



Brenda Grinnell Crosby
Interim Public Health Director

55 Brown Road
Ithaca, NY 14850

Notice Of Privacy Practices IMMUNIZATION SERVICES

Effective May 23, 2007

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

Purpose of this Notice: Tompkins County Health Department (TCHD) is required by law to maintain privacy of certain confidential health information, known as Protected Health Information (PHI), and to provide you with a notice of our legal duties and privacy practices with respect to your PHI. TCHD is also required to abide by the terms of the version of this Notice currently in effect.

All employees, staff, students, volunteers and other personnel whose work is under the direct control of TCHD must abide by this Notice.

Uses and Disclosures of PHI: TCHD may use PHI for the purpose of treatment, payment and health care operations in most cases without your permission. Examples include:

For Treatment: We may use your health information to determine whether a vaccine is appropriate for you. We may provide information to other medical providers regarding your immunization if further treatment may be required.

For Payment: We may use your information, and disclose it to others to obtain payment for the services we provide. For instance, we may use your health information to prepare a bill for Medicare or your insurance company; to assist in making medical necessity determinations and to collect any outstanding accounts. We will not use or disclose more information for payment purposes than is necessary.

For Health Care Operations: We are required to keep a record of all vaccinations given by us. Information includes name, address, phone number; the date of the vaccination, the name of the vaccine manufacturer and vaccine lot number; the vaccine dosage and location on your body where the vaccine was given and the name of the nurse administrator. We are required to send a copy of this information to your physician or primary health care provider unless you do not provide us with this information. We will release your immunization records to you, your school or health provider as requested. We will release your immunization record to the Central New York Immunization Registry if you gave us permission to do so. We are required to report on the number of vaccinations given at each clinic. These reports do not include your name, address or other PHI.

Reminders for Scheduled Vaccinations: We may contact you to provide you with a reminder of any scheduled appointment or to notify you of the need for a vaccination according to recommended schedules.

Use and Disclosure of PHI Without Your Authorization: We are permitted to use your PHI *without* your written authorization, or opportunity to object in certain situations, and unless prohibited by a more stringent state law, including:

- For health care and legal compliance activities, **for example**;
- To a family member or other individual involved in your medical care or payment for care if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection, and in certain situations where we are unable to obtain your agreement and believe the disclosure is in your best interest;
- To a public health authority in certain situations as required by law. This includes reporting certain diseases, births, deaths and reactions to certain medications for example.
- To report suspected abuse, neglect or domestic violence;
- For health oversight activities including audits or government investigations, inspections, disciplinary proceedings, and other administrative or judicial actions undertaken by the government (or their contractors) by law to oversee the health care system;
- For judicial or administrative proceedings as required by a court or administrative order, or in some cases in response to a subpoena or other legal process;
- For law enforcement activities in limited situations, such as when there is a warrant for the request, or when the information is needed to locate a suspect or stop a crime;
- For military, national defense and security and other special government functions;
- To avert a serious threat to the health and safety of a person or the public at large;
- For workers' compensation purposes, and in compliance with workers' compensation laws;
- To coroners, medical examiners, and funeral directors for identifying a deceased person, determining cause of death, or carrying on their duties as authorized by law;
- If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ donation and transplantation;
- For research projects, federal rules govern any disclosure of your health information for research purposes without your authorization;

We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

Any other use or disclosure of PHI, other than those listed above will only be made with your written authorization. You may revoke your authorization at any time, in writing, except to the extent that we have already used or disclosed medical information in reliance on that authorization.

Patient Rights: As a patient, you have a number of rights with respect to the protection of your PHI, including:

The right to access, copy or inspect your PHI: This means you may inspect or receive a copy of most of the medical information about you that we maintain. We will normally provide you with access to this information within 30 days of your request, or as required by law. We may also charge you a reasonable fee to copy and mail any medical information that you have the right to access. In limited circumstances, we may deny you access to your medical information, and you may appeal certain types of denials.

We have forms available to request access to your PHI. We will provide a written response if we deny you access and let you know your appeal rights. You also have the right to receive confidential communications of your PHI. If you wish to inspect and obtain a copy of your medical information, you should contact your TCHD health provider or the Privacy Coordinator or Official listed at the end of this notice.

The right to amend your PHI: You have the right to ask us to amend written medical information that we may have about you. We will generally amend your information within 60 days of your request and will notify you when we have amended the information. We are permitted by law to deny your request to amend your medical information only in certain circumstances, like when we believe the information you asked us to amend is correct. If you wish to request that we amend the medical information that we have about you, you should contact your TCHD health care provider or the Privacy Coordinator or Official listed at the end of this notice.

The right to request an accounting of disclosures: You may request an accounting from us of certain disclosures of your medical information that we have made in the last six years prior to the date

of your request (but not before 4/14/03). Disclosures for the following reasons will not be listed: treatment, payment, health care operations, national security purposes, to correctional or law enforcement personnel or that you have authorized or have been made directly to you. If you wish to request an accounting contact the Privacy Coordinator or Official listed at the end of this notice.

The right to request that we restrict the uses and disclosures of your PHI: You have the right to request that we restrict how we use and disclose your medical information that we have about you. We are not required to agree to any restrictions you request, but any restriction agreed to by TCHD is binding on TCHD.

Internet, Electronic Mail, and the Right to Obtain Copy of Paper Notice on Request: We will prominently post a copy of this Notice on our website. If you allow us, we will forward you this Notice by electronic mail instead of on paper and you may always request a paper copy of the Notice.

Revisions to the Notice: TCHD reserves the right to change the terms of this Notice at any time and the changes will be effective immediately and will apply to all protected health information that we maintain. Any material changes to the Notice will be promptly posted in our facilities and to our website. You can get a copy of the latest version of this Notice by contacting your health provider or the Privacy Coordinator or Official listed below.

Your Legal Rights and Complaints: You have the right to complain to us or to the Secretary of the U.S. Department of Health and Human Services if you think your privacy has been violated. You will not be retaliated against in any way for filing a complaint with us or with the government. Should you have any questions, comments or complaints you may direct all inquiries, in writing, to :

YOUR TCHD HEALTH CARE PROVIDER

or

PRIVACY COORDINATOR

Tompkins County Health Department
55 Brown Rd
Ithaca, NY 14850
(607) 274-6656

or

TOMPKINS COUNTY PRIVACY OFFICIAL

Tompkins County Health Department
55 Brown Rd
Ithaca, NY 14850
(607) 274-6674

FOR COMPLAINTS, YOU MAY FILE DIRECTLY WITH:

OFFICE FOR CIVIL RIGHTS

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

26 Federal Plaza – Suite 3313
New York, NY 10278
(212) 264-3313; (212) 264-2355 (TDD)
(212) 264-3039 FAX

Copies of this notice are available at the Tompkins County Health Department 1st floor waiting room. This notice is available by e-mail. Contact the person named above, or send email to tchdprivacy@tom-pkins-co.org.

*This notice is also available on our website:
www.tompkins-co.org/health/privacy.htm*