



**COUNTY OF SULLIVAN  
HIPAA COMPLIANCE OFFICE**  
SULLIVAN COUNTY GOVERNMENT CENTER  
100 NORTH STREET, PO BOX 5012  
MONTICELLO, NY 12701  
845-807-0664  
[sullivanprivacyofficer@sullivanny.gov](mailto:sullivanprivacyofficer@sullivanny.gov)



**Your Rights.  
Your Choices.  
Our Responsibilities.**

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.**

**Your Rights**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

**Get an electronic or paper copy of your medical record**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 10 days of your request. We may charge a reasonable, cost-based fee.

**Ask us to correct your medical record**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

**Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

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## Your Rights *continued*

### Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
  - We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
  - We will say “yes” unless a law requires us to share that information.

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### Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

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### Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly. A copy of our current Notice will be posted in our waiting room areas and on our website at <https://sullivanyny.gov/Departments/HIPAA>

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### Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

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### File a complaint if you feel your rights are violated

- If you have questions or to file a complaint, contact the Sullivan County HIPAA Privacy Officer at [Sullivanprivacyofficer@sullivanyny.gov](mailto:Sullivanprivacyofficer@sullivanyny.gov) or **845-807-0664** or the HIPAA Security Officer at [Sullivansecurityofficer@sullivanyny.gov](mailto:Sullivansecurityofficer@sullivanyny.gov) or **856-807-0110**
- You can file a complaint with the with the U.S. Department of Health and Human Services Office for Civil Rights in writing by mail, fax, e-mail, or via the OCR Complaint Portal. For more information on the information needed to file a complaint, visit <https://www.hhs.gov/hipaa/filing-a-complaint/what-to-expect/index.html>
- Written complaints can be mailed to Centralized Case Management Operations U.S. Department of Health and Human Services 200 Independence Avenue S.W., Room 509F HHH Bldg. Washington, D.C. 20201
- *The County has policies and procedures in place that protect individuals from retaliation. The County does not permit retaliation against persons who in good faith file a complaint. You will not be retaliated against for filing a complaint in good faith.*

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## Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

**In these cases, you have both the *right* and *choice* to tell us to:**

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Contact you for fundraising efforts

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety. We must tell you as soon as reasonably possible after releasing information in this manner.*

**In these cases we *never* share your information unless you give us written permission:**

- Marketing purposes
- Sale of your information
- Mental health, alcohol and drug, AIDS/HIV and genetic testing information, as well as most sharing of psychotherapy notes (unless legally required)

**In the case of fundraising:**

- For fundraising purposes, we may disclose information to a charitable program that assists us in fundraising with your permission. You have the right to refuse or opt out if you previously agreed to communications regarding fundraising. You have the right to limit disclosures to insurers if you have paid for the service completely out of pocket.

## Our Uses and Disclosures

**How do we typically use or share your health information?** We typically use or share your health information in the following ways.

**Treat you**

- We can use your health information and share it with other professionals who are treating you.

**Example:** *A doctor treating you for an injury asks another doctor about your overall health condition.*

**Run our organization**

- We can use and share your health information to run our organization, improve your care, and contact you when necessary.

**Example:** *We use health information about you to manage your treatment and services.*

**Bill for your services**

- We can use and share your health information to bill and get payment from health plans or other entities.

**Example:** *We give information about you to your health insurance plan so it will pay for your services.*

**Appointment reminders**

- We may use and disclose medical information to contact you as a reminder that you have an appointment with us or to notify you about information regarding treatment alternatives or health related benefits that may interest you.

**Example:** *If you have an upcoming appointment with us, we might use your contact information to send you a reminder message*

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**How else can we use or share your health information?** We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

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**Help with public health and safety issues**

- We can share health information about you for certain situations such as:
  - Preventing disease
  - Helping with product recalls
  - Reporting adverse reactions to medications
  - Reporting suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone’s health or safety

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**For research**

- We can use or share your information for health research.

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**Comply with the law**

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

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**Respond to organ and tissue donation requests**

- We can share health information about you with organ procurement organizations.

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**Work with a medical examiner or funeral director**

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

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**Address workers’ compensation, law enforcement, and other government requests**

- We can use or share health information about you:
  - For workers’ compensation claims
  - For law enforcement purposes or with a law enforcement official
  - With health oversight agencies for activities authorized by law
  - For special government functions such as military, national security, and presidential protective services

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**Respond to lawsuits and legal actions**

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

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## Guidelines for Accessing and Handling Your Medical Records

Sullivan County requires you to make your request for records in writing. If you request to inspect, to receive a copy of, or to receive a summary of your medical record, we will respond within 10 days of receiving your request. We may need to deny you access to certain information. If we do, we will give you the reason in writing and will explain how you may appeal the decision. If your request is approved, we may charge a fee for the costs of copying, mailing or supplies associated with your request. We will not deny your medical record request due to an inability to pay.

Although under some laws we are allowed to **share** your information as discussed above without your consent, we will follow the strictest Federal or State laws when disclosing your information. Unless legally required to do so, **we will not release** sensitive information such as mental health, alcohol and drug, HIV/AIDS and genetic testing without your written authorization. For other sensitive information such as pregnancy, abortion and sexually transmitted infections, we will follow applicable laws on disclosing your information. Please talk to us about how we **share** your information.

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## Our Responsibilities

- We are **required by law** to maintain the privacy and security of your protected health information.
- We **will let you know promptly** if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and **give you** a copy of it.
- All County employees, contractors, and business associates will follow this Notice. This includes individuals who are authorized to enter information in your record or need to review your record to provide services to you.
- We will not use or share your information other than as described here unless you permit us can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- Sullivan County Government is committed to a non-retaliation policy and will not retaliate against individuals who make complaints in good faith.

## Important Information About This Notice

**Effective Date: December 20, 2024.** We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

**This Notice of Privacy Practices applies to the following County Departments:** Department of Social Services, Department of Community Services, Department of Public Health, Adult Care Center, Office for the Aging, and Risk Management & Insurance.

For more information visit: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

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