

**Jefferson County
PUBLIC HEALTH SERVICE**

Public Health Facility, 531 Meade Street, Watertown, New York 13601

Effective Date: March 11, 2026

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 THIS NOTICE CAREFULLY.

Jefferson County Public Health Service recognizes the sensitive nature of personal health information and is committed to protecting your privacy as well as your health. Jefferson County Public Health Service (agency) is required by law to protect the privacy of health information that may reveal your identity and to provide you with a copy of this notice that describes the privacy practices of this agency. A copy of the current notice will be posted in the clinic waiting room, a paper copy will be provided to patients during the admission process to the agency, upon request and via the Jefferson County Website at <http://www.co.jefferson.ny.us/>. The privacy practices described in this notice will be followed by all employees (direct or contractual), trainees, and students of this agency.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon request, we will provide you with any revised Notice of Privacy Practices. You may request a revised version by accessing our website or calling the office and request that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

USES AND DISCLOSURES OF HEALTH INFORMATION

Jefferson County Public Health Service will obtain general consent to use and disclose your health information to treat you, obtain payment for that treatment and conduct our business operations. The following categories describe the different ways the agency will use and disclose your health information:

For Treatment: The agency will use and disclose your protected health information to provide medical treatment or services, coordinate and manage your health care and any related services. For example, the agency may share symptoms you are experiencing with your physician so the physician

can order appropriate care or medications.

For Payment: The agency may use health information or share it with others so that the agency may obtain payment for health care services provided to you. This may include a health insurance company, employer-sponsored self-funded group health plan, Medicare, Medicaid and any other party that may be responsible for paying or processing for payment of any portion of your bill for services. This may include certain activities that your health insurance plan may undertake before it approves or pays for health care services for you. For example, the agency may need to explain to your insurance company your need for home care to obtain approval for the home health visits.

For Business Operations: The agency may use health information or share it with others to conduct business operations. For example: the agency may use health information to evaluate the performance of staff in caring for patients or to plan better ways of treating patients.

For Appointment/Visit Reminders: In the course of providing services, the agency may use your health information to establish contact as a reminder of an appointment, immunization, home health visit or service scheduled/required

Individuals Involved in Your Care or Payment for Your Care: Unless you object, the agency may release health information about you to a friend or family member who is involved in your medical care. The agency may also give health information to someone who assists in paying for your care.

Emergencies Or Public Need: The agency may use or disclose health information to treat you in an emergency or to meet important public needs. The agency will not be required to obtain your consent for the following reasons:

- **Emergencies-**the agency may disclose and use health information if emergency treatment is required by law
- **Communication Barriers-** the agency may disclose health information if the agency is unable to obtain written consent due to substantial communication barriers and the agency believes you would want treatment if communication was possible
- **As required by law-**the agency will use and disclose information as required by Federal, State and local law
- **Public Health Activities-**the agency may disclose health information for public activities and purposes in order to prevent and control disease, injury or disability, report disease, injury, vital events and conduct public health surveillance, report adverse events, notify individuals of communicable disease exposure and/or notify employer about an individual who is a member of the workforce as legally required.
- **Victims of Abuse, Neglect or Domestic Violence-** agency may disclose protected health information to appropriate government authorities regarding victims of abuse, neglect, or domestic violence.
- **Health Oversight Activities-**the agency may disclose health information to a health oversight agency for activities authorized by law for example: audits, investigations, inspections
- **Lawsuits and Disputes-**agency may disclose health information in response to a court or administrative order
- **Law Enforcement-**the agency may release/disclose health information if asked to do so by a law enforcement official
- **To Avert a Serious and Imminent Threat to Health or Safety-** the agency may disclose health information to prevent a serious and imminent threat to your health and safety or the health or safety of another person or the public

- **National Security and Intelligence Activities or Protective Services**-the agency may disclose health information to authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President of the United States or other important official
- **Military and Veterans**-the agency may disclose health information to appropriate military command authorities for activities they deem necessary to carry out their military mission.
- **Inmates and Correctional Institutions**-the agency may disclose health information to the prison officers or law enforcement officers if necessary to provide you with health care, to maintain safety, security and good order at the place where you are confined
- **Workers' Compensation**- the agency may disclose health information for workers' compensation or similar programs that provide benefits for work-related injuries
- **Coroners, Medical Examiners and Funeral Directors**-the agency may disclose health information in the unfortunate event of your death to determine the cause of death and for funeral directors to carry out their duties
- **Organ and Tissue Donations**-the agency may disclose health information to organizations that procure or store organs
- **Research Purposes**- the agency will ask for your written authorization before using your health information
- **Incidental Disclosures**- the agency will take reasonable steps to safeguard the privacy of your health information. Certain disclosures of your health information may occur during or as an unavoidable result of otherwise permissible uses or disclosures of your health information.
- **Disaster Relief** –the agency may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care or notify family and friends of your location or condition in a disaster. This agency will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Uses and disclosures of Protected Health Information for marketing purposes and/or fundraising purposes; and
2. Disclosures that constitute a sale of your Protected Health Information; and
3. Uses and disclosures of psychotherapy notes

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy

Officer and we will no longer disclose Protected Health Information under the authorization. But the disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

In all cases, including those listed above, if we have substance use disorder patient records about you, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena.

YOUR RIGHTS TO ACCESS AND CONTROL YOUR HEALTH INFORMATION

Right to Inspect and Copy Records-you have the right to inspect and obtain a copy of your health information, including medical and financial, that may be used to make decisions about you and your treatment for as long as your health information is maintained in our records. Under certain circumstances your request may be denied and a written explanation for the reason for denial will be provided. A fee may be charged for the cost of copying, mailing or other supplies used to fulfill your request. The standard fee is \$0.75 per page and must generally be paid before or at the time the copies are provided. The request must be made in writing to the agency.

Right to Amend Records- if you feel the information this agency has about you is incorrect or incomplete; an amendment may be requested in writing to the agency. You have the right to request an amendment for as long as the agency maintains the record. The agency may deny requests in certain circumstances and this denial will be provided in writing with the reasons for the denial.

Right to an Accounting of Disclosures-you have the right to request an “accounting of disclosures” of your health information for reasons other than treatment, payment or business operations. The written request must be within a 6-year timeframe.

Right to Request Additional Privacy Protection- you have the right to request a restriction or limitation on the health information the agency uses or discloses about you for treatment, payment or business operations. You have the right to request a restriction on certain disclosures to your health plan if the disclosure is purely for carrying out payment or health care operations and the requested restriction is for services paid out-of-pocket.

Right to Receive Confidential Communications- you have the right to request that the agency communicate with you in a certain way or at a certain location. The request must be made in writing, and all reasonable requests will be made.

Right to Get Notice of a Breach- You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

CHANGES TO THIS NOTICE

The agency reserves the right to change this notice. The agency reserves the right to make the revised or changed notice effective for health information collected in the past and in the future. The effective date will be in the top right-hand corner of the notice. A current copy of this notice will be posted on the website and in the clinic waiting room at the agency.

COMPLAINTS

If you believe your privacy rights have been violated, a complaint may be placed in writing to this agency or with the Secretary of the Department of Health and Human Services. There will not be any retaliation against an individual for filing a complaint.

CONTACT INFORMATION

Jessica M. Reape, Privacy Officer
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531 Meade Street
Watertown, New York 13601
(315) 786-3710

Phnadmin/handouts for Home Care/JCPHS privacy notices March 2026