



County of Onondaga

Personnel Department

John H. Mulroy Civic Center, 11th Floor

421 Montgomery Street, Syracuse, NY 13202

Phone: 315.435.3537 Fax: 315.435.8272

www.ongov.net

J. Ryan McMahon, II
County Executive

Carlton Hummel
Commissioner

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND NOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW CAREFULLY.

Use and Disclosures

Payment. Your health information may be used to seek payment for your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

Health Care Operations. Your health information may be used as necessary to support the day-to-day activities and management of the Onondaga County Health Benefit Plan. For example, information on the services you received may be used to support budgeting and financial reporting.

Law Enforcement. Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

Public Health Reporting. Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Substance Use Disorder Records (42 CFR Part 2). Certain identifying health information related to the diagnosis, prognosis, or treatment of a substance use disorder (SUD) is protected under 42 CFR Part 2. To the extent the Plan receives or maintains records subject to Part 2, those records are subject to additional confidentiality protections and restrictions on use and disclosure. The Plan will not use or disclose applicable SUD records for use in civil, criminal, administrative, or legislative proceedings



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unless the patient provides written consent, a court order is obtained, or another Part 2 permission applies.

Other Uses and Disclosures require your Authorization. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use of disclosure of your information you may submit a written revocation of the authorization, However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

Additional Uses of Information

Information about treatments. Your health information may be used to send you information on the treatment and management of your medical condition that you may find to be of interest. We may also send you information describing other health-related goods and services that we believe may interest you.

Individual Rights

You have certain rights under the federal privacy standards. These include:

The right to request restrictions on the use and disclosure of your protected health information.

The right to receive confidential communications concerning your medical condition and treatment.

The right to inspect and copy your protected health information.

The right to amend or submit corrections to you protected health information.

The right to receive an accounting of how and to whom your protected health information has been disclosed.

The right to receive a printed copy of this notice.

Onondaga County Duties We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We also are required to abide by the privacy policies and practices that are outlined in this notice.

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Right to Reserve Privacy Practices As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice. The revised policies and practices will be applied to all protected health information that we maintain.

Requests to Inspect Protected Health Information As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting Onondaga County Employee Benefits Office (435-3498).

Complaints If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

Onondaga County Law Department
421 Montgomery Street – Law Department
Syracuse, NY 13202
315-435-2170

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address. You will not be penalized or otherwise retaliated against for filing a complaint.