
Notice of Privacy Practices

Understanding the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rules

Safeguarding Your Protected Health Information

The Harford County Department of Health (HCHD) is committed to protecting your health information. HCHD is required by law to maintain the privacy of Protected Health Information (PHI) and to provide you with the following Notice of Privacy Practices:

[Maryland Department of Health Notice of Privacy Practices](#)

This document describes our legal duties and privacy practices with respect to the privacy of PHI.

HCHD reserves the right to change our privacy practices and the terms of this Notice at any time, and to apply the provisions of the revised notice to your health information that we obtained before revising the Notice. If this occurs, we will post the current version on our website and make it available to you at our service locations. You may obtain a copy of the Notice currently in effect by calling 410-838-1500 or download it from the link above. TTY users, call via Maryland Relay 7-1-1.

Report a Problem about Our Privacy Practices

If you believe your privacy rights have been violated, you may file a complaint.

- You can file a complaint with our Privacy Officer
Phone: 410-838-1500
Email: harfordcountyhealthdepartment@maryland.gov
Please note on the email: **Attn Privacy Officer**
- You can file a complaint with the Secretary of the U.S. Department of Health and Human Services, Office of Civil Rights.
Toll-free: (800) 368-1019
TDD toll-free: (800) 537-7697
OCRPrivacy@hhs.gov.

HCHD will take no retaliatory action against you if you make such complaints.

Notice of Privacy Practices

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. You have the right to receive a paper copy of this Notice or an electronic copy by email upon request. This notice is effective on August 19, 2013.

You have a right to:

- **Breach Notification:** You have the right to be notified of a breach involving your information.
- **Request Restrictions:** You have a right to request a restriction or limitation on the health information HCHD uses or discloses about you. HCHD may accommodate your request, if possible, but is not legally required to agree to the requested restriction. If HCHD agrees to a restriction, HCHD will follow it except in emergency situations. You have the right to request that we not share your information about a particular visit with your insurance company as long as you have paid the entire charge yourself.
- **Request Confidential Communications:** Our normal method of contacting you is by mail to your home address and via the phone numbers you provide. You have the right to ask that HCHD send you information at an alternative address or by alternative means. HCHD must agree to your request as long as it is reasonable for us to do so.
- **Review and / or Request a Copy:** You have a right to review or request a copy of your health information. If your health information or a portion thereof is in paper-only format, there may be a copying and postage fee. You have a right to request what portions of your information you want copied and receive an estimate of the cost. If your records are in electronic format, you may request your information in electronic form and additionally may request that we transmit a copy of that information to a third-party. The request for electronic copy and transmittal to a third party must be requested in a clear, conspicuous and specific manner. We may charge a fee based on cost of labor to produce the electronic copy.
- **Request Amendment:** You may request in writing that HCHD correct or add to your health record. HCHD may deny the request if HCHD determines that the health information is: (1) correct and complete; (2) not created by us and/or not part of our records; or (3) not permitted to be disclosed. If HCHD approves the request for amendment, HCHD will change the health information and inform you, and will inform others that need to know about the change in health information.
- **Accounting of Disclosures:** You have a right to request a list of the disclosures made of your health information for the six year period prior to the date on which the accounting is requested. Exceptions are health information that has been used for treatment, payment, and operations. In addition, HCHD does not have to list disclosures made to you, to others when based on your written authorization, when provided for national security, or when provided to law enforcement officials and correctional facilities. Additionally, HCHD will provide an accounting for disclosures made through an electronic health record for treatment, payment, and health care operations, but information is limited to the three year period prior to date of request. There will be no charge for up to one such list each year.

How to exercise your rights:

Submit your request in writing to:

Privacy Officer
Harford County Health Department
120 South Hays Street
PO Box 797
Bel Air, Maryland 21014

Other important information: If you have questions and would like more information, you may contact the Privacy Officer at 410-838-1500. TTY users, call via Maryland Relay 7-1-1.

Use and Disclosure of Protected Health Information

All services you receive from HCHD programs, regardless of type or location, are legally considered a single record. HCHD employees will only use your health information when doing their jobs. For use and disclosures beyond those described in this Notice, HCHD must have your written authorization. If you give such authorization, you may revoke it by notifying the Privacy Officer at the address given. This revocation shall apply except where we have already used or disclosed information in accordance with the authorization. The following are some examples of our possible uses and disclosures of your health information.

For Treatment

HCHD may use or share your health information to provide treatment or arrange for health related services. Some examples are:

- Provide a screening, examination, or immunization at a clinic;
- Make a home visit to assess your needs or provide nursing care;
- Provide case management services by phone to oversee and coordinate your care;
- Arrange for services from various county, state, or private organizations;
- Arrange for transportation to a medical appointment;
- Share your vaccination information with the State Immunization Registry (IMMUNET); or
- Use your information to contact you regarding services offered by the Health Department; but you have the right to refuse additional services that you may not want at the time.

To Obtain Payment or Make Arrangements for Payment of a Health Service

HCHD may use and share your health information in order to obtain an authorization from your insurance company or to submit a health care claim. We may also coordinate health insurance benefits between insurance carriers. In certain cases, we may pay for certain medications or other supplies or services.

For Health Care Operations

HCHD may use and share your health information to evaluate the quality of services we provide and to help maintain the high quality of those services.

For example, we may use your information to evaluate our treatment and services which have been provided. We may combine health information about many individuals to research health trends, to determine what services should be offered, or for other similar uses. We may also share your health information with state or federal auditors, as required by law or regulation.

Other Uses and Disclosures Required or Allowed by Law

Vaccination Documentation Required for School Entry

We may share your vaccination information with a public or private school after obtaining your verbal permission.

Information Purposes

Unless you provide us with alternative instructions, HCHD may send appointment reminders and other materials about a particular program to your home.

Required by Law

HCHD may disclose health information when a state or federal law requires us to do so.

Public Health Activities

HCHD may disclose health information when HCHD is required to collect or report information about disease or injury, or to report vital statistics to other divisions in the department and other public health authorities.

Health Oversight Activities

HCHD may disclose your health information to other divisions in the department and other agencies for oversight activities required by law. Examples of these oversight activities are audits, inspections, investigations, and licensure.

Coroners, Medical Examiners, Funeral Directors, and Organ Donations

HCHD may disclose health information relating to a death to coroners, medical examiners or funeral directors, and to authorized organizations relating to organ, eye, or tissue donations or transplants.

Research Purposes

In certain circumstances, and under supervision of an Institutional Review Board or other designated privacy board, HCHD may disclose health information to assist medical research.

Avert Threat to Health or Safety

In order to avoid a serious threat to health or safety, HCHD may disclose health information as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.

Abuse and Neglect

HCHD will disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence, or some other crime. HCHD may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

Specific Government Functions

HCHD may disclose health information of military personnel and veterans in certain situations, to correctional facilities in certain situations, to government benefit programs relating to eligibility and enrollment, and for national security reasons, such as protection of the President.

Families, Friends, or Others Involved in Your Care

HCHD may share your health information with people as it is directly related to their involvement in your care or payment of your care. HCHD may also share health information with people to notify them about your location, general condition, or death.

Worker's Compensation

HCHD may disclose health information to worker's compensation programs that provide benefits for work-related injuries or illnesses without regard to fault.

Lawsuits, Disputes, and Claims

If you are involved in a lawsuit, a dispute, or a claim, HCHD may disclose your health information in response to a court or administrative order, subpoena, discovery request, investigation of a claim filed on your behalf, or other lawful process.

Law Enforcement

HCHD may disclose your health information to a law enforcement official for purposes that are required by law or in response to a subpoena.

Effective Date of this Notice: August 19, 2003

Last Revision of this Notice: September 23, 2013