates. Examples are the providers of our computer software where electronic records are kept. To protect your health information, however, we require the business associate to appropriately safeguard your information.

**Communication with family:** Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

**Research:** We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

**Funeral directors:** We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

**Organ procurement organizations:** Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

**Planning/Marketing:** We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that that you may be eligible for.

**Food and Drug Administration (FDA):** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

**Workers compensation:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

**Public health:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability. We may also disclose your health information to support funding from state and federal grants for the various public health services we provide and the administration of public health services.

**Law enforcement:** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

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I \_\_\_\_\_ gave the Notice of Health Information Practices to  
(Employee Name)  
\_\_\_\_\_ on \_\_\_\_\_ and he/she refused to sign the acknowledgement of receipt.  
(Client Name)(Date)