



**Craven County Health Department  
NOTICE OF PRIVACY PRACTICES  
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 CAREFULLY.**

Craven County Health Department is committed to protecting the privacy of your health information. In keeping with this commitment, this Notice describes the privacy practices of the Health Department, its health care professionals and other persons authorized to enter health information about you into your medical record.

We are required by law to:

- ◆ Protect the privacy of medical information about you and that identifies you. This medical information may be information about health care we provide to you or payment for health care provided to you. It may also be information about your past, present, or future medical conditions.
- ◆ Provide you with the Notice of Privacy Practices explaining our legal duties and privacy practices with respect to medical information. We are legally required to follow the terms of this Notice. In other words, we are only allowed to use and disclose medical information in the manner that we have described in this notice.

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 and/or retroactive for all medical information that we maintain. If we make changes to the Notice, we will:

- ◆ Post the Notice in our waiting area.
- ◆ Have copies of the Notice available upon request from the Craven County Health Department Privacy Officer as indicated at the end of this document:

If, at any time, you have questions about information in this Notice or about our privacy policies, procedures, or practices, you can contact the Craven County Health Department Privacy Officer as indicated at the end of this document.

**WHAT IS A MEDICAL RECORD?  
WHAT INFORMATION IS IN THE MEDICAL RECORD?**

Each time you receive a service from or speak to a representative of Craven County Health Department, a record of that contact may be maintained. The information is collected and maintained in what is referred to as your Medical Record. Your Medical Record contains information about your physical and mental health history (as appropriate) current symptoms, assessments, test results (if appropriate), diagnosis, treatment, medications, legal history (as appropriate), demographic information, financial information, family history (as appropriate), your progress, and a plan for your current and future treatment. The information contained in your Medical Record serves the following purposes:

- ◆ It is the basis for the planning of your care and treatment.
- ◆ It is a way for the various health care professionals involved in your care to communicate.
- ◆ It is a legal document describing the care you have received.
- ◆ It is a means by which you or an insurance payer can verify you received the services billed.
- ◆ It is a tool for health education.
- ◆ It is a tool to assess the appropriateness and quality of care you receive.
- ◆ It is a tool to improve the quality of health care and achieve better health care client outcomes.

Understanding what information is contained in your Medical Record and how it is used helps you to:

- ◆ Ensure the accuracy and completeness of the information.
- ◆ Understand who, what, where, why and how others may have access to your health care information.
- ◆ Make informed decisions about authorizing (or giving permission) disclosure of your information to others; and
- ◆ Better understand your health information rights detailed below.

**WE MAY USE AND DISCLOSE MEDICAL INFORMATION  
ABOUT YOU IN SEVERAL CIRCUMSTANCES**

We use and disclose medical information about clients every day. This section of our Notice explains in some detail how we may use and disclose medical information about you 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 medical information about you. For more information about any of these uses or disclosures, or about any of our privacy policies, procedures, or practices, contact the Craven County Health Department Privacy Officer as indicated at the end of this document.

**1. TREATMENT.** We may use and disclose medical information about you to provide health care treatment to you. In other words, we may use and disclose medical information about you to provide, coordinate, or manage your health care and related services. This may include communicating with other health care providers regarding your treatment and coordinating and managing your health care.

**2. PAYMENT.** We may use and disclose medical information about you to obtain payment for health care services you received. This means we may use medical information about you to arrange for payment (such as preparing bills and managing accounts). We may also disclose medical information about you to others (such as insurers, collection agencies, and consumer reporting agencies). In some instances, we may disclose medical information about you to any insurance plan before you receive certain health care services because, for example, we may want to know whether the insurance plan will pay for a particular service.

**3. HEALTH CARE OPERATIONS.** We may use and disclose medical information about you in performing a variety of business activities that we call "health care operations". These health care operations activities allow us, for example, to improve the quality of care we provide and reduce health care costs. For example, we may use or disclose medical information about you in performing the following activities:

- ◆ Reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you.
- ◆ Providing training programs for students, trainees, health care providers, or non-healthcare professionals to help them practice or improve their skills.
- ◆ Cooperating with outside organizations that evaluate, certify, or license health care providers, staff or facilities in a particular field or specialty.
- ◆ Reviewing and improving the quality, efficiency, and cost of care we provide to you and our other clients.
- ◆ Improving health care and lowering costs for groups of people who have similar health problems and helping manage and coordinate the care for these groups of people.
- ◆ Cooperating with outside organizations that assess the quality-of-care others and we provide, including government agencies and private organizations.
- ◆ Planning for our organization's future operations.
- ◆ Resolving complaints, grievances, and appeals within our organization and/or contract agencies.
- ◆ Reviewing our activities and using or disclosing medical information in the event control of our organization significantly changes.
- ◆ Working with others (such as lawyers, accountants, and other providers) who assist us to comply with this Notice and other applicable laws.

**4. APPOINTMENT REMINDERS/TREATMENT ALTERNATIVES.** We may use and/or disclose medical information about you to send you reminders about an appointment. We may use and/or disclose information about you in order to inform you of or recommend new treatment or different methods for treating a medical condition you have or to inform you of other health related benefits and services that may be of interest to you.

**5. PERSONS INVOLVED IN YOUR CARE.** We may disclose medical information about you to a relative, close personal friend, or any other person you identify if that person is involved in your care and the information is relevant to your care. If the client is a minor, we may disclose medical information about the minor to a parent, guardian, or other person responsible for the minor except in limited circumstances. For more information on the privacy of minors' information, contact the Craven County Health Department Privacy Officer as indicated at the end of this document.

We may also use or disclose medical information about you to a relative, another person involved in your care, or possible disaster relief organization (such as the Red Cross) if we need to notify someone about your location or condition.

You may ask us at any time not to disclose medical information about you to persons involved in your care. We will agree to your request and not disclose the information except in certain circumstances (such as emergencies) or if the client is a minor, we may or may not be able to agree to your request.

**6. BUSINESS ASSOCIATES.** There are some services provided by us through agreements with business associates. To protect your health information, however, we require business associates to sign specialized agreements designed to safeguard your information in their hands. Furthermore, disclosures to business associates may be limited by North Carolina laws governing pharmacy, mental health or nursing facility records, or records related to communicable diseases or minors.

**7. REQUIRED BY LAW.** We 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. For example, state law requires us to report gunshot wounds and other injuries to the police and to report known or suspected child abuse or neglect to the Department of Social Services. We will comply with those state laws and with all other applicable laws.

**8. NATIONAL PRIORITY USES AND DISCLOSURES.** When permitted by law, we may use or disclose medical information about you **without your permission** for various activities that are recognized as "national priorities". In other words, the government has determined under certain circumstances (described below), it is so important to disclose medical information it is acceptable to disclose medical information without the individual's permission. We will only disclose medical information about you in the following circumstances when we are permitted to do so by law. Below are brief descriptions of the "national priority" activities recognized by law. For more information on these types of disclosures, contact the Craven County Health Department Privacy Officer as indicated at the end of this document.

**THREAT TO HEALTH OR SAFETY.** We 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 use or disclose medical information about you for public health activities. Public health activities require the use of medical information for various activities, including but not limited to, activities related to investigating diseases, reporting child abuse and neglect, monitoring drugs or devices regulated by the Food and Drug Administration, and monitoring work-related illnesses or injuries. For example, if you have been exposed to a communicable disease (such as a sexually transmitted disease), we may report it to the State and take other actions to prevent the spread of the disease.

**ABUSE, NEGLECT, OR DOMESTIC VIOLENCE.** We may disclose medical information about you to a government authority (such as the Department of Social Services) if you are an adult and we reasonably believe you may be a victim of abuse, neglect, or domestic violence.

**HEALTH OVERSIGHT ACTIVITIES.** We may disclose medical information about you to a health oversight agency-which is basically an agency responsible for overseeing the health care system or certain government programs. For example, a government agency may request information from us while they are investigating possible insurance fraud.

**COURT PROCEEDINGS.** We may disclose medical information about you to a court or any officer of the court (such as an attorney). For example, we would disclose medical information about you to a court if a judge ordered us to do so.

**LAW ENFORCEMENT.** We may disclose medical information about you to law enforcement officials for specific law enforcement purposes. For example, we may disclose limited medical information about you to a police officer if the officer needs the information to help find or identify a missing person.

**CORONERS AND OTHERS.** We may disclose medical information about you to a coroner, medical examiner, or funeral director, or to organizations that help with organ, eye, and tissue transplants.

**WORKERS' COMPENSATION.** We may use or disclose medical information about you to research organizations if the organization has satisfied certain conditions about protecting the privacy of medical information.

**RESEARCH.** We may disclose health information about you to research organizations if the organization has satisfied certain conditions, set forth in federal and state law, about protecting the privacy of health information in the research context.

**CERTAIN GOVERNMENT FUNCTIONS.** We may use or disclose medical information about you for certain governmental functions, including but not limited to military and veterans' activities and national security and intelligence activities. We may also use or disclose medical information about you to a correctional institution in some circumstances.

**INMATES.** If you are an inmate of a correctional institution, or under the custody of a law enforcement official, we may release health information about you to the correctional institution or the law enforcement official in certain circumstances. These uses or disclosures may be limited by certain North Carolina laws governing pharmacy, mental health or nursing facility records, or records related to minors or communicable disease.

**AUTHORIZATION.** Other than the uses and disclosures described above (#1-8), we will not use or disclose medical information about you without the "authorization" or signed permission by you or your personal representative. In some instances, we may wish to use or disclose medical information about you and we may contact you to ask you to sign an authorization form. In other instances, you may contact us to ask us to disclose medical information and we will ask you to sign an authorization form.

If you sign a written authorization allowing us to disclose medical 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 or fill out an Authorization Revocation Form. Authorization Revocation Forms are available from the Craven County Health Department Privacy Officer as indicated at the end of this document. If you revoke your authorization, we will follow your instructions except to the extent we have already relied upon your authorization and taken some action.

#### YOU HAVE RIGHTS WITH RESPECT TO MEDICAL INFORMATION ABOUT YOU

You have several rights with respect to medical information about you. This section of the Notice will briefly mention each of these rights. If you would like to know more about your rights, please contact the Craven County Health Department Privacy Officer as indicated at the end of this document.

**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. If you would like to have a copy of our Notice, ask the receptionist for a copy, or contact the Craven County Health Department Privacy Officer as indicated at the end of this document.

**RIGHT OF ACCESS TO INSPECT AND COPY.** You have the right to inspect (which means see or review) and receive a copy of medical information about you we maintain in certain groups of records. If you would like to inspect or receive a copy of medical information about you, you must provide us with a request in writing. You may write us a letter requesting access or fill out an Access Request Form. Access Request Forms are available from the Craven County Health Department Privacy Officer as indicated at the end of this document.

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. If you would like a copy of the information, we will charge you a fee to cover the costs of the copy in accordance to the County fee schedule. We may be able to provide you with a summary or explanation of the information. Contact the Craven County Health Department Privacy Officer as indicated at the end of this document for more information on these services and any possible additional fees.

**RIGHT TO HAVE MEDICAL INFORMATION AMENDED.** You have the right to have us amend (which means correct or supplement) medical information about you we maintain in certain groups of records. If you believe 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.

You may write us a letter requesting an amendment or fill out an Amendment Request Form. Amendment Request Forms are available through the Craven County Health Department Privacy Officer as indicated at the end of this document. 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.

**RIGHT TO AN ACCOUNTING OF DISCLOSURES WE HAVE MADE.** You have the right to receive an accounting (which means a detailed listing) of disclosures we have made for the previous six (6) years. If you would like to receive an accounting, you may send us a letter

requesting an accounting, fill out an Accounting Request Form, or contact the Craven County Health Department Privacy Officer as indicated at the end of this document. Accounting Request Forms are available through the Craven County Health Department Privacy Officer as indicated at the end of this document.

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

If you request an accounting more than once every twelve months, we may charge you a fee in accordance to the Craven County Health Department fee schedule to cover the costs of preparing the accounting.

**RIGHT TO REQUEST RESTRICTIONS ON USES AND DISCLOSURES.** You have the right to request that we limit the use and disclosure of medical information about you for treatment, payment, and health care 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.

**RIGHT TO REQUEST AN ALTERNATIVE METHOD OF CONTACT.** You have the right to request 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 to 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 the Craven County Health Department Privacy Officer as indicated at the end of this document with a request in writing. You may write a letter or fill out an Alternative Contact Request Form. Alternative Contact Request Forms are available from the Craven County Health Department Privacy Officer as indicated at the end of this document.

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

**If you believe 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 the Craven County Health Department, you may bring your complaint to the Craven County Health Department Compliance Officer as indicated below, or you may mail it to the following address:**

Craven County Health Department  
ATTN: Amber Tabarrini, Compliance Officer  
P.O. Drawer 12610  
New Bern, North Carolina 28561  
(252) 636-4920 ext. 2128

**To file a complaint with the federal government, you may send your complaint to the following address:**

Region IV, Office of Civil Rights  
US Department of Health and Human Services  
Sam Nunn Atlanta Federal Center  
61 Forsyth St., S.W., Suite 5M60  
Atlanta, GA 30303-8909

#### CRAVEN COUNTY HEALTH DEPARTMENT PRIVACY OFFICER

Craven County Health Department  
ATTN: Kim Edwards, Privacy Officer  
P.O. Drawer 12610  
New Bern, North Carolina 28561  
(252) 636-4920 ext. 2006

**Web site.** A copy of this notice of privacy practices is posted on the Craven County Health Department web site:

[www.cravencountync.gov](http://www.cravencountync.gov)