

Cayuga County Department of Health and Human Services (Human Services Division-CCHHS)
Notice of Privacy Practices **Effective Date: April 14, 2003**

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

CCHHC is required by law to maintain the privacy of your health information and to post this Notice of legal duties and privacy practices with respect to health information about you. This Notice may be revised at any time. Any revisions will be effective for past, present or future health information we have about you. CCHHC is required to follow the terms of the most current Notice and will post it in all sites where services are delivered. You will be able to request a copy at these sites.

ALL EMPLOYED AND CONTRACTED STAFF AND BUSINESS ASSOCIATES WILL FOLLOW THIS NOTICE

Uses and Disclosures of Health Information:

For Service- For example: referrals to or coordination with other programs. For employment opportunities and/or counseling services. To persons that are involved in your care or services such as a friend or family member.

For Payment- For example: To determine eligibility for Medicaid, Family Health Plus, and/or payment for other health services.

For Health Care Operations-For example: To run the Department, and to assess the services provided for you and others, and to evaluate the performance of staff that service you.

Special Situations – Protected Health Information may be released without your consent or authorization:

As Required by Law and to avert serious threat to health and safety: In response to a court order, to identify or locate a suspect, fugitive, material witness, or missing person. In emergency circumstances, to report details of a crime, suspected crime, or about the victim of a crime if under certain limited circumstances, we are unable to obtain the person's agreement; National Security, intelligence activities, and protective services of the President.

Public Health Risks - To prevent or control disease, injury or disability; To report births and deaths; to report child abuse or neglect or domestic violence when required or authorized by law; to report reactions to medications or problems with products; to notify people of recalls of products they may be using; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and in the event of a disaster

Health Oversight Activities – including audits, investigations, inspections, and licensure activities as required by State or Federal Mandate.

Coroners, Health Examiners and Funeral Directors – For identification purposes, and to determine cause of death or as necessary to carry out their duties.

Organ and Tissue Donation - If a donor, to an organization that handles organ procurement.

Research – If reviewed by an Independent Review Board

Military and Veterans - As required by military command authorities.

Workers compensation- as required to comply with laws relating to workers compensation.

(Exceptions to release without consent - We will follow the provisions of 42 CFR Part 2, which severely restricts the release of protected health information if the records are from substance abuse treatment. There are also special rules about releasing HIV/AIDS/STD services. The Department must make special efforts to protect the names of people who receive these services).

Other Uses of Health Information not covered by this Notice or applicable law will be made only with your written permission. Permission may be revoked by you in writing, at any time. Please understand that we are unable to take back any disclosures we have already made with your permission.

You have the right to:

- **Request a restriction** on the health information we use or disclose about you. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. A request for restrictions must be made in writing to the Director and must specify the information to be restricted, if restriction is for use and/or disclosure, and who the restriction applies to.
- **Request Confidential Communications**-You have the right to request that we communicate with you about health matters in a certain way or at a certain location. Written request must be submitted to the Departmental Privacy Designee. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **Inspect and copy** health information (usually health and billing records) that may be used to make decisions about your care. Request must be in writing to the attention of the Departmental Privacy Designee. A fee of 75 cents per page may be charged for the cost of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain limited circumstances. A denial will be issued in writing with instructions on how to request a review of the denial.
- **Request an amendment** if you feel that health information we have about you is incorrect or incomplete. You have the right to request an amendment for as long as the information is kept by or for the Agency. The written request must be submitted to Departmental Privacy Designee with a reason that supports your request. Your request for an amendment may be denied. You will receive the denial in writing with an explanation and instructions on how to appeal the denial decision.
- **Receive an accounting of disclosures** for reasons other than treatment, payment or health care operations. Requests must be in writing to the Departmental Privacy Designee and state a time period which may not be longer than six years or include dates prior to April 14, 2003. The list will be a paper copy and the first list you request within a 12 month period will be free. Additional lists may incur a cost. You will be notified of the amount involved to give you the opportunity to withdraw or modify your request before any costs are incurred.
- **Receive a paper copy of this notice upon request** and a new copy whenever it is updated upon request.

Complaints:

If you believe that your privacy rights have been violated, you have the right to complain without fear of reprisal or retaliation. Complaints can be made to the Complaints Officer/designee. Written complaints can also be made directly to the Office of Civil Rights. The Complaints Officer/designee will provide you with the appropriate address for you to submit a written complaint, upon request.

Complaint Officers – phone # (315)253-2746

**Address: 146 North Street, Auburn N.Y. 13021
Attn:**