

## Westchester County Department of Health

### 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.**

**If you have any questions about this Notice please contact our Privacy Officer at (914) 813-5000 or fax your questions to (914) 813-5014 or access our website at**

**[www.westchestergov.com/health/feedback/comments](http://www.westchestergov.com/health/feedback/comments)**

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. You may receive a revised Notice of Privacy Practices by accessing our website at [www.westchestergov.com/health](http://www.westchestergov.com/health), calling the office to request a revised copy be sent to you or asking for one at your next appointment.

#### **I. Uses and Disclosures of Protected Health Information**

- **Uses and Disclosures of Protected Health Information Based Upon Your Written Consent**

Your protected health information may be used and disclosed by WCHD staff and others outside of the WCHD that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to obtain payment for your health care services and as required in the conduct of daily operations of the WCHD.

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party with which the WCHD has contracted for this purpose and/or a provider that has already obtained your permission to have access to your protected health information.

**Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan or third

party payer may undertake before it approves or pays for the health care services we recommend for you.

**Healthcare Operations:** We may use or disclose, as-needed, your protected health information in order to support the business activities of the WCHD. These activities include, but are not limited to, quality assessment activities, employee review activities, training of professional students, and conducting or arranging for other business activities. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may also call you by name in the waiting room when your provider is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

- **Uses and Disclosures of Protected Health Information Based upon Your Written Authorization or Opportunity to Object**

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described in the next section. You may revoke this authorization, at any time, in writing, except to the extent that the WCHD has taken an action in reliance on the use or disclosure indicated in the authorization.

Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

- **Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object**

We may use or disclose your protected health information in the following situations without your consent or written authorization. These situations include:

**Required By Law:** We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. This may include judicial or administrative proceedings, in response to a subpoena, discovery request or other lawful process.

**Public Health:** We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability to: a health oversight agency for activities authorized by law to perform audits, investigations or inspections; a public health authority that is authorized by law to receive reports of abuse or neglect; a person or company required by the Food and Drug Administration to report adverse events, defects or problems; a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law.

Disclosure may also be made to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Required Uses and Disclosures:** Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

## **II. Your Rights**

Unless otherwise required by law, your health record is the physical property of the WCHD, 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 have a right to:

- Inspect and copy your protected health information for a reasonable fee; if denied, you have the right to seek a review of the denial.
- Request a restriction of your protected health information, but the WCHD is not required to agree to a restriction that you may request.
- Request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests.
- Have your provider amend your protected health information.
- Receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices.

You have the right to file a complaint if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer or the Secretary of the Department of Health and Human Services of your complaint. We will not retaliate against you for filing a complaint.

This notice was published and becomes effective on April 14, 2003.