

**ALLEGHENY COUNTY
NOTICE OF PRIVACY PRACTICES FOR
PROTECTED HEALTH INFORMATION**

*This notice describes how medical information about you may be used and disclosed (shared) and how you can get access to (see and copy) this information. **Please review it carefully.***

I. How Allegheny County Uses and Discloses Your Protected Health Information:

Allegheny County defines itself as a hybrid entity pursuant to the requirements set forth in the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology Economic and Clinical Health Act of 2009 (HITECH) and the Omnibus Rule of 213 to protect personal health information. The following departments are designated health care components of the County of Allegheny: the Health Department, the Kane Regional Centers, the Department of Human Services, the Allegheny County Jail, and the Department of Human Resources. The following departments are internal business associates DIT, County Manager, County Executive, Law Department, and Human Resources. These County departments provide a broad range of services through a wide variety of health and human services programs. If you receive services from a County program, then that County program may use your protected health information and disclose it to other County health and human services programs and outside the County, to:

- a. Plan and provide your care and treatment
- b. Communicate with health care professionals who care for you
- c. Describe the care you receive
- d. Obtain reimbursement from private insurers or other government programs
- e. Verify that services billed were actually provided
- f. Educate health professionals
- g. Inform public health officials charged with improving healthcare
- h. Administer the County's programs that provide public benefits, and/or health or human services
- i. Assess and improve the services provided and the outcomes achieved
- j. Pay for services you receive
- k. Inform you about other public programs and services

PHI disclosed pursuant to the HIPAA Privacy Rule may be subject to redisclosure and no longer protected by the HIPAA Privacy Rule.

The following activities would require your authorization prior to using or disclosing your protected health information: (1) most uses and disclosures of psychotherapy notes; (2) uses and disclosures of protected health information for marketing purposes; and (3) disclosures of protected health information that constitute the sale of protected health information. And any other uses and disclosures not described in this notice will be made only with your written authorization. The County and its programs will not use or disclose your protected health information except as described in this notice, or otherwise authorized by law.

The County is prevented from disclosing PHI for the purpose of investigating or imposing liability on any person for the mere act of seeking, obtaining, providing, or facilitating lawful reproductive health care. If the County receives a request for PHI “potentially related to reproductive health care” for one of the following purposes, health oversight activities, judicial and administrative proceedings, law enforcement activities, and disclosures to coroners and medical examiners an attestation is required. The attestation must include a description of the information requested, the names of the individuals or class of individuals involved, and a statement that the use or disclosure is not prohibited. The attestation must also be signed by the person requesting the disclosure.

Any record which is protected by Federal confidentiality rule 42 CFR part 2 may not be used or disclosed in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority, against the patient, unless authorized by the consent of the patient.

II. Your Health Information Rights:

You have the right to:

- a. Request a restriction on certain uses and disclosures of your protected health information. The County, however, is not required to agree to a requested restriction.
- b. Obtain a paper copy of this Notice of Privacy Practices upon request.
- c. Obtain a copy of your protected health information.
- d. Request amendments to your protected health information.
- e. Obtain an accounting of disclosures of your protected health information.
- f. Request communications of your protected health information by alternative means or at an alternative address.
- g. Revoke your consent to use or disclose protected health information to the extent that it has not already been relied upon.

- h. Opt out of fundraising communications initiated by the County.
- i. Restrict disclosures of protected health information to health plans when you have paid in full for a health care item or service. In the instances where you paid for your services directly out of pocket and in full, at your request, the County will not share information about those services with a health plan for purposes of payment or health care operations. "Health plan" means an organization that pays for your medical care.
- j. To receive a notification in the event of a breach of your protected health information.
- k. File a complaint with Allegheny County and/or the Secretary of the U.S. Department of Health and Human Services if you believe your privacy rights have been violated.

III. The County Program Duties:

The County's health and human services programs each have a duty to:

- a. Maintain the privacy and security of your protected health information.
- b. Provide you with a notice as to the County's legal duties and privacy practices regarding protected health information the County collects and maintains about you.
- c. Notify you if a breach occurs that may have compromised the privacy or security of your protected health information.
- d. Abide by the terms of this notice.
- e. Notify you if the County is unable to agree to a requested restriction.
- f. Accommodate reasonable requests you may have to communicate health information by alternative means or at an alternative address.
- g. Provide an accounting of disclosures of your protected health information.
- h. Refrain from using or sharing information other than as described in this notice unless authorized in writing. Authorization may be revoked at any time, in writing.

The County or any County health and human services program may change its privacy practices and make the new privacy practices effective for all protected health information the County maintain. The County will post a copy of the revised notice on its website as well as in

relevant offices providing health and human services. Upon request, the County will provide you with a written copy of the current privacy notice.

IV. For More Information or to Report a Problem:

If you have questions and would like additional information, you may contact the Allegheny County Privacy Officer:

Allegheny County Privacy Officer
One Smithfield Street, Suite 400
Pittsburgh, PA 15222
Phone: (412) 350-2887; Fax (412) 350-4004

If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer at the address above, or with the Office for Civil Rights:

Centralized Case Management Operations
U.S. Dept. of Health and Human Services
200 Independence Ave., S.W.
Suite 509F, HHH Bldg.
Washington, D.C. 20201
Customer Response Center: (800) 368-1019
Fax: (202) 619-3818
TDD: (800) 537-7697
Email: ocrcomplaint@hhs.gov
<http://www.hhs.gov/ocr/hipaa/>

There will be no retaliation for filing a complaint.

V. Examples of Disclosures of Protected Health Information for Treatment, Payment and Health Operations:

The County will use your health information for treatment.

For example: Information obtained by a clinician, care provider, nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you.

The County will use your health information for payment.

For example: A bill may be sent to you or any private or public source of health coverage you have identified. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used.

The County will use your health information for regular health operations.

For example: Members of a quality assurance team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then

be used in an effort to continually improve the quality and effectiveness of the healthcare and service the County provides.

VI. **How the County may share your health information without your permission:**

Business Associates: There are some services provided in our organization through contracts with business associates. When these services are contracted, the County may disclose your protected health information to its business associate so that the business associate can perform the job the County has asked them to do. However, the County requires the business associate to appropriately safeguard your information.

Research: The County may disclose information to researchers when the information is de-identified or when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Organ Procurement Organizations: Consistent with applicable law, the County may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs for the purpose of tissue donation and transplant.

Funeral Directors: The County may disclose health information to funeral directors to carry out their duties, as required by law.

Public Health: The County may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability, and by reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure.

Correctional Institution: Should you be an inmate of a correctional institution, the County may disclose to the institution or agents thereof any health information necessary for your health and the health and safety of other individuals, or for the administration of the institution.

Law Enforcement: The County may release medical information about you, if asked to do so by law enforcement officials under certain circumstances. Examples of this type of disclosure include: In response to court orders, subpoenas, warrants, or similar processes; or in emergency circumstances to report a crime, the location of a crime, or the identity, description or location of the person who committed the crime.

Serious Threats to Health or Safety: As permitted by applicable law and standards of ethical conduct, the County may use or disclose your medical information when necessary to prevent or lessen a serious and imminent threat to your health or safety or the health or safety of another person or the public.

For Specialized Government Functions: such as military, national security, and presidential protective services.

As Required by Law: The County will share information about you if state or federal laws require it, including the Department of Health and Human Services if it wants to see that the County is complying with federal privacy law.

Health Oversight Activities: The County may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.

Worker's Compensation: The County may disclose your health information as necessary to comply with worker's compensation laws.

Judicial and Administrative Proceedings: The County can share health information about you in response to a court or administrative order, or in response to a subpoena.

Effective Date: 4/14/2003

Privacy Notice Acknowledgement

This page documents that you have been given a copy of Allegheny County's Notice of Privacy Practices.

I acknowledge that Allegheny County has given me a copy of the Privacy Notice either by email, U.S. Mail, or in person (version dated 03/20/2023) as required by the federal government's HIPAA legislation.

Client Name (Please Print or Type)

Signature

Date

Parents / Personal Representatives

If this acknowledgement is being made by someone with authority to act on the client's behalf, such as a Parent, Legal Guardian (if client is a minor), or Personal Representative please complete the information and sign below.

Representative's Name (Please Print or Type)

Signature

Date

Office Use Only:

- ☐ Client refused or was unable to sign acknowledgement, but has been given a copy of the Allegheny County Privacy Notice.

Reason for refusal or inability, if any
