

**SURRY COUNTY HEALTH & NUTRITION CENTER  
118 HAMBY ROAD  
DOBSON, NC 27017  
(336) 401-8440**

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED/DISCLOSED, AND HOW YOU MAY OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice will tell you how Surry County Health & Nutrition Center may use and disclose protected health information about you. Protected health information means any health information about you that identifies you or for which there is a reasonable basis to believe the information can be used to identify you. In this notice, we call all of the protected health information, "medical information".

**HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:** We use and disclose medical information about you for a number of different purposes. They are as follows:

- **FOR TREATMENT:** We may use medical information about you to provide, coordinate or manage your health care and related services by both and other health care providers. We may disclose medical information about you to doctors, nurses, hospitals, and other health facilities that are involved in your care. We may refer you to another health care provider and as part of the referral share medical information about you with that provider.
- **FOR PAYMENT:** We may use and disclose medical information about you so we can be paid for the services we provide to you. This can include billing you, your insurance company, or any third party payer. We also may need to provide your insurance company or Medicaid or Medicare with information about your medical condition and the health care you need to receive to determine if you are covered by that program.
- **FOR HEALTH CARE OPERATIONS:** We may use and disclose medical information about you for our own health care review the services we provide and the performance of our employees in caring for you. We may disclose medical information about you to train our staff and students working in Surry County Health & Nutrition Center. We also may use the information to study ways to more efficiently manage our organization.

**SPECIAL USE OR DISCLOSURES:** We may use your medical information to contact you to remind you of an appointment you have with us. We may also use your medical information to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**OTHER USES OR DISCLOSURE:** We may use or disclose medical information about you for other reasons. Subject to applicable federal or state law, we are permitted to disclose you medical information without your permission for the following purposes:

- **Disaster Relief:** We may use or disclose medical information about you to a public or private entity authorized by law or by its charter to assist in disaster relief efforts. This will be done to coordinate with those entities in notifying a family member, other relative, close personal friend, or other person identified by you of your location, general condition, or death.
- **Required by law:** We may use or disclose medical information about you when we are required to do so by law.
- **Public Health Activities:** We may disclose medical information about you for public health activities and purposes. This includes reporting medical information to a public health authority that is authorized by law to collect or receive the information for purposes of preventing or controlling disease. Or one that is authorized to receive reports of child abuse and neglect.
- **Victims of Abuse, Neglect, or Domestic Violence:** We may disclose medical information about you to a government authority authorized by law to receive reports of abuse, neglect, or domestic violence, if we believe you are a victim of abuse, neglect, or domestic violence. This will occur to the extent that we believe the disclosure is necessary to prevent serious harm to you or to other potential victim, or if you are incapacitated and certain other conditions are met, a law enforcement or other public official represents that immediate enforcement activity depends on the disclosure.
- **Health Oversight Activities:** We may disclose medical information about you to a health oversight agency for activities authorized by law, including audits, investigations, inspections, licensure or disciplinary actions. These and similar types of activities are necessary for appropriate oversight of the health care system, government benefit programs, and entities subject to various government regulations.
- **Judicial and Administrative Proceedings:** We may disclose medical information about you in the course of any judicial or administrative proceeding in response to an order of the court or administrative tribunal. We also may disclose medical information about you in response to a subpoena, discovery request, or other legal process but only if efforts have been made to tell you about the request or to obtain an order protecting the information to be disclosed.
- **Law enforcement purposes:** We may disclose medical information about you to a law enforcement official for the following purposes:

- (1) As required by law (2) In response to a court, grand jury or administrative order, warrant or subpoena. (3) To identify or locate a suspect, fugitive, material witness or missing person. (4) About an actual or suspected victim of crime and that person agrees to the disclosure. If we are unable to obtain that person's agreement, in limited circumstances, the information may still be disclosed. (5) To alert law enforcement officials to a death if we suspect the death may have resulted from criminal conduct. (6) About crimes that occur at our facility. (7) To report a crime in emergency circumstances.

- **Coroners and Medical Examiners and Funeral Directors:** We may disclose medical information about you to a coroner

or medical examiner for purposes such as identifying a deceased person and determining cause of death. We may disclose medical information about you to funeral directors as necessary for them to carry out their duties.

- **Organ, Eye, or Tissue Donation:** To facilitate organ, eye, or tissue donation and transplantation, we may disclose medical information about you to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes, or tissue.
- **Research:** Under certain circumstances, we may use or disclose medical information about you for research. The research will have to be approved through an approval process that evaluates the needs of the research project with your needs for privacy of your medical information.
- **To Avert serious threat to health or safety:** We may use or disclose medical information about you if we believe the disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public. We also may release information about you if we believe the disclosure is necessary for law enforcement authorities to identify or apprehend an individual who admitted participation in a violent crime or who is an escapee from a correctional institution or from lawful custody.
- **Military & National Security and Intelligence:** If you are a member of the Armed Forces, we may use and disclose medical information about for activities deemed necessary by the appropriate military command authorities to assure the proper execution of the military mission. We may also release information about foreign military personnel to the authorized federal officials so they can provide protection to the President of the United States, certain other federal officials, or foreign heads of state.
- **Security Clearances:** We may use medical information about you to make medical suitability determination and may disclose the results to officials in the United States Department of State for purposes of a required security clearance or service abroad.
- **Inmates:** We may disclose medical information about you to a correctional institution or law enforcement official having custody of you. The disclosure will be made if the disclosure is necessary: (a) to provide health care to you; (b) for the health and safety of others; or (c) the safety, security, and good order of the correctional institution.
- **Workers Compensation:** We may disclose medical information about you to the extent necessary to comply with worker's compensation and similar laws that provide benefits for work-related injuries or illness without regard to fault.
- **Business Associates:** We may use and/or disclose your medical information then the use/disclosure is necessary for our business associates, such as reference laboratories or consultants, to provide contracted services to our agency, except as limited by certain North Carolina laws. Furthermore, to protect your medical information, we require business associates to sign specialized agreements designed to safeguard your medical information in their hands.
- **Individual Rights:** You have certain rights under the Federal Privacy Standards. These include the rights to:
  1. Request restrictions on the use of your medical information.
  2. Receive confidential communication concerning your medical condition and treatment.
  3. Inspect and receive a copy of your protected health information with certain exceptions.
  4. Request amendment or correction to your protected health information.
  5. Receive an accounting of how and to whom you protected health information has been disclosed.
  6. Receive a printed copy of this notice.
- **Our Responsibilities:** Surry County Health & Nutrition Center is required to:
  1. To maintain the privacy of your medical information.
  2. The right to change this Notice of Privacy Practices as required by federal law. When revisions occur, we will provide you with a revised notice on your next visit to the office. The revised policies and practices will apply to all protected health information that we maintain.
  3. Provide you with this Notice of our legal duties and privacy practices with respect to information that we collect and maintain about you.
  4. Abide by the terms and obligations of this Notice.
  5. Notify you if we are unable to agree to a request.
  6. Accommodate reasonable requests you may have regarding communication of health information by alternative means.

## Complaints

If you believe your privacy rights have been violated by us, you may file a complaint with us by contacting Sherry Hiatt, RN, 118 Hamby Rd., Dobson, NC 27017. All complaints should be submitted in writing. You may also call the Health & Human Services Office for Civil Rights at 866-627-7748.

## Questions and Information

If you have any questions or want more information concerning this Notice of Privacy Practices, please contact: Sherry Hiatt, RN, 118 Hamby Road, Dobson, NC 27017 or phone number 336-401-8425.

Effective Date: April 14, 2003

Revised Date: February 18, 2009