

# Buncombe County

## Notice of Privacy Practices

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**Buncombe County is a designated HIPAA Hybrid Entity and this notice applies only to the protected health information created or obtained by the healthcare programs of Buncombe County Health and Human Services and the Buncombe County Employee Health Clinic.** For a copy of the Notice of Privacy Practices (NPP) of Buncombe County Emergency Medical Services, please see the BCEMS webpage at <https://www.buncombecounty.org/common/ems/ems-notice-privacy-practices.pdf> or contact the Compliance Officer. Members of the Buncombe County Employee Group Health Plan may access a copy of the GHP NPP in the employee benefits section of the intranet or contact the Compliance Officer for a copy.

Buncombe County HIPAA covered components are required by law to maintain the privacy of Protected Health Information (PHI) and to provide you with this notice of privacy practices. We may change the terms of our notice at any time. The new notice will be effective for all PHI that we maintain at that time. You may view the most current Notice of Privacy Practices anytime by accessing our [Website](#) or we will provide you with an updated copy upon your request if you:

- call our office and request that a revised copy be sent to you in the mail; or,
- ask for one at the time of your next appointment.

If you have any questions about this Notice or any matters related to your rights or privacy, please contact:

**Compliance Officer**

**Phone: 828-250-5208**

**Email: [HHScomplianceofficer@buncombecounty.org](mailto:HHScomplianceofficer@buncombecounty.org)**

**Mail: 200 College Street-4<sup>th</sup> Floor, Asheville, NC 28801**

**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.**

## **YOUR RIGHTS**

**You have the right to:**

❖ **Inspect and copy your PHI.**

In most cases, you have the right to look at or obtain a paper or electronic copy of your health information. We will usually provide the copy or a summary within 30 days of your request. There may be a reasonable cost-based fee for copies.

❖ **Request a restriction of your PHI.**

This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. We are not required to agree to your request and we may say

“no” if it will affect your care. If we say no, we will tell you why in writing within 60 days. Also, if your health care service has been paid in full out of pocket, you have the right to request that your health information not be disclosed to a health plan for the purposes of carrying out payment or healthcare operations. We will say “yes” unless the disclosure is required by law.

❖ **Choose someone to act for you.**

If you have given someone power of attorney related to your healthcare or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will

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make sure that this person has this authority before we take action.

- ❖ **Request to receive confidential communications.**

You may ask us to communicate confidentially by, for example, sending notices to a special address or not calling with appointment reminders. We will accommodate all reasonable requests.

- ❖ **Request an amendment of your PHI.**

If you believe that information in your record is incorrect or that important information is missing, you have the right to request that we correct the existing information or add the missing information. We are not required to agree to such amendment, but if we don't, we must let you know our reasons.

- ❖ **Receive an accounting of certain disclosures we have made of your PHI.**

You may ask for a list of those times that we shared your health information within a six year period up to the date of request. The list will not include those disclosures you authorized, those that were shared for treatment, payment and health care operations and certain other disclosures when applicable. One accounting per year is free, but if you ask for another within a 12-month period, we will charge a reasonable cost-based fee.

- ❖ **Obtain a paper copy of this notice from us upon request.**

- ❖ **File a Complaint (See the last page of this Notice for information on filing a complaint.)**

- ❖ **Be notified promptly if we determine a**

breach has occurred that may compromise the privacy or security of your information.

## **USES AND DISCLOSURES**

### **How do we typically use or share your PHI?**

The following categories describe the different ways we may use or disclose your health information without obtaining your authorization. Not every use or disclosure in a category is listed.

- ❖ **For Treatment**

We may use and disclose your PHI 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. We may disclose PHI to other physicians or persons who may be treating you.

For example, your PHI may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

- ❖ **For Payment**

Your PHI may be used to obtain payment for your health care services. We may disclose your health information to your payment source, including insurance or managed care company, Medicare, Medicaid, or another third-party payer.

For example, we may give information to your health plan about the treatment you received so your health plan will pay us or refund us for the treatment, or we may contact your health plan to confirm your coverage.

- ❖ **For Healthcare Operations**

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We may use or disclose PHI in order to support necessary business activities. These activities may include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, legal services, auditing, and other administrative purposes.

For example, we may combine health information about our patients to decide what services the Agency should offer. We may also be required to share your health information with representatives of regulatory agencies that oversee the services we provide.

### ❖ Business Associates

We may share your health information with our business associates so they can perform the job we have asked them to do. Some services provided by our business associates include but are not limited to billing service, medical record storage, legal and accounting consultants. Our business associates are required to safeguard your information.

### ❖ Appointment Reminders

We may use and disclose your health information to contact you as a reminder that you have an appointment. We may contact you by standard mail, telephone, or other communication mediums, such as text messaging via the electronic health record system or patient portal, when applicable. **You can opt out of any or all forms of appointment reminders with a written notice.**

### ❖ North Carolina Health Information Exchange

We may provide your health care information to the NC Health Information Exchange Authority (HIEA). The HIE is a

health information database where other health care providers caring for you can access your medical information if they are members of the HIEA. Accessing your information can help your healthcare provider provide you with well-informed care quickly because s/he will have learned about your medical history from the HIEA. If you do not want your medical information to be contributed to the HIEA and shared with member healthcare providers, you can opt out by asking us for an opt-out form or by visiting <https://hiea.nc.gov/patients/your-choices> to download and complete the opt-out form. Note that if you opt out, your providers may not have the most recent information about you which may affect your care.

If you choose to opt out, there are measures you can take at this link to opt in at a later date <https://hiea.nc.gov/patients/your-choices>. If you are under the age of 18, please note the NC HIEA will not process your opt-out unless your parent or legal guardian has signed your opt-out form, or you have been emancipated. If you are a minor and you receive treatment for (1) venereal disease and other reportable diseases, (2) pregnancy, (3) abuse of controlled substances or alcohol, and (4) emotional disturbance, please speak with your health care provider to see if you are able to request that this information not be disclosed to the NC HIEA.

### ❖ Other Health-Related Benefits and/or Health and Human Services Programs

We may use and disclose your health information to tell you about your health condition or to recommend possible treatment choices or alternatives. We may also tell you about health-related benefits, health education resources or services (such as eligibility for

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Medicaid or Social Security benefits) or other Health and Human Services programs that may be of interest and beneficial to you.

For example, your name and address may be used to send you information about other programs or services provided by Buncombe County Health and Human Services.

***You may contact our Compliance Officer or a program Supervisor to request that these materials not be sent to you.***

### ❖ **Authorization**

We may use and disclose your PHI upon your written authorization, to the extent such use or disclosure is consistent with your authorization. You may revoke any such authorization at any time.

### **Uses and Disclosures of PHI Permitted without Authorization but with Opportunity to Object**

We may use and disclose your PHI in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your PHI. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

#### ❖ **Others Involved in Your Healthcare**

We may disclose your health information to a family member, a relative, a close friend, or other individual involved in your medical care or payment for your medical care if we obtain your verbal agreement, or if we give you an opportunity to object to such a disclosure, and you do not raise an objection. If you are unable to agree or object at the time we give you the opportunity to do so, we may decide that it is in your best interest, based on our professional judgment, to share your health information, such as if you are incapacitated

or during an emergency.

#### ❖ **Disaster Relief**

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.

### **Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization**

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. These situations include:

❖ **Required By Law:** We will use and disclose health information about you whenever we are required by law to do so. For example, State law requires us to report gunshot wounds and other injuries to the police and to report known or suspected child abuse or neglect to the Department of Social Services.

❖ **Threat to Health or Safety:** We may use or disclose health information about you if we believe it is necessary to prevent or lessen a serious threat to health or safety.

❖ **Public Health Activities:** We may use or disclose health information about you for various public health activities, including, but not limited to, investigating and preventing disease, reporting suspected abuse, neglect or domestic violence, monitoring drugs or devices regulated by the Food and Drug Administration, and monitoring work-related illnesses or injuries.

❖ **Health oversight activities:** We may disclose

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health information about you to an agency responsible for overseeing the health care system or certain government programs.

- ❖ **Court Proceedings:** We may disclose health information about you to a court or an officer of the court. For example, we may disclose health information about you to a court if a judge orders us to do so in accordance with applicable law.
- ❖ **Law Enforcement:** Under certain circumstances, we may disclose health information about you to a law enforcement official for specific law enforcement purposes.
- ❖ **Coroners and others:** We may disclose health information about you to a coroner, medical examiner, or funeral director or to organizations that help with organ, eye and tissue transplants.
- ❖ **Research organizations:** We may use or disclose health information about you to research organizations if the organization has satisfied certain conditions about protecting the privacy of health information.
- ❖ **Certain government functions:** We may use or disclose health information about you for certain government functions, including but not limited to military and veterans' activities and national security and intelligence activities.
- ❖ **Immunizations:** We may disclose immunization records to schools to support public health efforts if we obtain and document an oral or written agreement from the parent, guardian, or other person acting in loco parentis. In addition, immunizations given by Buncombe County HHS are entered into NCIR, the North Carolina Immunization Registry.
- ❖ **Workers' Compensation:** We may release your health information for workers' compensation claims.
- ❖ **Correctional Institution:** We may disclose your PHI to a law enforcement officer or a

correctional institution having custody of you for purposes of treating you while in custody or if necessary for the safety of persons in the correctional institution.

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

### COMPLAINTS

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Compliance Officer of your complaint. You may also file a complaint in writing to US Dept. of Health & Human Services Office for Civil Rights, 200 Independence Ave., SW, Washington, D.C. 20201, or call 1-877-696-6775 or visit: [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

**We will not retaliate against you for filing a complaint.**

You may contact our Compliance Officer if you have a complaint, concerns or questions about your privacy:

**Compliance Officer  
Buncombe County  
200 College St. - 4th Floor  
Asheville, NC 28801  
828-250-5208  
[hhscomplianceofficer@buncombecounty.org](mailto:hhscomplianceofficer@buncombecounty.org)**