



**Public Health**  
Prevent. Promote. Protect.  
Schuyler County, NY

# Schuyler County Public Health

106 South Perry Street Watkins Glen, NY 14891  
Phone: 607-535-8140 Fax: 607-535-8157  
www.schuylercounty.us/publichealth  
scph@co.schuyler.ny.us

Deborah A. Minor, RN, MPH - Public Health Director



Updated 10/09/2019

## Notice of Right to Privacy

### *Your Information. Your Rights. Our Responsibilities*

**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.**

Schuyler County Public Health is required by law to maintain the privacy of your medical information and to give you this notice of legal duties and privacy practices with respect to medical information about you. This notice may be revised at any time. Any revisions will be effective for past, present or future medical information we have about you. We are required to follow the terms of the most current notice and will post it in all sites where physical services are delivered. Schuyler County's website will also include the most updated notice. You will be able to request a copy. In addition, each time you begin services or are admitted to our Agency, you will receive a copy of the notice. 164.520 (b) (1) (v) (A-C)

The Health Insurance Portability and Accountability Act (HIPAA) Privacy rule **DOES NOT CHANGE** the way you get services, or the privacy rights you have always had under federal and state laws. The Privacy rule adds some details about how you can exercise your rights.

**ALL EMPLOYED, CONTRACT STAFF AND VOLUNTEERS WILL FOLLOW THIS NOTICE**

### What Information is Protected:

All information that we create or keep that relates to your health or care and treatment, including but not limited to your name, address, birth date, social security number, your medical information, your service or treatment plan, and other information (including photographs or other images) about your care in our programs, is considered protected information. In this Notice, we refer to protected information as protected health information or "PHI". We create and collect information about you and we keep a record of the care and services you receive through this agency. The information about you is kept in a record; it may be in the form of paper documents in a chart or on a computer. We refer to the information that we create, collect, and keep as a "record" in this Notice.

### *Your Rights.*

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

- **Inspect and copy** medical information (usually medical and billing records) that may be used to make decisions about your care. Request must be in writing to the attention of the Privacy Official. 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. You may request copies in paper format or in an electronic form such as a CD, portable device, or memory stick.
- **Request an amendment** if you feel that medical 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 Department. The written request must be submitted to Privacy Official/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.
- **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

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“no” if it would affect your care. 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.

- **Limit disclosures** to insurers if you have paid for the service completely out of pocket. 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.
- **Request confidential communications**-You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. Written request must be submitted to the Privacy Official/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.
- **Get a list of those with whom we’ve share information with** for reasons other than treatment, payment or health care operations. Requests must be in writing to the Privacy Official/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.
- **Choose someone to act for you.** If you have given someone medical power of attorney or is 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 your before we take any action.
- **File a complaint is you feel your rights are violated.** 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. (see below) Written complaints can also be made directly to the Office of Civil Rights. The Complaints Officer/designee will provide you with the appropriate address upon request.

Schuyler County Public Health Director

Deborah A. Minor, RN, MPH

Phone: 607-535-8140

Address: 106 S. Perry Street Watkins Glen, NY 14891

Or, you may contact the Director of Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201, Secretary of the Department of Health and Human Services. You may call them at (877) 696-6775 or write to them at 200 Independence Ave. S.W., HHH Building Room 509H, Washington DC, 20201.

You may file a grievance with the Office of Civil Rights by calling or writing Region II – US Department of Health and Human Services, Jacob Javits Federal Building, 26 Federal Plaza, Suite 3312, New York, New York 10278, Voice Phone (800) 368-1019, FAX (212) 264-3039, TDD (800) 537-7697.

All complaints must be submitted in writing. **You will not be penalized 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 we want us to do, and we will follow your instructions.

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

- To share information with **family members and personal representatives** who are involved in your care if the information is relevant to their involvement and to notify them of your condition and location.
- To share information with **disaster relief organizations** that need to notify your family about your condition and location should a disaster occur.
- Contact you 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.

**Note:** If you cannot give permission due to an emergency, the Agency may release information in your best interest. We must tell you as soon possible after releasing the information.

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

- For **marketing** of health- related services, we will not use your health information for marketing communications without your permission.
- Sale of your information.
- Most uses and disclosures of **psychotherapy** notes.

## *Our Uses and Disclosures.*

**How do we typically use or share your health information?** We typically use or share health information in the following ways.

- **For Treatment:** To your doctor and for referrals, appointment reminders and coordination with programs that may be involved in your care such as friend or family member, labs, pharmacy, medical equipment provider, or meals on wheels.
- **For Payment:** To the insurance company. Copies of notes related to treatment and services you received may be required to accompany the bill.
- **For Health Care Operations:** To run the Department and to assess patient care such as reviewing our treatment and services and to evaluate the performance of staff in caring for you.

**How else can we use or share your health information?** 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 information for these purposes.

- **Help with public health and safety issues.** 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 and preventing or reducing a serious threat to anyone's health or safety.
- **Do Research,** if reviewed by an Independent Review Board
- **Comply with the law.** 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 are complying with federal privacy law.
- **Response to Organ and Tissue Donation Requests.** We can share health information about you with organ procurement organizations.
- **Work with Coroners, Medical Examiners and Funeral Directors.** For identification purposes, to determine cause of death or as necessary to carry out their duties.
- **Health Oversight Activities** – including audits, investigations, inspections, and licensure activities as required by State or Federal Mandate.
- To **prevent or lessen a serious and imminent threat** to your health and safety or someone else's.

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- **Military and Veterans** - As required by military command authorities.
- **Workers compensation**- as required to comply with laws relating to workers compensation.
- To **correctional institutions** or **law enforcement officials** if you are an inmate and the information is necessary to provide you with health care, protect your health and safety or that of others, or for the safety of the correctional institution.
- To **governmental agencies that administer public benefits** if necessary to coordinate the covered functions of the programs.

**Respond to lawsuits and legal actions.** We can share health information about you in response to a court or administrative order, or in response to a subpoena.

**NOTE:** Other regulations may restrict access to HIV/AIDS information, federally protected education records, and federally protected drug and alcohol information. Special authorizations or consent forms that will specify what information may be released and when are required.

For all other types of uses and disclosures not described in this Notice, the Agency will use or disclose information only with a written authorization signed by you that states:

- Who may receive the information
- What information is to be shared
- The purpose of the use or disclosure
- An expiration for the authorization.

Written authorizations are always required for the sale of PHI and use and disclosure for marketing purposes, such as agency newsletters and press releases.

### ***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 described here unless you can 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 have changed your mind.

We may also disclose information to clinicians and other personnel for on-the-job training. We will share your health information with other Organization staff for the purposes of obtaining legal services from our attorneys, conducting fiscal audits, and for fraud and abuse detection and compliance through our Compliance Program. We may also disclose information to our business partners who need access to the information to perform administrative or professional services on our behalf.

### **Changes to this Notice:**

**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.** In addition, we will offer you a copy of the revised notice at your next scheduled visit/encounter.