



Compliance Plan: HIPAA Notice of Privacy Practices

Effective Date: February 2026

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

This notice describes:

- How health information about you may be used and disclosed.
- Your rights with respect to your health information.
- How to file a complaint concerning a violation of the privacy or security of your health information, or of your rights concerning your information.

You have a right to a copy of this notice (in paper or electronic form) and to discuss it with **the HIPAA Compliance Office** at **336-641-5947** and HIPAA_Compliance@guilfordcountync.gov if you have any questions.

This notice describes the practices of the Guilford County Department of Health and Human Services, Division of Public Health, and that of:

- Any health care professional authorized to enter information into your medical record.
- All departments and units of the Health and Human Services Division of Public Health: o Administration/Central Services o Allied Health o Clinical Services o Community Services o Environmental Services
- Any member of a volunteer group that works in any capacity with the Division of Public Health.
- All Division of Public Health personnel.

All these entities, sites and locations follow the terms of this notice. In addition, these entities, sites, and locations may share medical information with each other for treatment, payment or health department operations purposes described in this notice.

Our Pledge Regarding Medical Information

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the health department. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all the records of your care generated by the health department, whether made by health department personnel or obtained from another healthcare provider. This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to medical information about you and follow the terms of the notice that is currently in effect.

How We May Use and Disclose Your Medical Information

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment

We may use your medical information to provide you with medical treatment or services. We may disclose your medical information to doctors, nurses, technicians, medical students, or other health department personnel who are involved in taking care of you at the health department. For example, a health care provider treating you in the maternity clinic may need to know if you have diabetes because diabetes may cause difficulties during pregnancy. In addition, the health care provider may need to tell the dietitian if you have diabetes so that we can help you plan for appropriate meals. Different units of the health department also may share your medical information in order to coordinate the different things you need, such as prescriptions, lab work, and x-rays. We also may disclose your medical information to people outside the health department who may be involved in your medical care after you leave the health department, such as family members, social workers, or others we use to provide services that are part of your care.

For Payment:

We may use and disclose your medical information so that the treatment and services you receive at the health department may be billed and payment collected from you, your insurance company, or third-party payers. For example, we may need to provide Medicaid with information about the services you received at the health department so that Medicaid will pay us for the services. We may also tell your health plan about a service you are going to receive to obtain prior approval or to determine whether your plan will cover the services.

Confidentiality of Substance Use Disorder (SUD) Patient Records regulations (42 CFR Part 2 & 42 CFR 2.22)

[Fact Sheet 42 CFR Part 2 Final Rule | HHS.gov](#)

Single Consent for Future Uses and Disclosures of SUD Records

You have the right to provide a single consent which will cover the release of both health information and SUD records for all future uses and disclosures for treatment, payment, and healthcare operations (TPO).

Note: SUD treatment records received from programs subject to 42 CFR part 2 or testimony relaying the content of such records shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against the individual unless written consent or a court order with notice and an opportunity to be heard is provided to the patient whose records are requested. Information shared with consent might be redisclosed by the recipient and may no longer have the same Part 2 protections, unless the recipient is also a Part 2 program or business associated with a specific agreement.

Protection of Counseling Notes

SUD counseling notes will receive special protections similar to those for psychotherapy notes under HIPAA. Separate consent is required for the disclosure of these notes, ensuring additional confidentiality for sensitive information discussed during counseling sessions.

For Health Care Operations

We may use and disclose your medical information for health department operations. These uses and disclosures are necessary to run the health department and make sure that all our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many health department patients to decide what additional services the health department should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, practitioners, nurses, lab technicians, medical students, and other health department personnel for review and learning purposes. We may also combine the medical information we have with medical information from other health departments to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

Appointment Reminders

We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at the health department.

Treatment Alternatives

We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services

We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care

We may release your medical information to a significant other or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends about your condition and that you are in the health department. In addition, we may disclose your medical information to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

As Required by Law

We will disclose your medical information when required to do so by federal, state, or local law.

To Avert a Serious Threat to Health or Safety

We may use and disclose your medical information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Special Situations

Workers' Compensation

We may release your medical information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

Public Health Risks

We may disclose your medical information for public health activities. These activities generally include the following:

- To prevent or control disease, injury, or disability.
- To report births and deaths.
- To report child abuse or neglect.
- To report reactions to medications or problems with products.
- To notify people of recalls of products they may be using.
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Research

Under certain circumstances, we may use and disclose your medical information for research purposes. For example, a research project may involve comparing the health and recovery of all

patients who received one medication to those who received another, for the same condition. Federal and/or State officials initiate and regulate all research projects.

Health Oversight Activities

We may disclose your medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws. We may disclose de-identified patient information to public health authorities without patient consent, provided that the information meets HIPAA de-identification standards.

Protection Against Discrimination:

We will not share confidential Substance Use Disorder (SUD) patient records about adverse consequences like job loss, housing issues, or loss of child custody. The use of SUD records in legal cases against the patient is prohibited.

Exceptions (with safeguards)

We will provide limited disclosures for medical emergencies, crimes on premises, or court orders, but with strict procedures.

Lawsuits and Disputes

If you are involved in a lawsuit or a dispute, we may disclose your medical information in response to a court or administrative order. We may also disclose your medical information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement

We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons, or similar process.
- To identify or locate a suspect, fugitive, material witness, or missing person.
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement.
- About a death we believe may be the result of criminal conduct.
- About criminal conduct at the health department; and
- In emergency circumstances, to report a crime; the location of the crime or victims; or the identity, description, or location of the person who committed the crime.

Coroners, Medical Examiners, and Funeral Directors

We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the health department to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities

We may release medical information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your medical information to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Your Rights Regarding Medical Information About You

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy

You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records but does not include psychotherapy notes. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the **Privacy Officer**. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. The health department Compliance Officer will perform a secondary review of your request and the denial. We will comply with the outcome of the review.

Right to Amend

If you feel that the medical information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the health department. To request an amendment, your request must be made in writing and submitted to the **Privacy Officer at the address listed on the back of this notice**.

In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- It was not created by us.
- Is it not part of the medical information kept by or for the health department.
- It is not part of the information which you would be permitted to inspect and copy; or
- It is accurate and complete.

Right to an Accounting of Disclosures

You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you. To request this list or accounting of disclosures, you must submit your request in writing to the **Privacy Officer at the address listed below**.

Your request must state a time period that may not be longer than six years and may not include dates before April 1, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within 12 months will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the costs involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or significant other. For example, you could ask that we not use or disclose information about a service you received. You have the right to request restrictions on certain disclosures and opt out of fundraising communications.

Right to Request Confidential Communications

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the **Privacy Officer at the address listed below**. We will not ask you for the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website:

guilfordcountync.gov. To obtain a paper copy of this notice, call the HIPAA Compliance Office at **336-641-5947**.

Changes to This Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you, as well as any information we receive in the future. We will post a copy of the current notice in all health department clinics. The notice will contain, on the first page, in the top right-hand corner, the effective date. In addition, each time you register at one of the health department clinics for treatment or health care services, we will offer you a copy of the current notice in effect.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the health department or with the Secretary of the North Carolina Department of Health and Human Services. To file a complaint with the health department, contact the IPAA Compliance Office at the address below.

All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Investigation of breaches of Privacy

We will investigate any unauthorized use or disclosure of your health information or SUD records that we discover to determine if it is a breach of the federal privacy or security laws about health information. If we determine that a breach has occurred, we will notify you in writing about the breach following the guidelines of the HIPAA Breach Notification Rule. SUD records are now subject to the same rules as the HIPAA Breach Notification Rule.

Health Information Exchange

We may provide your health care information to the NC Health Information Exchange Authority (HIEA). HIEA is a health information database where other healthcare providers caring for you can access your medical information if they are members of the HIEA. Accessing your information can help your healthcare provider provide you with well-informed care quickly because s/he will have learned about your medical history from the HIEA. If you do not want your medical information to be contributed to the HIEA and shared with member healthcare providers, you can opt out by asking us for an opt-out form or by visiting <https://hiea.nc.gov/patients/your-choices> to download and complete the opt-out form. Note that if you opt out, your providers may not have the most recent information about you, which may affect your care. If you choose to opt out, there are measures you can take at this link to opt in at a later date. **If you are under the age of 18**, please note that the NC HIEA will not process your opt-out unless your parent or legal guardian has signed your opt-out form, or you have been emancipated. If you are a minor and you receive treatment for (1) venereal disease and other reportable diseases, (2) pregnancy, (3) abuse of controlled substances or alcohol, and (4)

emotional disturbance, please speak with your health care provider to see if you can request that this information not be disclosed to the NC HIEA.

Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with

your written permission. If you provide us with permission to use or disclose your medical information, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your medical information for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission and that we are required to retain our records of the care that we provided to you.

HIPAA Compliance Office

Guilford County Department of Health and Human Services, Division of Public Health
1203 Maple St.
Greensboro, NC 27405

Notice of Privacy Practices PEC APP 07/2022, Rev. 02/2025, Rev 01/2026