



COUNTY OF SULLIVAN
SULLIVAN COUNTY GOVERNMENT CENTER
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NOTICE OF PRIVACY PRACTICES

[Your Rights](#), [Your Choices](#), [Our Responsibilities](#).

This Notice of Privacy Practices describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities.

You have the **right** to:

- **Get an electronic or paper copy of your medical record.** You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information, usually within 10 days of your request. We may charge a reasonable, cost-based fee.
- **Ask us to correct your medical record.** You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days.
- **Request confidential communications.** You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.
- **Ask us to limit what we use or share.** You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.
- **Get a list of those with whom we’ve shared information.** You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- **Get a copy of this privacy notice.** You can ask for a paper copy of this notice at any time, even if

you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

- **Choose someone to act for you.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
- **File a complaint if you feel your rights are violated.** You can complain if you feel we have violated your rights by contacting the Sullivan County Privacy Officer at Sullivanprivacyofficer@co.sullivan.ny.us or 845-807-0450. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints. **We will not retaliate against you for filing a complaint.**

Your Choices

For certain health information, you can tell us your **choices** about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the **right** and **choice** to tell us to:

- **Share information with your family, close friends, or others involved in your care**
- **Share information in a disaster relief situation**

If you are not able to tell us your preference (for example, if you are unconscious), we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- **Marketing purposes**
- **Sale of your information**
- **Mental health, alcohol and drug, AIDS/HIV and genetic testing information, as well as most sharing of psychotherapy notes (unless legally required)**

For fundraising purposes, we may disclose information to a charitable program that assists us in fundraising with your permission. You have the right to refuse or opt out if you previously agreed to communications regarding fundraising.

You have the right to limit disclosures to insurers if you have paid for the service completely out of pocket.

Our Responsibilities

- We are **required by law** to maintain the privacy and security of your protected health information.

- We will **let you know promptly** if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and **give you** a copy of it.
- We **will not use or share your information** other than as described here without your written permission. You may revoke this permission by written request at any time.

For more info, see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Our Uses and Disclosures

We typically **use** or **share** your health information in the following ways:

- **We can use your health information and share it with other professionals who are treating you.**
Example: A doctor treating you for an injury asks another doctor about your overall health condition.
- **We can use and share your health information to run our practice, improve your care, and contact you when necessary.** Example: We use health information about you to manage your treatment and services.
- **We can use and share your health information to bill and get payment from health plans or other entities.** Example: We give information about you to your health insurance plan so it will pay for your services.

Appointment Reminders: We may **use and disclose medical information** to contact you as a reminder that you have an appointment with us or to notify you about information regarding treatment alternatives or health related benefits that may interest you.

We are **allowed or required to share** your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your info for these purposes. For more info, see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

We can share health information about you for certain situations such as:

- **Preventing disease.**
- **Helping with product recalls.**
- **Reporting adverse reactions to medications.**
- **Reporting suspected abuse, neglect, or domestic violence.**
- **Preventing or reducing a serious threat to anyone's health or safety.**
- **We can use or share your information for health research.**
- **We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.**
- **We can share health information about you with organ procurement organizations.**
- **We can share health information with a coroner, medical examiner, or funeral director when an individual dies.**

- **For workers' compensation claims.**
- **For law enforcement purposes or with a law enforcement official.**
- **With health oversight agencies for activities authorized by law.**
- **For special government functions such as military, national security, and presidential protective services.**
- **We can share health info about you in response to a court or administrative order, or in response to a subpoena.**

If you request to inspect, to receive a copy of, or to receive a summary of your medical record, we will respond within 10 days of receiving your request. We may need to deny you access to certain information. If we do, we will give you the reason in writing and will explain how you may appeal the decision. If your request is approved, we may charge a fee for the costs of copying, mailing or supplies associated with your request.

Although under some laws we are allowed to **share** your information as discussed above without your consent, we will follow the strictest Federal or State laws when disclosing your information. Unless legally required to do so, we **will not release** sensitive information such as mental health, alcohol and drug, HIV/AIDS and genetic testing without your written authorization. For other sensitive information such as pregnancy, abortion and sexually transmitted infections, we will follow applicable laws on disclosing your information. Please talk to us about how we **share** your information.

Important Information About This Notice

Effective Date: December 21, 2018. We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

This Notice of Privacy Practices applies to the following County Departments and programs: Family Services (Medicaid, Personal Care), Community Services, Public Health Services (LTHHC, CHHA, Early Intervention, Preschool Supported Health Services), Adult Care Center and Adult Day Care, Office for the Aging (Case Management), Risk Management & Insurance (self-insured plans).

Have Questions? Need to File a Complaint?

If you have questions or to file a complaint, contact the Sullivan County HIPAA Privacy Officer at Sullivanprivacyofficer@co.sullivan.ny.us or 845-807-0450. If unavailable, please contact the Sullivan County HIPAA Security Officer at Sullivansecurityofficer@co.sullivan.ny.us or 845-807-0110.

Or you may file a complaint at the Office for Civil Rights, DHHS 200 Independence Avenue, S.W., Washington, D.C. 20201. Phone: 1-877-696-6775. Email: OCRComplaint@hhs.gov. Online Complaint Portal: www.hhs.gov/ocr/privacy/hipaa/complaints/