

CAPE MAY COUNTY DEPARTMENT of HEALTH

4 Moore Road
Cape May Court House, N.J. 08210-1601
(609)465-1187 after hours (609) 465-1190
Fax: (609) 465-3933



Notice of Privacy Practices

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

The Cape May County Department of Health (CMCDOH) is required by law to maintain the privacy of your health information, and to provide you with notice of its legal duties and privacy practices with respect to your health information. To the extent that state law or other federal law is more restrictive with respect to our ability to use or disclose your health information, or to the extent that it affords you greater rights with respect to control of your health information, we will follow that law.

Effective Date: April 14, 2003 Revised Date: May 6, 2013

I. How the Cape May County Department of Health May Use or Disclose Your Health Information

The CMCDOH collects health information from you and stores it in your medical record in a chart and/or on a computer. The CMCDOH protects the privacy of your health information. The law permits the CMCDOH to use or disclose your health information, without obtaining your prior authorization, for the following purposes:

1. Treatment. To use your health care information in assessing your condition in order to complete an examination to prescribe or provide treatments or plan a health care intervention. To coordinate your health care and consult with other health care providers involved in your care, and to manage your health care under the CMCDOH.
2. Payment. Information will be disclosed as needed to obtain payment for health services. This may include activities your health insurance may require to determine eligibility or coverage for benefits, medical necessity, utilization review activities, and information required as claims documentation. Information required by third party payers and collection agencies to substantiate claims, and information required by indirect providers of health care to you to support their claim for payment.
3. Health Care Operations. To support the business activities, quality assessment activities, reviewing the performance of health care professionals, medical review, legal services, and auditing functions including fraud and abuse and compliance with regulations. Customer service, appointment scheduling, and use of sign-in sheets at registration desks. Information needed by indirect providers of health care to you to support their health care operations.
4. Notification and communication with Individuals Involved in Your Care. Unless you object, we may disclose your health information to notify a family member, your personal representative, or others involved in your care, about your condition, treatment or plan of care, or in the event of your death. If you are unavailable, incapacitated, facing an emergency medical situation, or there are substantial communication barriers, and we cannot obtain consent, your health information may be disclosed if it is the health professional's judgment that you intend to consent under the circumstances. We may also disclose limited personal health information to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or persons involved in your care. Family members are permitted access to their decedent's health information.

Notice of Privacy Practices (Continued)

5. Public Health. As required by law we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence or any abuse; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.
6. Health oversight activities. We may disclose your health information to government agencies during the course of audits, investigations, inspections, licensure and other proceedings.
7. Judicial and administrative proceedings. We may disclose your health information in the course of an administrative or judicial proceeding.
8. Law enforcement. We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, and other law enforcement purposes.
9. Deceased person information. We may disclose your health information to coroners, medical examiners, and funeral directors.
10. Organ donation. We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues for you.
11. Public safety. We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
12. Specialized government functions. If you are a member of the armed forces, we may disclose your health information as required by military command authorities.
13. Worker's compensation. We may disclose your health information as necessary to comply with worker's compensation laws. For patients whose medical treatment is covered under a workers' compensation program, please note the following: Disclosure of your protected health information (PHI) for purposes of providing treatment and obtaining payment is governed by the state workers' compensation regulations and procedures. We are not obligated to secure a written authorization as otherwise required by HIPAA in order to disclose your PHI for workers' compensation purposes.
14. Sharing Immunization Records. Health care providers may share immunization records directly with schools with either written or verbal consent from a parent or guardian or the individual, if the individual is an adult or emancipated minor.
15. Appointments and Services. We may contact you to provide appointment reminders or to give you information about your treatment or other health-related benefits and services that may be of interest to you. If such communication involves financial remuneration, then you will be notified through the authorization process.

II. When the CMCDOH May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, the CMCDOH will not use or disclose your health information without your written authorization. If you do authorize the CMCDOH to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. The following uses and disclosures will be made only with authorization from the individual: uses and disclosure for marketing purposes; uses and disclosures that constitute the sale of PHI; uses and disclosures of psychotherapy notes; and other uses and disclosures not described in the notice. You have a right to restrict disclosures of your protected health information to a health plan if you have paid for treatment services out-of-pocket and in full.

III. Your Health Information Rights

1. You have the right to request restrictions on certain uses and disclosures of your health information. The CMCDOH is not required to agree to the restriction that you requested, but will attempt to accommodate reasonable requests when appropriate.

Notice of Privacy Practices (Continued)

2. You have the right to receive your health information through a reasonable alternative means or at an alternative location. The CMCDOH will make every effort to comply with your request. If to do so places a financial burden on the CMCDOH, the cost will be your responsibility.
3. You have the right to a copy and /or inspection of your personal health information. The cost of copies will be your responsibility.
4. You have a right to request in writing that the personal health information we maintain about you be amended or corrected. The CMCDOH is not required to make all requested amendments but will give each request careful consideration. If a denial is made, we will provide you with information about the CMCDOH denial and how you can disagree with the denial.
5. You have a right to receive an accounting of disclosures of your health information made by the CMCDOH, except that we do not have to account for disclosures: authorized by and/or provided to you; made for treatment, payment and health care operations; provided to communicate with family or individuals involved in your care; and/or for certain government functions.
6. You have a right to receive notice in the event of a breach of PHI.
7. You have a right to receive a paper copy of this Notice of Privacy Practices. If you have questions about any part of this notice, if you want more information about the privacy practices of CMCDOH or more explanation of your rights, or you wish to exercise your rights contact: The Privacy Officer of CMCDOH at 609-465-1187.

IV. Changes to this Notice of Privacy Practices

The CMCDOH reserves the right to amend this Notice of Privacy Practices at any time, and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendment. Until such amendment is made, the CMCDOH is required by law to comply with this Notice. The latest notice reflecting any changes in privacy policies will be posted in a prominent location at the CMCDOH, on the website, and available for individuals on request.

V. Complaints

If you believe your privacy rights have been violated, you can file a complaint in writing with:

Privacy Officer: 609-465-1187
Cape May County Department of Health
4 Moore Rd.
Cape May Court House N.J. 08210

If you feel your complaint is not adequately addressed with the CMCDOH Privacy Officer, you may file a complaint with:

Department of Health and Human Services
Office of Civil Rights
Hubert H. Humphrey Bldg.
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

You may also address your complaint to one of the regional Offices for Civil Rights. A list of these offices can be found online at <http://www.hhs.gov/ocr/regmail.html>. The County of Cape May will not retaliate against you for any complaint you make to the government about our privacy practices.