



NOTICE OF PRIVACY PRACTICES

Effective Date: April 13, 2003

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.

We reserve the right to change the terms of this Notice at any time. The Notice will be posted on the DeKalb County Board of Health website at www.dekalbhealth.net. Copies of the Notice are available upon request.

Declaration of Hybrid entity Status and Designation of Covered Components

DeKalb County Board of Health (DCBOH) is a covered entity under the HIPAA Privacy Regulations. DeKalb County Board of Health has decided to declare itself as a hybrid entity. Portions of DeKalb County Board of Health are covered under the HIPAA privacy regulations and portions are not. This notice is applicable to the following portions of the DCBOH that may share your Protected Health Information as needed for treatment, payment and healthcare operations:

Babies Can't Wait
Children Medical Services
Clifton Springs Health Center
East DeKalb Health Center
Kirkwood Health Center
North DeKalb Health Center
Refugee Program
Ryan White Program
TO Vinson Health Center

Understanding Your Medical Record and Your Health Information

Each time you visit DeKalb County Board of Health or one of its health centers, information about your visit is recorded in your medical record. Portions of your medical record may or may not be in electronic format. Typically, this record consists of your medical history, symptoms, examination, observations, test results, diagnosis, treatment, and future care plans. Understanding your health information and how it is used helps to ensure that it is accurate, and that it is used and disclosed appropriately.

Your Health Information Privacy Rights

Although your medical record is the property of DeKalb County Board of Health, the information belongs to you. You have legal rights regarding your health information, which is described below. Your legal rights include:

- **Right to Inspect and Copy.** With some exceptions, you have the right to review and copy your health information. You must submit your request in writing to the HIPAA Compliance Officer, 445 Winn Way, Decatur, GA 30030, and include your name, date of birth, social security number, and the location where services were received. We may deny your request and in some circumstances, you may request a review of the denial. We may charge a fee for the cost of copying, mailing, or other supplies associated with your request.
- **Right to Amend.** You have the right to request an amendment of your health information when it is incorrect or incomplete. This right exists as long as we keep this information. You must submit your request in writing to the HIPAA Compliance Officer, 445 Winn Way, Decatur, GA 30030 and include your name, date of birth, social security number, and the location where services were received. Your request may be denied if 1) the information was not created by us unless the creator of the information is not available to make the requested amendment, 2) the information is not kept by us 3) the information is not available for your inspection, or 4) the information is accurate and complete.
- **Right to an Accounting of Disclosures.** You have the right to receive an accounting of disclosures of your health information made by us in the six years prior to the date on which the accounting is requested. The accounting will not include any disclosures 1) to you or your personal representative 2) made pursuant to your written authorization 3) made for treatment, payment or business operations 4) made to your friends and family involved in your care or payment for your care 5) that were incidental to permissible uses or disclosures of your health information 6) of limited portions of your health information that excludes identifiers 7) made to federal officials for national security and intelligence activities, and 8) to

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correctional institutions or law enforcement officers about inmates. To request an accounting of disclosures, submit your request in writing to the HIPAA Compliance Officer, 445 Winn Way, Decatur, GA 30030, please include your name, date of birth, social security number, the period for which the accounting is being requested, and the location where services were received. The first request in a 12-month period is provided at no cost to you. There may be a charge for subsequent requests within the same 12-month period.

- **Right to Request Restrictions.** You may request that we restrict the way we use and disclose your health information for treatment, payment or health care operations. You may also request that we limit how we disclose your health information to a family member, relative or close friend involved in your care or payment for your care. We are not required to agree to your request, but if we do, we will comply with your request unless you need emergency treatment and the information is needed to provide the emergency treatment. We may terminate our agreement to a restriction once we notify you of the termination. To request a restriction on the use or disclosure of your health information, please send your request in writing to the HIPAA Compliance Officer, 445 Winn Way, Decatur, GA 30030. Please include your name, social security number, and date of birth, what information you want to limit, to whom you want the limitation to apply, and the location where services were received.
- **Right to Request Alternate/Confidential Communications.** You may make reasonable requests to receive communications of your health information by alternate means or at alternate locations. For example, you may ask to be contacted only by mail, and not by phone. To request confidential communications, please send your request in writing to the HIPAA Compliance Officer, 445 Winn Way, Decatur, GA 30030. Please include your name, social security number, date of birth, how you would like to be contacted, and the local county health department where you received services.
- **Right to a Paper Copy of this Notice.** You may request a paper copy of this Notice at any time.
- **Right to Require Written Authorization.** Any uses or disclosures of your health information, other than those described below, will be made only with your advance written authorization, which you may grant or revoke at any time.

Use and Disclosure of Your Health Information

Federal privacy laws allow DeKalb County Board of Health to use and disclose your health information for the following reasons or to the following entities:

- **Treatment** – Members of DeKalb County Board of Health’s workforce may use your health information to treat and care for you. We may disclose your health information to providers not affiliated with DeKalb County Board of Health, to facilitate the care they provide you. For example, we may disclose your health information to your personal physician.
- **Payment** – Members of DeKalb County Board of Health’s workforce may use your health information to request payment, for the treatment we provide. For example, we may disclose your health information to your health insurance plan, to a third party, or directly to you to request payment for the treatment we provide.
- **Health Care Operations** – Members of DeKalb County Board of Health’s workforce may use your health information for health care operations of the facility. Examples of these activities are: review our services, determine effectiveness of treatments, evaluate our performance, provide training to our staff, or to identify future services offerings and those no longer needed.
- **Communication** - We may contact you to provide appointment reminders, alternative treatments, and other health services that may be of interest.
- **Business Associates** – We may disclose your information to service providers with whom we have contracted to provide a service on our behalf. We must have written assurances in place, before disclosing your information to our Business Associates.
- **Research** – We may use and disclose your health information to researchers when permitted by law, for example, if the research has been approved by an Institutional Review Board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.
- **Lawsuits, Disputes, Law Enforcement** – We may disclose your information in response to a court or administrative order, subpoena, warrant, summons, or discovery request.
- **Funeral Directors, Coroners, and Medical Examiners** – We may disclose your health information in order for these individuals to carry out their duties.
- **Food and Drug Administration (FDA), Public Health Agencies, Health Oversight Agencies** – We may disclose your information to: report adverse events with food, drugs, medical devices, dietary supplements,

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other products and product recalls; report births, deaths, child abuse, neglect, domestic violence; prevent or control disease, injury, disability; notify people possibly exposed to a disease or maybe spreading a disease; authorized organ donations; or as required by law.

- **Workers' Compensation Programs** – We may disclose your information as permitted or required by state law relating to workers' compensation programs.
- **Correctional Institution** – We may disclose your information when you are an inmate or under custody so the correctional institution can provide you health care, to protect your health and safety and that of others.
- **Military Authorities** – We may disclose your information when you are a member or veteran of the military.
- **Public Health Activities**- We may disclose your health information or request your information for public health activities which include: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting reactions to medications or problems with products or notifying a person of product recalls; and notifying a person who may have been exposed to a disease or may be t risk of contracting or spreading a disease or condition.
- **Victims of Abuse, Neglect or Domestic Violence**- We may disclose your medical information to notify the appropriate government authority if we believe you have been the victim of abuse, neglect or domestic violence. We will only disclose this if you agree, or when required or authorized by law or regulation.
- **To Avert a Serious Threat to Health or Safety**- We may use or disclose your health information if necessary to prevent or lessen a serious and imminent threat to your safety, another person, or the general public. We will only disclose your information to a person who can prevent or lessen that threat.
- **National Security and Intelligence Activities and Protective Services for the President**- We may disclose your health information to authorized federal officials conducting intelligence and other national security activities. We may also disclose your health information to authorize federal officials for the provisions of protective services to the President, other authorized person, foreign heads of state or to conduct special investigations.
- **Individuals Involved in Your Care**- If you do not object, we may disclose your health information to a family member, relative, or close friend who is involved in your care or assists in taking care of you. We may also disclose information to someone who helps pay for your care. We may disclose your health information to an organization assisting with disaster relief to help notify your family member, relative, or close friend of your condition, status and location.
- **Disaster Relief**- We may disclose your health information during disaster relief activities to coordinate your care, or notify family and friends of your location or condition during a disaster.
- **Marketing/Fundraising Purposes**- We will only disclose your health information for marketing and/or fundraising purposes with your written permission.

Our Responsibilities

It is our responsibility to:

- Provide reasonable safeguards in order to protect the privacy of your health information;
- Use or disclose the minimum amount of information required to reasonably provide necessary services;
- Provide and review this Notice with you regarding our legal duties and privacy practices with respect to your health information and to make a good faith effort to obtain your signature acknowledging receipt of this Notice;
- Notify you in the event of a breach, if you are affected by such breach;
- Post the current Notice in our facilities, as well as on our website; and
- Abide by the terms of this Notice.

We reserve the right to change our practices and to make the new provisions effective for all health information we maintain. This Notice will specify the effective date on the first page.

State Law Requirements

Certain state health information laws and regulations, such as those dealing with mental health, HIV/AIDS or drug and alcohol records, may be more stringent than the federal privacy laws and further limit the facility's uses and disclosures of your health information described above.

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Contacting the Agency Privacy Contact

If you have questions, or to exercise your rights, please contact the agency by phone or mail and request to speak to the HIPAA Compliance Officer. If you believe your privacy rights have been violated, you may file a complaint with the HIPAA Compliance Officer. Additionally, you may file a written complaint with the Secretary of the Department of Health and Human Services. No retaliation will occur based on your filing a complaint.