

COUNTY OF BERKS

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

The County of Berks (the "County") is committed to keeping your personal health information private and secure. Each time you visit any of the agencies or departments operated by the County, a record of your visit is created. Your record contains any information needed to provide services or treatment to you or your family. Your record may include current demographic information about you or your family, a description of your current problems or medical symptoms, a history of services already provided to you or your prior medical care, the results of any medical examination or tests, a diagnosis, a plan for your future care or services and any billing-related information. The County needs this information to provide you with quality care and services and to comply with certain legal requirements.

This Notice applies to all of the records of your care or services created by any of the agencies or departments within the County, whether created by the County employees or individuals providing services to you through contracts with the County, to the extent those records are maintained by the County.

This Notice explains in detail how we may use or disclose your health information. Not every use or disclosure may be listed. This Notice also describes your rights and our obligations regarding the use and disclosure of your health information. Except in specified circumstances, we will use or disclose only the minimum necessary information needed to do our job.

OUR RESPONSIBILITIES

Protecting the privacy and appropriate use of your health information is our priority and a crucial part of our commitment to you. The County is required by law to:

- Make sure the information that identifies you is kept private.
- Give you this Notice that describes our legal duties and privacy practices regarding your medical information.
- Follow the terms of the Notice that is currently in effect.

CHANGES TO THIS NOTICE

The County reserves the right to change this Notice and to make the revised Notice effective for health information we already have, and for any information that any of our agencies or departments create or receive in the future. A copy of the current Notice will be posted in all of our agencies or departments and on our web site at **www.countyofberks.com**. A copy of the Notice currently in effect will be given to you when you register at any County agency or department. You will be asked to review the Notice and acknowledge your receipt of the Notice in writing.

COMPLAINTS

If you believe your privacy rights have been violated, or you disagree about a decision we have made about access to your medical information, you may file a complaint with the County. You must send your complaint in writing to **Risk and Safety Coordinator, 633 Court Street, Reading, PA 19601**. There will be no retaliation for filing a complaint.

You also have the right to complain to the Secretary of the Department of Health and Human Services, 200 Independence Ave. S.W., Washington, D.C. 20201.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The County may use and disclose medical information about you for a variety of reasons. The following summary describes different ways that we may use your health information within the various County agencies and departments and disclose your health information to persons and entities outside of the County. We have not listed every use or disclosure within the following categories, but all permitted uses and disclosures will fall generally within one of the following areas.

COMMON USES AND DISCLOSURES ALLOWED UNDER LAW

The law provides that the County may make certain uses and disclosures without your consent or authorization for treatment, payment or the operations of our various agencies or departments. The list below gives you examples of how your health information may be used for these purposes.

Treatment: We may use health information about you to provide you with medical treatment and services. We may disclose health information about you to doctors, nurses, therapists or other personnel who are involved in your care.

Payment: We may use and disclose health information about you for any activities that we undertake to reimburse your provider for health care services provided to you. This may include the disclosure of health information to obtain prior authorization for treatment and procedures from your insurance plan.

Health Care Operations: We may use and disclose health information about you for basic business activities that are necessary to operate the various County agencies and departments. These activities may include, but are not limited to, conducting audits and quality assurance activities to monitor provider quality.

OTHER SITUATIONS THAT DO NOT REQUIRE YOUR CONSENT OR AUTHORIZATION

In addition to the disclosures for treatment, payment or operations described above, we may use or disclose your medical information without your written consent or authorization in certain other circumstances. The following disclosures of your health information are permitted by law without any oral or written permission from you. Not every use or disclosure is listed.

When Required by Law: We may disclose information about you when federal, state or local law requires us to do so.

For Public Health Activities: We may disclose health information about you for public health activities. These generally include the following:

- To prevent or control disease, injury or disability
- To report births and deaths
- To report child abuse, neglect, or domestic violence
- To report reactions to medications, problems with products or other adverse events
- To notify people of recalls of products they may be using
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition

Health Oversight Activities: We may disclose your health information to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections and licensure surveys. These activities are necessary for government agencies to monitor the health care system, government programs and compliance with civil rights laws.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may disclose health information about you in response to a subpoena, discovery request or other lawful process initiated by someone else involved in the dispute. In some circumstances, efforts must be made to tell you about the request for your health information, to obtain an order protecting the information requested or to seek a signed authorization from you to release certain records.

Law Enforcement: We may disclose health information about you, if and to the extent we are asked to do so by law enforcement officials for the following reasons:

- In response to a court order, subpoena, warrant, summons or similar process.
- To identify or locate a suspect, fugitive, material witness or missing person.
- About the victim of a crime if, under certain circumstances, we are unable to obtain the person's agreement.
- About a death we believe may be the result of a criminal conduct.
- About criminal conduct at one of our agencies or departments or at a County correctional institution.
- In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Home Directors: We may disclose health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death of a person. We may also release health information about you to funeral home directors as necessary to carry out their duties.

Organ and Tissue Donation: If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans: If you are a member of the armed forces or are a public official, we may release health information about you to the appropriate authorities so that they may carry out their duties under the law.

Worker’s Compensation: We may release health information about you in order to comply with the laws related to worker’s compensation or similar programs (such as automobile or disaster insurance).

Averting a Serious Threat to Health or Safety: We may use and disclose health information about you when necessary to prevent a serious threat to your health or safety or the health and safety of another person or the public.

National Security and Intelligence Activities: We may disclose health information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

Inmates: If you are an inmate of a correctional institution or under custody of a law enforcement official, we may disclose health information about you to the correctional institution or the law enforcement official. This is necessary for the correctional institution to provide you with health care, to protect your health and safety and the health and safety of others, or for the safety and security of the correctional institution.

USES OR DISCLOSURES REQUIRING YOUR SPECIFIC WRITTEN “AUTHORIZATION”

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you authorize us to use or disclose health information about you, you may revoke that authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the services or care that you received through the County agencies or departments. Some typical disclosures that require your authorization are as follows:

Certain Disclosures Authorized by You: One of the primary reasons for disclosing health information about you is for follow-up care when your health care records are sent to a new provider to continue your health care treatment.

Drug & Alcohol Abuse Treatment Disclosures: We will disclose drug and alcohol treatment information about you only in accordance with the federal privacy rule and state law. In most cases, these laws require us to get your written authorization or the written authorization of your personal representative for such disclosures.

Disclosure of Mental Health Treatment Information: We will disclose mental health treatment information about you only in accordance with the federal privacy rule and state law. In most cases, these laws require us to get your written authorization or the written authorization of your representative for such disclosures.

Disclosure of HIV/AIDS-Related Information: We will disclose HIV/AIDS-related health information about you only in accordance with the federal privacy rule and state law. In most cases, these laws require us to get your written authorization for such disclosures.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Although your health record is the physical property of the County agency or department that created it, you have the following rights with respect to the health information maintained about you:

Right to Request a Restriction on Certain Uses and Disclosures of Your Information for Treatment, Payment or Healthcare Operations: You have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not disclose information about a test you had to a particular individual. We will consider your request, but are not legally bound to agree to the restriction; however, we will give every consideration to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. We ask that you make your restriction request in writing to the individual at the address below and advise us what information you want to limit and to whom you want the limits to apply.

Right to Obtain a Copy of this Notice: You have the right to a paper copy of this Notice, and you may ask us to give you a copy at any time. To obtain a paper copy of this Notice, send a request in writing to the individual at the address below.

Right to Inspect and Request a Copy of your Health Record for a Fee: Unless your access is restricted for clear and documented treatment reasons, you have the right to inspect and copy your medical information if you put your request in writing directed to the individual at the address below. We will respond to your request within 30 days if your medical information is maintained on-site at our offices. If your medical information is not maintained on-site at our offices, we will respond to your request within 60 days. This right may not apply to psychotherapy notes or information gathered for judicial proceedings. As to psychotherapy notes, we may provide you with an opportunity to review your records with your therapist. If clinically appropriate, we may provide copies of these records to you with your written authorization. We may deny your request under very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed by another independent **health care professional** chosen by someone on our **health care team**. We will abide by the outcome of that review. We reserve the right to charge you a reasonable fee for copying your record.

Right to Request an Amendment to your Health Record: If you believe that there is a mistake or missing information in our record, you may request that the information be amended. Please submit your request for an amendment in writing to the individual at the address below and include a reason to support the request. We may deny your request if it is not in writing, if the information was not created by us, if it is not part of the information kept by us, if it is not part of the information which you would be permitted to inspect and copy, or if we believe the information is accurate and complete. Please note that even if we accept your request, we are not required to delete any information from your health record. We will act on your request within 60 days.

Right to Obtain an Accounting of Disclosures of your Health Information: If you request an accounting of disclosures, we will provide you with the date of each disclosure, who received the health information, a brief description of the health information disclosed and why the disclosure was made. We are required to provide this information to you within 60 days, unless you agree to an extension. We will not charge you for an accounting unless you request more than one per year. For additional lists, we may charge you for the costs of providing the list. We are not required to include in the accounting those disclosures made to you, or disclosures for which you have signed

an authorization, disclosures for purposes of treatment, payment or health care operations, for the census, to persons involved in your care, for national security or intelligence, or to correctional facilities or law enforcement officials.

Right to Choose How We Contact You: You have the right to ask that we send you information only at a certain location or in a certain way. For example, you may ask that we only contact you by telephone or by mail. To request confidential communications, you must make your request in writing to the individual at the address below. Your request must specify how or where you wish to be contacted. **We will accommodate all reasonable requests.**

Right to Revoke your Authorization: You may revoke your authorization to use or disclose health information except to the extent that action has already been taken on the basis of the authorization. This revocation must be in writing, dated and submitted to the individual at the address below.

Right to Ask Questions or Raise Concerns: If you want additional information regarding your privacy rights or the information in this Notice, please submit your request in writing to the individual at the address provided below.

Address for Submission of all Requests Described in this Section:

**Berks County Privacy Officer
Risk and Safety Coordinator
633 Court Street
Reading, PA 19601**

The effective date of this Notice is April 14, 2003.

**Acknowledgment of Receipt of the
Notice of Privacy Practices of the County of Berks**

The signature below indicates that the County of Berks has provided me with a written Notice of Privacy Practices.

PLEASE SIGN AND MAIL THIS ACKNOWLEDGMENT TO:

[Insert name and address, either County-wide or agency specific]

Name (please print)

Signature of Recipient or
Personal Representative

Date

If signed by the Recipient's Personal Representative, please print name and describe relationship:

Name

Relationship to Recipient