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Public Health Director

**GENESEE COUNTY
HEALTH DEPARTMENT**
3837 West Main Street Rd.
Batavia, NY 14020
(585) 344-2580 x5555

**ORLEANS COUNTY
HEALTH DEPARTMENT**
14016 State Route 31, Suite 101
Albion, NY 14411
(585) 589-3278

NOTICE OF RIGHT TO PRIVACY

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

Genesee and Orleans County Health Departments are required by law to maintain the privacy of your Protected Health Information (PHI) and to give you this notice of legal duties and privacy practices with respect to your Protected Health Information (PHI). This notice may be revised at any time; any revisions will be effective for your past, present or future medical information. The Genesee and Orleans County Health Departments are required to follow the terms of the most current Department of Health and Human Services regulations, and will post terms in all sites where physical services are delivered. In addition, each time you begin services or are admitted to the Genesee or Orleans County Health Department, you will receive a copy of the notice 164.520(b)(1)(v)(A-C).

Electronic Health Record (EHR) is defined as a systematic collection of electronic health information that many health care providers are using to better manage/share patient data. Genesee and Orleans County Public Health Departments do not participate in the use of EHR technology.

Genesee and Orleans County Public Health does not use any personally identifiable patient information for the purposes of marketing or fund raising.

ALL EMPLOYED AND CONTRACT STAFF WILL FOLLOW THIS NOTICE

Uses and Disclosures of Health Information WITH your CONSENT:

For Treatment: To your doctor and for referrals, appointment reminders and coordination with programs that may be involved in your care: such as, friends or family members, labs, pharmacy, medical equipment providers, or meals-on-wheels.

For Payment: To the insurance company. Copies of notes related to treatment and services you received may be required to accompany the bill (if you have been advised that there is a charge for services) you receive and if such bill will be submitted to your insurance company.

For Health Care Operations: To run the Department and to assess patient care: such as, reviewing our treatment and services, and to evaluating the performance of the staff caring for you.

Business Associates: PHI may be shared with vendors and agents who create, receive, maintain or transmit PHI for certain functions or activities on behalf of Provider. These are called "Business Associates" and include any subcontractor that creates, receives, maintains or transmits PHI on behalf of Provider. To protect and safeguard your health information, Business Associates and subcontractors are required to appropriately safeguard your information.

Family and Friends involved in your care: With your consent, your PHI may be disclosed to a family member or close personal friend, who is involved in your care or payment for that care.

Personal Representative: If you have a personal representative, such as a legal guardian, we will treat that person as if that person is you with respect to disclosures of your health information. If you become deceased, we may disclose health information to an executor or administrator of your estate to the extent that person is acting as your personal representative or to your next of kin, as permitted under state and federal law.

***If Applicable** – May contact the individual for appointment reminders or to give information regarding treatment alternatives; may contact individual to raise funds for the covered entity; and if group health plan, may disclose protected health information to the sponsor of the plan.

Special Situations when Protected Health Information may be released WITHOUT your CONSENT or authorization - As Required by Law and to avert serious threat to health and safety:

- In response to a court order: to identify or locate a suspect, fugitive material witness, or missing person
- In emergency circumstances: to report details of a crime, suspected crime, or about the victim of a crime if under certain limited circumstances, we are unable to obtain the person's agreement
- National Security: intelligence activities and protective services of the President

Public Health Risks

- To prevent or control disease, injury or disability
- To report births and deaths
- To report child abuse or neglect or domestic violence when required or authorized by law
- To report reactions to medications or problems with products
- 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
- In the event of a disaster

Health Oversight Activities – As authorized by law to include audits, investigations, inspections, and licensure activities required by State or Federal mandate.

Coroners, Medical Examiners and Funeral Directors – for identification purposes, to determine cause of death or as necessary to carry out their duties

Organ and Tissue Donation – if a donor - to an organization that facilitates organ procurement

Research – if reviewed by an independent review board

Military and Veterans – as required by military command authorities

Workers Compensation – as required to comply with laws relating to workers compensation

Exceptions to release of information WITHOUT consent: We will follow the provisions of 42CFR Part 2, which severely restricts the release of protected health information if the records relate to substance abuse treatment and/or HIV/AIDS/STI services. The Department must make special efforts to protect the names of people who receive these services.

Other uses of Medical Information not covered by this notice or applicable law will be made only with your written permission. Permission may be revoked by you in writing, at any time. Please understand that we are unable to take back any disclosures we have already made with your permission.

Notice of a Breach: The County will issue notice by first class mail, of any breach to Unsecured Protected Health Information as soon as possible, but in any event, no later than 60 days following the discovery of the breach. In the event the breach involves 10 or more individuals whose contact information is out of date, notice of the breach will be posted on the County's website and/or in media print.

Access to Protected Health Information: Requests may be made, either orally or in writing, to inspect and obtain a copy of your Protected Health Information, subject to some limited exceptions. Inspection of your records shall occur within 10 days of the request. If copies of the records are requested, they will be provided within 30 days of the request. In certain circumstances, an additional 30 days extension may be requested. A reasonable fee may be charged for cost of copying and mailing the requested information or provision of information in electronic format. In certain limited circumstances, a request may be denied. If the request is denied, you will be provided with a summary of the information, and you have a right to request review of the denial.

Complaints: If you believe that your privacy rights have been violated, then you may file a complaint in writing with a Provider or with the Office of Civil Rights in the US Department of Health and Human Services. To file a complaint with either Provider, contact:

Genesee County Compliance Officer
7 Main Street
Batavia, New York 14020

Orleans County Compliance Officer
14016 Route 31 West, Suite 101
Albion, NY 14411

No one will retaliate or take action against you for filing a complaint.

Updated: 08/25/2022