



Columbia County Special Needs Registry

325 Columbia Street, Hudson, NY 12534 (518) 697-0190

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 read it carefully.

Our Obligation to You

All County agencies affiliated with the Special Needs Registry Program respect your privacy. This is part of our code of ethics. We are required by law to maintain the privacy of “protected health information” about you, to notify you of our legal duties and your legal rights, and to follow the privacy policies described in this notice. “Protected health information” means any information that we create or receive that identifies you and relates to your health or payment for services to you.

Use and Disclosure of Information about You

- It is our policy to obtain general permission to use and disclose your protected health information for treatment, payment or health care operations purposes. You will be asked to sign a Consent form to permit all such uses and disclosures of your information, either in writing or through electronic means.
- We will use your protected health information and disclose it to others when necessary to help provide appropriate assistance in the event of an emergency, as resources are available. Here is an example:
 - Various members of the participating Registry agencies may see the medical information you disclosed when they enter the data base to add to or delete a participant.
 - Emergency Management personnel will have access to your information in order to plan and respond appropriately during a power outage that includes telephone disruption.
- Emergencies. If there is an emergency, we will disclose your protected health information as needed to enable people to care for you.
- Disclosure to your family and friends. If you are an adult, you have the right to control disclosure of information about you to any other person, including family members or friends. If you ask us to keep your information confidential, we will respect your wishes. But if you don’t object, we will share information with family members or friends involved in your care as needed to enable them to help you.
- Disclosure to health oversight agencies. We are legally obligated to disclose protected health information to certain government agencies, including the federal Department of Health and Human Services.

- Disclosures to child protection agencies. We will disclose protected health information as needed to comply with state law requiring reports of suspected incidents of child abuse or neglect.
- Other disclosures without written permission. There are other circumstances in which we may be required by law to disclose protected health information without your permission. They include disclosures made:
 - Pursuant to court order (subpoena or other lawful process);
 - To law enforcement officials in some circumstances;
 - To federal officials for lawful military or intelligence activities;
 - To coroners, medical examiners and funeral directors;
 - To researchers involved in approved research projects; and
 - As otherwise required by law.
- Disclosures with your permission. No other disclosure of protected health information will be made unless you give written or electronic Authorization for the specific disclosure.

Your Legal Rights

- Right to revoke a Consent or Authorization. You may revoke a written Consent or Authorization for us to use or disclose your protected health information. The revocation will not affect any previous use or disclosure of your information.
- Right to review and copy record. You have the right to see records used to make decisions about you. We will allow you to review your record. We will also delete any protected health information about other people. At your request, we will make a copy of your record for you. We will charge a reasonable fee for this service.
- Right to "amend" record. If you believe your records contain an error, you may ask us to amend it. If there is a mistake, a note will be entered in the record to correct the error. If not, you will be told and allowed the opportunity to add a short statement to the record explaining why you believe the record is inaccurate. This information will be included as part of the total record and shared with others if it might affect decisions they make about you.
- Right to an accounting. You have the right to an accounting of some disclosures of your protected health information to third parties. This does not include disclosures that you authorize, or disclosures that occur in the context of treatment, payment or health care operations. We will provide an accounting of other disclosures made in the preceding six years. If requested by law enforcement authorities that are conducting a criminal investigation, we will suspend accounting of disclosures made to them.
- Right to know when your protected health information is breached. You have the right to be notified when there is a breach in your protected health information. We will notify you by certified mail through the US postal service and/or by telephone, within 72 hours of discovering the breach. All information that we have relative to the breach such as place, date and type of breach will be disclosed to you.

- Right to a paper copy of this Notice. You have the right to a paper copy of any Notice of Privacy Practices that may be posted on a website.

How to Exercise Your Rights

Questions about our policies and procedures, requests to exercise individual rights, and complaints should be directed to the Special Needs Registry Contact Person. The Contact Person can be reached at (518) 697-0190.

Personal representatives. A “personal representative” of a patient may act on their behalf in exercising their privacy rights. This includes the parent or legal guardian of a minor. Emancipated minors have the right to make their own decisions regarding use and disclosure of protected health information. The law presumes that an adult is competent to make his/her own health care decisions. This includes the decision to accept or refuse health care and the decision to permit use and disclosure of protected health information. If an adult is incapable of acting on his or her own behalf, the personal representative would ordinarily be his or her spouse or another member of the immediate family. An individual can also grant another person the right to act as his or her personal representative in an advance directive or living will. Any Registry affiliated agency may not act on behalf of a person to sign a consent or authorization, even if the clinical staff believes that the individual is incapable of making an informed decision. Disclosure of protected health information to personal representatives may be limited in cases of domestic or child abuse.

Complaints

If you have any complaints or concerns about our privacy policies or practices, please submit a Complaint to our Contact Person. If you wish, the Contact Person will give you a form that you can use to submit a Complaint if you wish. You can also submit a complaint to the United States Department of Health and Human Services. Send your complaint to:

OCR Hotlines-Voice: 1-800-368-1019 (212) 264-3313; (212) 264-2355 (TDD) (212) 264-3039 FAX

Office for Civil Rights
U.S. Department of Health and Human Services
26 Federal Plaza-Suite 3312
New York, NY 10278

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We will never retaliate against you for filing a complaint.