

Effective Date: April 1, 2006

Notice of Privacy Practices for Personal Health Information

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.

The County of York, Pennsylvania serves its citizens through many programs including health and human services. We are required by federal and state law, and are committed, to keeping your personal health information private, confidential, and secure; to give you this notice; and to do what we say in the notice. If there are changes to the notice, we will post the notice, and make it available upon request.

CONFIDENTIALITY AND USES OF YOUR INFORMATION:

The County of York Group Health Plans and our contracted Business Associates may use or share your health information for:

- Treatment – to get you the health services that you need. For example, we may share information with your doctor to take care of you.
- Payment – to get payment or to pay for services you receive. For example, we may disclose your personal health information when a doctor request information regarding your eligibility for coverage under our health plan, or we may use your information to determine if a treatment you receive was medically necessary.
- Health care operations – we will use or disclose your personal health information to support out business functions. For example to respond to a customer service inquiry from you.
- Your permission - you may also give us your written permission to use or share information for any purpose. You can change your permission, in writing, at any time. We cannot use or share your information for reasons other than what is listed in this Notice, unless you give us permission.

IF YOU WANT THIS
NOTICE IN LARGE PRINT,
PLEASE ASK.

OTHER USES OF YOUR INFORMATION NOT REQUIRING YOUR PERMISSION:

There are other reasons that we may, or are required to, use or share your health information:

- National security, military and veterans – for national security or intelligence. Also health information can be given to the appropriate military authorities if you are or have been in the U.S. armed forces.
- Public health – for public health including but not limited to when you have been exposed to a disease, may be at risk for spreading the disease or to an authority authorized by law to receive reports of abuse or neglect.
- Health oversight – for audits, inspections and licensing.
- By law, for law enforcement, or court order – when we are required by law, for law enforcement purposes or in response to a subpoena or court order.
- Emergency care, disaster relief or to avoid harm – to provide emergency care, disaster relief and/or to prevent a serious threat to the health and safety of a person or the public, including those in the corrections system.
- Coroners, medical examiners, funeral directors, for organ donation – to perform their duties.
- Family, friends and others – in certain cases, to tell a family member or friend of your general condition and where you are. Also, when you agree in advance, we can share information with family and friends involved in your medical care or paying for that care.
- Workers' compensation - to process benefits.

County of York – Notice of Privacy Practices

YOUR RIGHTS TO PRIVACY

You have the following rights about your health information:

- **Right to see and get copies of your health information records.** You may be charged a fee for copies.
- **Right to ask for a correction to your records.**
- **Right to ask that we limit how your information is used or shared.** However, we are not required to agree to your request.
- **Right to take back (revoke) permission.** You can change your permission to share, or limit the sharing, of your health information.
- **Right to confidential communications.** You can request that we send mail to another address or call you at another phone number, for example.
- **Right to receive a list of who we've shared your health information with after April 14, 2003.** This list would not include sharing for treatment, payment, or health care operations; or those made with your permission.
- **Right to get a paper copy of this Notice.** This Notice is available in Spanish or large print upon request.
- **Right to file a complaint.**

FOR MORE INFORMATION

If you have questions or want more information, call or write:

County of York
HR Generalist
28 East Market St.
York, PA. 17401

717-771-9560

TO REPORT A PROBLEM

If you feel your privacy rights have been violated, you may write to:

County of York
Attention: Privacy Officer
28 East Market St.
York, Pa 17401

You may also file a complaint with:

U.S. Department of Health and Human Services
Office of Civil Rights
200 Independence Avenue
Washington, D. C. 20201

Your rights and benefits will not be affected, and you will not be retaliated against, if you complain.



COUNTY OF YORK, PA
FACT SHEET – COMPLAINT FORM
HOW TO FILE A HEALTH INFORMATION *PRIVACY* AND/OR *SECURITY*
COMPLAINT WITH THE COUNTY OF YORK, PA.

The County of York takes seriously its responsibility to protect the privacy and security of individual health information, and to ensure that such information is used appropriately and in accordance with all applicable laws and regulations. Individuals have a right to file a formal complaint if they believe that their (or someone else's) privacy and/or security rights have been violated. The County of York encourages individuals to exercise their right to file a complaint if they believe that their (or someone else's) privacy and/or security rights have been violated. ***There will be no retaliation of any kind for filing a complaint.***

Complaints to the County of York must be filed in writing, and must name the individual (or agency or department) that is the subject of the complaint. Complaints should be filed within 180 days of when you knew that the alleged violation occurred.

Anyone can file a written complaint with the County of York. You can submit your complaint in any written format. We recommend that you use the ***County of York Complaint Form, Form 06-001***, which can be found on the County web site, Intranet site, or at any County office, or, you may submit a written complaint in your own format. Be sure to include the following information in your *written* complaint:

Your name, full address, home and work telephone numbers.

If you are filing the complaint on someone else's behalf, also provide the name of the person on whose behalf you are filing.

Name of the person, agency or department you believe violated your (or someone else's) health information privacy and/or security rights or committed another violation of the Privacy and/or Security Rules.

Briefly describe what happened and why, how and when you believe the violation occurred.

Add any other relevant information.

The Privacy and Security Rules, developed under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), prohibits the retaliation, in any form, against an individual who files a privacy or security complaint. If you feel that you have been threatened, harmed, or retaliated against in any way contact in writing to ***Privacy Officer, CONFIDENTIAL, County of York, 28 E. Market St., Room 216, York, PA 17401-1588.***



COUNTY OF YORK, PA COMPLAINT FORM

REGARDING USES OR DISCLOSURES OF HEALTH INFORMATION

If you have questions about this form, call (717)771-4389 or toll-free 1-800-441-2025 ext. 4389.

This form is to be used to document and file a complaint with the County of York, Pa., regarding the County's **privacy and/or security** policies and procedures and its compliance with those policies and procedures, or with the Federal Health Insurance Portability and Accountability Act regulations. When this form is complete, please send it in a sealed envelope to: **Privacy Officer, CONFIDENTIAL, County of York, 28 E. Market St., Room 216, York, PA 17401-1588.**

Your First Name, Middle Initial (or Middle Name)	Your Last Name
Work Phone	Home Phone
Street Address	City, State and Zip Code

Are you filing this complaint for someone else? Yes No
 If yes, whose health information do you believe was violated?

 This person's relationship to you _____

Who (or which agency or department) do you believe has violated your (or someone else's) privacy and/or security rights, or the privacy or security rules?

When do you believe that the violation occurred? _____
List Date(s)

Briefly describe what happened, and why or how you believe health information privacy and/or security rights were violated. Please be as specific as possible. (Attach additional pages as needed.)

Please sign and date this complaint.

Signature

Date