



SULLIVAN COUNTY DEPARTMENT OF FAMILY SERVICES
16 COMMUNITY LANE
P.O. BOX 231
LIBERTY, NEW YORK 12754
845-292-0100

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.

Sullivan County through its Health Care Component Departments (The Agency) is required by state and federal law to maintain the privacy of your medical (health) information called Protected Health Information (PHI). Sullivan County is committed to the protection of your PHI and will make reasonable efforts to ensure the confidentiality of your PHI as required by state and federal statute and regulation. We will let you know if a breach occurs that may have compromised the privacy and security of your information. This notice of legal duties and privacy practices with respect to medical (health) information must be given to you. The Agency has the right to change the terms of this notice. Revisions will effect past, present or future medical (health) information that the Agency maintains. A revised notice can be requested, by telephone or in writing, from the Agency. The Agency is required to follow the terms of the most current notice. The notice will be posted at sites where physical services are delivered.

ALL EMPLOYED AND CONTRACT STAFF WILL FOLLOW THIS NOTICE

The Agency is permitted to use and disclose your medical (health) information for treatment, payment or health care operations. The following categories explain the types of uses and disclosures of PHI that Sullivan County may make. **This means:**

For Treatment: The Agency may contact your doctor and/or their staff, make referrals to other health care providers, coordinate with others that may be involved in your case such as, therapist, friend or family member, pharmacy, hospitals, foster care institutions, Public Health Nursing, WIC, Office of the Aging.

For Payment: The Agency will contact your insurance company (Medicaid). Copies of documentation related to treatment and services you received may be required and will be sent.

For Health Care Operations: The Agency may review the care that has been and/or is being provided to you by an employee or contact staff. This allows us to evaluate the care you receive and the staff that provided the care.

Appointment Reminders and health related benefits and services: The Agency may contact you for appointment reminders for services or to give information regarding treatment alternatives or health related benefits that may interest you.

Information Breach Notification: Sullivan County is required to provide patient notification if it discovers a breach of unsecured PHI unless there is a demonstration, based on a risk assessment, that there is a low probability that the PHI has been compromised. You will be notified without reasonable delay and no later than

60 days after discovery of the breach. Such notification will include information about what happened and what can be done to mitigate any harm.

Your Rights regarding PHI:

- **Request a restriction** – You have the right to request that we limit how we use and disclose your PHI. The Agency will consider your request but we are not required to agree to your request. If the Agency agrees, your request will be honored unless the information is needed to provide emergency treatment for you. A request for restriction must be made in writing to the Agency Department Head and must specify the information to be restricted, and whom the restriction applies to.
- **Request Confidential Communication** about your medical (health) matters to be handled in a certain way or to a certain location. This must be a written request, must be submitted to the Agency Department head and must specify how and where you wish to be contacted. You will not have to discuss the reason for your request. Reasonable requests will be accommodated.
- **Insert and Copy** medical (health) information (usually medical billing records) that may be used to make decisions about your care. For PHI for which you have a right of access, you have the right to access and receive your PHI in an electronic format if it is readily producible in such a format. Request must be in writing to the attention of the Agency Privacy Designee. A fee of 75cents per page may be charged for the cost of copying, mailing or other supplies associated with your request. The request to inspect and copy may be denied 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 medical (health) information is incorrect or incomplete. This right continues as long as the information is kept by or for the Agency. The written request must be submitted to Department Privacy Designee with a reason that supports the request. The request for an amendment may be denied. Denial of the request will be made in writing, with an explanation and instructions on how to appeal the decision.
- **Receive an accounting of disclosures.** You have a right to receive a list of certain instances in which the Agency disclosed your PHI. This list will not include certain disclosures such as (but not limited to) those made on your written authorization or those made prior to the date the Agency was required to comply. If you request an accounting of disclosures of PHI that were made for purposes other than treatment, payment or health care operation, the list will include disclosures made in the past six (six) years, unless you request a shorter period of disclosure. If you request an accounting of disclosures of PHI that were made for the purpose of treatment, payment or healthcare operations, the list will include only those disclosures made in the past (3) three years for which an accounting is required by law, unless you request a shorter period of disclosures. The request must be in writing to the Department Privacy Designee. If you request paper copies, the accounting will be a paper copy. One listing within a 12-month period is free. Additional lists may incur 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. This notice will also be posted on the County website.**
- **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 decisions about your health information, The Agency will make sure that person has the authority and can act for you before we take any action.
- **You can complain if you feel we have violated your rights by contacting us using the information below in the Complaint section.**

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than 60 days after discovery of the breach. Such notification will include information about what happened and what can be done to mitigate any harm.

Complaints:

To exercise any of these rights, you must send a written request to HIPAA Privacy Official at the address below.

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 Sullivan County Privacy Official. Complaints can be made by telephone or in writing. Written complaints can also be made directly to the Department of Health and Human Services Secretary. The Sullivan County Privacy Official will provide you with the appropriate address upon request. We will not retaliate you for filing a complaint.

Sullivan County Privacy Official-

**Address: Sullivan County Government Center
100 North Street
Monticello, New York 12701**

Changes to Notice of Privacy Practices: Sullivan County reserves the right to make changes to this notice and to the Privacy policies. Changes will apply to any PHI we collect and maintain about you. When changes are made, we will promptly update this notice and post the information on the website.

We will not share your information other than as described in this notice unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Effective Date: April 14, 2003
Revised: September 2013