

NOTICE OF PRIVACY PRACTICES

NOTICE OF PRIVACY PRACTICES OF THE ALLEGANY COUNTY DEPARTMENT OF SOCIAL SERVICES

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.

The Allegany County Department of Social Services (Department) provides many different services to you. It provides public assistance benefits, pays for health care, processes electronic bills, performs other administrative services for public assistance programs, arranges for the provision of health care and provides preventive services for children, adults and families. All health information in our possession is maintained confidentially by the Department. Effective April 14, 2003, when the Department provides health care, pays for care or processes certain electronic health information, we are required by law to provide you with this notice of privacy practices to let you know how your health information is used and disclosed.

Your Health Information Rights:

Unless otherwise required by law, your health record is the physical property of the Department, but the information in it belongs to you and you have a right to have your health information kept confidential. You, or a person legally authorized to act for you (e.g., parents of a minor, guardian, a health care proxy), have a right to:

- ✓ get a paper copy of this notice of privacy practices upon request;
- ✓ see or get a copy of your health information for a reasonable fee; if your request for a copy is denied, you have the right to seek a review of the denial;
- ✓ request amendments to your health information; the Department will review all requests but does not have to agree to your request;
- ✓ request limits on certain uses and disclosures of your information; the Department will look at all such requests but does not have to agree to limitations you request;
- ✓ get a list of those to whom your health information has been disclosed; this list will not include health information requested by you or your representative, information used to operate the Department's programs or information given out for law enforcement purposes;
- ✓ request communications of your health information by alternative means or at alternative locations;
- ✓ sign and revoke any special authorizations you have given to use or disclose health information, except to the extent that disclosure has already been taken.

You can exercise your rights by contacting Patricia A. Schmelzer, Deputy Commissioner of Social Services and Privacy Officer, Allegany County Department of Social Services and Privacy Officer, County Office Building, 7 Court Street, Belmont, NY 14813, Telephone number: (585) 268-9622.

NOTE: Special rules apply which restrict your and others access to psychotherapy notes, HIV/AIDS information, information compiled in reasonable anticipation of or for litigation, and federally protected drug and alcohol information. See any special authorizations or consent forms which will specify what information may be released and when, or contact the person listed above.

What Are Our Responsibilities to You?

We must maintain the privacy of your health information, and give you this notice that tells you how we will keep your health information private. We must tell you if we are unable to agree to a limit on use or disclosure, which you request. We will carry out reasonable requests to communicate health information to you by special means or at other locations and get your written permission to use or disclose health information in ways other than those set out in this notice. We have the right to change our practices regarding the health information we keep. If practices are changed, we will tell you by sending you a new notice, or you may request one at your next visit. Notices will be posted in our office at County Office Building, 7 Court Street, Belmont, NY 14813.

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How Does the Program Use or Disclose Your Health Information?

For Treatment: Information is used and disclosed to provide you with medical services. For example, a doctor may consult and share information with an off-site specialist to whom you have been referred for care.

For Payment: To pay your doctor, hospital and/or other health care providers.

For Health Care Operations: Health information is used and disclosed for operational reasons. For example, your information may be used to determine the quality of care provided to you or others, to improve services and facilities, or to train and evaluate staff.

For Appointments and Health Related Benefits: With your permission, the program may use and disclose information for appointment reminders, or information about treatment alternatives and benefits.

For Disclosures to Friends and Family: With your appropriate consent, the program may disclose your health information to friends and family who are involved in your care.

In certain other situations, the program can use and disclose information without your authorization:

For Serious Threats to Health and Safety: Your health information may be disclosed to avert a serious threat to public health and safety, as permitted by law.

If Required by Law or for Law Enforcement: The program may use and disclose information as required by law. For example, for the mandatory reporting of child abuse and neglect, for domestic violence, for judicial or administrative proceedings if required by legal process, for certain law enforcement purposes (e.g., to aid in locating a fugitive, to report crimes on our locations), for workers compensation and for similar programs established by law.

For Public Health Reasons: The program may use or disclose information for required public health activities such as controlling disease or injury.

For Health Oversight Reasons: Information may be disclosed when required to monitor the level and quality of care you receive.

For a Contracted or Affiliated Purpose: Our contractors, agents and partners may be given health information if necessary for them to perform certain services for us. For example, the program may share information with companies, under written and signed Business Associate Agreements, attorneys and auditors, if they agree to keep such information confidential in writing and have been given permission by the Department to receive and use PHI for purposes stated in any agreement or authorization to release PHI (If the PHI is owned by the New York State Central Office – Office of Medicaid Management, such agreements must be executed with the New York State Office of Medicaid Management).

For Organ/Tissue/Blood Donation: Information may be disclosed to entities engaged in the procurement, banking or transplantation of organ/tissue/blood donations, if necessary, to ensure safe donations and transplants.

For National Security and Military Purposes: As permitted by law, we may share information with authorized federal officials engaged in national security activities and also disclose information about Armed Forces personnel and foreign military personnel to military authorities.

Inmates and Correctional Facilities: The Department may disclose inmate and detainee information to prison staff and law enforcement if necessary for health care or for security reasons, as permitted by law.

Decedents: Your information can be disclosed to funeral directors, coroners and medical examiners to enable them to carry out their lawful activities.

For Product Monitoring and Recall: We may disclose information to those required by the Food and Drug Administration to monitor and repair products.

For Workers' Compensation: We may disclose information for this program.

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For Research: With your consent, the program may use health information for research or when a review board has approved research which poses minimal risk; your privacy is ensured or when a research project is being prepared. No public disclosure of your name will be made without your consent.

For More Information or to Report a Problem:

If you have questions, need more information or believe your privacy rights have been violated and you wish to complain, you may contact:

Patricia A. Schmelzer, Deputy Commissioner of Social Services and Privacy Officer at Allegany County Department of Social Services, County Office Building, 7 Court Street, Belmont, NY 14813. The telephone number is: (585) 268-9622

A complaint form will be sent to you. You may also complain to the Office for Civil Rights, Department of Health and Human Services, Jacob Javits Federal Building, 26 Federal Plaza, Suite 3312, New York, New York 10278, telephone number (212) 264-3313, fax number (212) 2643039, TDD (212) 264-2355. You will not be retaliated against or penalized for filing a complaint or assisting an investigation.

Allegany County Department of Social Services
County Office Building
7 Court Street
Belmont, New York 14813
Tel: (585) 268-9622