

# FULTON COUNTY PUBLIC HEALTH DEPARTMENT



**Public Health**  
Prevent. Promote. Protect.

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**Fulton County Public Health**

## Information for Fulton County Residents

2714 State Highway 29  
PO Box 415  
Johnstown, NY 12095

(518) 736-5720  
(518) 762-1382 (fax)

**For more information, use the QR code below to download  
our app and join us on Facebook**



# **About Fulton County Public Health**

## **OUR PHILOSOPHY**

The Fulton County Public Health Department, under the direction of the Fulton County Board of Supervisors and the New York State Department of Health, seeks to promote wellness, to protect from disease, to prevent injury/disability, to prepare for emerging illness/disease and to assist Fulton County residents in attaining and maintaining optimal health. Each person and/or their family will be educated in accessing health care and will be empowered to be responsible for the decisions regarding their health care needs. All services provided by Fulton County Public Health will be in response to needs identified in the Community Health Needs Assessment contingent upon the department's human and financial resources as well as local, state, and federal rules, regulations, and laws. Care will be provided in a comprehensive, coordinated, and collaborative manner with other community agencies and health care providers.

## **OUR MISSION**

The Fulton County Public Health Department will provide primary, secondary, and tertiary preventive levels of public health services to Fulton County residents through the provision of the 10 essential Public Health services.

- Monitor health status to identify and solve community health problems.
- Diagnose and investigate health problems and health hazards in the community.
- Inform, educate, and empower people about health issues.
- Mobilize community partnerships into action to identify and solve health problems.
- Develop policies and plans that support individual and community health efforts.
- Enforce laws and regulations that protect health and ensure safety.
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
- Assure a competent public health and personal health care workforce.
- Evaluate the effectiveness, accessibility, and quality of personal and population-based health services.
- Research for new insights and innovative solutions to health problems.

**For more information, please call 518-736-5720**

## **We Care About our Residents!**

Fulton County Public Health is located in the County Services Complex at 2714 State Highway 29 in Johnstown. We offer many services to the residents of Fulton County. Our regular office hours are from 8AM to 4PM Monday – Friday. Many services offered by FCPH are provided free of charge; others have eligibility criteria and sliding fee scales are available for the uninsured. For appointments call 518-736-5720 and follow the menu. For medically related questions, ask for or choose “nurse on duty”.

### **After-Hours Contact Information**

If you are in acute distress or your medical condition has changed, contact your doctor and/or proceed to the emergency room as soon as possible. Dial 911 for an ambulance.

Our office is open from 8:00 am – 4:00 pm Monday – Friday, excluding holidays. If you need to speak to a nurse and have called the office after it is closed, you will receive the office voicemail. To speak with a nurse, call the Fulton County Sheriff’s Department at 518-736-2100. Let the dispatcher know that you need the “On Call Public Health Nurse”. The Sheriff’s Department will contact the On Call nurse and your call will be returned as soon as possible.

## **Maternal/Child Family Health Services**

### **INFORMATION AND REFERRAL**

First time moms and high-risk moms residing in Fulton County are offered a one-time phone session with a nurse to provide postpartum and newborn care health education and health guidance. Offered are available resources and instructions on newborn care, feeding (including breastfeeding support), infant growth and development.



### **FAMILY PLANNING**

Family planning and resource information is available to anyone by calling or stopping by the office.

### **WIC**

WIC is a federally funded program to provide nutrition education and supplemental foods for **W**omen, **I**nfants and **C**hildren at nutritional risk. For information on WIC call 518-853-8363 or 518-725-2310. Public Health and WIC program staff collaborate to share health and community resource information to women of childbearing years.

# Children with Special Needs

## **CHILD FIND PROGRAM**

The Child Find Program was developed to identify at-risk children at an early age for physical and developmental disabilities in order to provide services as soon as possible through the Early Intervention Program. The main goal of the program is to assure all children have health insurance and a physician to provide well childcare including developmental assessments. Families are provided with information on typically developing peers and given activities on what they can do to work with their child.



## **EARLY INTERVENTION (EI)**

The Early Intervention Program provides therapy and special education services to children ages birth to 3 with qualifying developmental delays and/or diagnosed disabilities. Services include things such as speech therapy, special instruction, occupational therapy, and physical therapy. Anyone can make a referral to the EI Program with parent agreement. EI is a voluntary program. Service Coordinators provide case management. An evaluation team comprised of at least two professionals, one who evaluates overall development and one specializing in the child's area of delay, assess the child in their natural environment. If the child is determined eligible, an Individual Family Service Plan (IFSP) is developed with the parents within 45 days from the date of referral to discuss EI services that might help the child reach his or her developmental goals. Meetings are held every six months to review these goals and/or revise the plan. The EI Program also provides individual therapy services to the child and parent teaching in their natural environment. Individual therapists and provider agencies are approved by the New York State Department of Health Bureau of Early Intervention. Local Early Intervention Council Committee (LEICC) meetings are held 2 times per year to discuss issues in Early Intervention. Parental input is most essential to this program.

## **PRESCHOOL EDUCATION 3-5**

At age 3, children who are receiving Early Intervention Services may be transitioned to the Preschool 3-5 Program. This program is mandated by New York State Department of Education and administered through the school district. An annual Committee on Preschool Education (CPSE) meeting is held for each child who qualifies at the home school district and an Individualized Education Plan (IEP) is developed to guide the child's education during the school year. Parents that are concerned with their child's development between 3-5 can refer their child to their local school district CPSE. Parents are the only referral source for this program. A meeting may be held in the interim as the child's needs indicate. For a child that qualifies for the program, discussion on where services will take place, with consideration of least restrictive environment, will occur at the initial CPSE meeting. The services generally follow a school calendar; however, a six-week summer program is available for severely delayed children to prevent substantial regression of their skills. Fulton County Public Health administers payment to therapists who provide services in the child's home or daycare, to center-based schools, and to bus companies. Call your local school district for more information.



## **CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS (CYSHCN)**



The Children and Youth with Special Health Care Needs Program seeks to improve the system of care for children and youth with special health care needs from birth to 21 years of age and their families. Children served by the CYSHCN Program have an illness or condition for which they need extra health care and support services. These children might have a serious or long-lasting physical condition, intellectual or developmental disability; and/or behavioral or emotional condition. This program is strictly a referral program. Services include information about health insurance, community resources, specialists and accessing health care providers. We also work with families to help them meet the medical and non-medical needs of their children.

# Public Health Programs

## **HEALTH EDUCATION**

Fulton County Public Health staff are available to set up educational displays, present to groups, and provide information on a variety of health topics. Topics available include but are not limited to dental health, handwashing, hygiene, fall prevention, child passenger safety, rabies, nutrition, and tick-borne diseases. Public Health staff can attend tabling events and help employers organize wellness events. Please call 518-736-5720 to schedule an event.



## **LEAD PROGRAM**

Lead poisoning is a danger for every pregnant woman, fetus, baby, and child. Lead paint was commonly used in houses built before 1978. Children living in these homes are, therefore, at a higher risk. Cracking, peeling paint chips and dust from opening and closing windows are the most common exposure sources. Elevated lead levels can result in developmental delays, brain damage if not treated, can have long term effects on health, and poor outcomes behaviorally. **LEAD POISONING IS PREVENTABLE!**



### **When is lead tested?**

Pregnant women should be screened for risk factors at their first pre-natal visit. At each well-child visit, your health care provider should assess children 6 months to 6 years of age for risk of high lead exposure. Your health care providers may use a questionnaire to determine if your child is at higher risk of lead poisoning. If so, they may also refer children at higher risk for a blood test. If you don't know where to bring your child for testing, call Fulton County Public Health.

A lead test uses a small amount of blood taken from a finger prick or a vein. Blood can be drawn at a doctor's office, a hospital, a clinic, or a lab. Children with lead test results greater than 5 micrograms per deciliter require additional follow-up actions to address possible sources of lead exposures.

## **NUTRITION**



Nutritional information is available to essentially well residents of the county who are seeking information on improving their health through dietary management. Assistance in locating a dietician or nutritionist for nutritional counseling is available upon request.

## **Communicable Disease**

Persons reported as having a communicable disease will receive information, education and case investigation as required by New York State Department of Health regulations. Information obtained through communicable disease investigation is completely confidential and helps to protect the health of the ill individual and of the entire community.

## **IMMUNIZATION**

Routine childhood immunizations are available for children who reside in Fulton County and are uninsured, underinsured, have Medicaid or Child Health Plus insurance or meet other qualifying criteria. Adult (Age 19 and over) immunizations are available for Fulton County residents who are uninsured, underinsured or meet other qualifying criteria and on an individual needs basis. Fees are based on vaccine cost and a sliding fee scale. Appointments may be made for regular office clinic hours. Call 518-736-5720 for more information.



## **TUBERCULOSIS**

Persons found to be infected will have a case investigation completed. Public Health Law mandates Public Health to conduct case investigation of all persons infected with TB. Individuals with active TB will be referred to a Healthcare Provider for care and treatment. Individuals with Latent TB will be offered information on Latent TB and treatment options.



## **SEXUALLY TRANSMITTED DISEASE DIAGNOSIS, TREATMENT and ANONYMOUS HIV TESTING**

STD diagnosis and treatment is provided through a contract with Mohawk Hudson Planned Parenthood in Johnstown. Services offered under this contract are fully covered if not covered by your insurance. Appointments are preferred but are not necessary. Clinic hours are Monday through Friday and vary based on the day. Call the clinic at 518-736-1911 to check hours of operation and to make an appointment if able.

## **RABIES**

Fulton County Public Health is responsible for Rabies prevention and treatment for Fulton County residents. Rabies is almost always fatal. It is important to keep pets vaccinated and to report animal bites to public health to prevent rabies infection.

Pet (dog, cat, and ferret) immunization clinics are held periodically throughout the year. A nominal donation is appreciated. Clinic dates are advertised in local newspapers, on Facebook and posted in town halls. Clinic pre-registration is available by calling 518-736-5720 three weeks prior to each clinic.

Rabies Post-Exposure treatment is offered on a case-by-case basis for individuals who may have been exposed to rabies.

Have a bat in your home? If the bat came in contact with a human or domestic animal, even if a bite mark is not seen, call Fulton County Public Health to report the exposure. Individuals who wake to a bat in their room or if an incapacitated person is found in a room with a bat, an exposure also may have occurred. If the bat was safely captured (with the brain intact), call Fulton County Public Health to have the bat tested for rabies. If the bat was not captured, call Fulton County Public Health to discuss next steps.

Fulton County Public Health staff are available 24 hours a day, 7 days a week for the reporting of animal bites (domestic or wild) to humans as well as wild animal bites to domestic animals. During office hours, report animal bites to Fulton County Public Health at 518-736-5720; after hours call Fulton County Sheriff's Department at 518-736-2100 and request to speak with an on-call Public Health Nurse.



# Injury Control

## **SAFE HAVEN**

In 2001, Nathan Littauer, Fulton County Social Services, the District Attorney's Office and Fulton County Public Health met to establish Safe Haven. **Safe Havens are locations for babies whose parents wish to abandon them and where the infant can immediately receive care.** The intent of the program is to prevent the unnecessary death of an infant born to an unwilling parent. **The Sheriff's Department 911 vestibule and Nathan Littauer Hospital Emergency Room are designated as Safe Haven locations.**

## **CAR SEAT PROGRAM**



Fulton County Public Health (FCPH) operates a car seat fitting station and low-income car seat program. Low-income families, who are in need of a car seat or booster seat, may qualify for a free seat. Families in need should call FCPH at 518-736-5720 to see if they qualify.

Parents/guardians that need assistance on car seat installation and the proper fitting for the child into their car seat may do so by making an appointment at the FCPH fitting station by calling 518-736-5720. During this appointment, the Child Passenger Safety Technician (CPST) will provide education about utilizing car seats and booster seats. The CPST will demonstrate properly fitting the child into the car seat and then properly installing a child's car seat into the vehicle driven to the appointment. After the training, the parent/guardian will be observed repeating the installation and fitting.

For parents/guardians that need to have their car seat installed in the evening or the weekend, or in an emergency situation, the Fulton County Sheriff's Office (FCSO) also operates a car seat fitting station. Parents/guardians should call 518-736-2100 for the FCSO.

## **GENERAL SAFETY INFORMATION**

Other safety information is also available on topics such as trampolines, air bags, baby walkers, and much more.

## **Chronic Disease**

Fulton County Public Health is an active member of coalitions, partnerships, committees, and task forces, pertaining to chronic disease. Chronic disease educational material such as information on diabetes, and/or heart disease is available at our office.

### **ADVANCING TOBACCO FREE COMMUNITIES (ATFC)**

This coalition consists of Fulton, Montgomery and Hamilton Counties, Catholic Charities of Fulton and Montgomery counties, St. Mary's Healthcare and other community members. The ATFC grant works to support and promote tobacco-free environments anywhere residents live, work, and play. This program combines with Reality Check (youth) and Community Engagement components. For more information contact ATFC staff at 518-762-8313, ext. 3173.



### **CANCER SERVICES PROGRAM OF FULTON, MONTGOMERY, and SCHENECTADY COUNTIES**

Fulton, Montgomery, and Schenectady Counties Cancer Screening Services Program provides free screenings for men and women who are uninsured or underinsured. Breast, cervical and colorectal cancer screenings are offered. All information is confidential. Breast cancer screenings are for women 40 years or older and those who have a family history of breast cancer. Cervical cancer screenings are for women 18 years or older and for women who become sexually active. Colorectal cancer screenings are for men and women 50 years or older, and those who have a family history of colorectal cancer. For more information, contact the Program Coordinator at 518-770-6814.



# Emergency Preparedness

FCPH continues to develop and update many emergency plans to assist the community in responding to disasters. A good example is the mass vaccination point of dispensing held at the Fulton Montgomery Community College during the COVID-19 pandemic. This plan was developed and practiced for over 10 years by public health staff.



Fulton County Public Health department wants you to protect your family and be ready. The world is setting records for natural disasters, drastic weather patterns including flooding, fires, tornados, torrential down pours of rain and snowstorms are occurring at a more frequent rate.

## **Be Ready! Make a plan! Prepare a kit!**

- ✓ **Personal and Family Disaster Plan**
- ✓ **First Aid Kit**
- ✓ **2 Week Supply of Medications**
- ✓ **2 Weeks Supply of Food and Water**
- ✓ **Car Safety Kit and Survival Kit for vehicle for each vehicle**
- ✓ **Pet Care Plan**
- ✓ **Special Needs Plan**

**Get Ready! Make your plan today!**

[www.ready.gov](http://www.ready.gov)

[Emergency Preparedness | FULTON COUNTY \(fultoncountyny.gov\)](http://www.fultoncountyga.gov)

**For more information, contact the Fulton County Public Health Department.**

## **FULTON COUNTY PUBLIC HEALTH PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES**

As a patient, parent, legal guardian of a child receiving home services, or at a clinic operated by the Fulton County Public Health Department, you have the right, consistent with law to understand and use the following rights. If you do not understand or need help, you have the right to assistance, including interpretive services. These rights include New York State Department of Health's Patients' Bill of Rights for Diagnostic & Treatment Centers (Clinics) as well as those of Fulton County Public Health in addition to Responsibilities.

- (1) Receive service(s) without regard to age, race, color, sexual orientation, religion, marital status, sex, gender identity, national origin or sponsor;
  - (2) Be treated with consideration, respect and dignity including privacy in treatment;
  - (3) Be informed of the services available at the center;
  - (4) Be informed of the provisions for off-hour emergency coverage;
  - (5) Be informed of and receive an estimate of the charges for services, view a list of the health plans and the hospitals that the center participates with; eligibility for third-party reimbursements and, when applicable, the availability of free or reduced cost care;
  - (6) Receive an itemized copy of his/her account statement, upon request;
  - (7) Obtain from his/her health care practitioner, or the health care practitioner's delegate, complete and current information concerning his/her diagnosis, treatment and prognosis in terms the patient can be reasonably expected to understand;
  - (8) Receive from his/her physician information necessary to give informed consent prior to the start of any nonemergency procedure or treatment or both. An informed consent shall include, as a minimum, the provision of information concerning the specific procedure or treatment or both, the reasonably foreseeable risks involved, and alternatives for care or treatment, if any, as a reasonable medical practitioner under similar circumstances would disclose in a manner permitting the patient to make a knowledgeable decision;
  - (9) Refuse treatment to the extent permitted by law and to be fully informed of the medical consequences of his/her action;
  - (10) Refuse to participate in experimental research;
  - (11) Voice grievances and recommend changes in policies and services to the center's staff, the operator and the New York State Department of Health without fear of reprisal;
  - (12) Express complaints about the care and services provided and to have the center investigate such complaints. The center is responsible for providing the patient or his/her designee with a written response within 30 days if requested by the patient indicating the findings of the investigation. The center is also responsible for notifying the patient or his/her designee that if the patient is not satisfied by the center response, the patient may complain to the New York State Department of Health;
  - (13) Privacy and confidentiality of all information and records pertaining to the patient's treatment;
  - (14) Approve or refuse the release or disclosure of the contents of his/her medical record to any health-care practitioner and/or health-care facility except as required by law or third-party payment contract;
  - (15) Access to his/her medical record per Section 18 of the Public Health Law, and Subpart 50-3. For additional information link to: [http://www.health.ny.gov/publications/1449/section\\_1.htm#access](http://www.health.ny.gov/publications/1449/section_1.htm#access);
  - (16) Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors;
  - (17) When applicable, make known your wishes in regard to anatomical gifts. Persons sixteen years of age or older may document their consent to donate their organs, eyes and/or tissues, upon their death, by enrolling in the NYS Donate Life Registry or by documenting their authorization for organ and/or tissue donation in writing in a number of ways (such as health care proxy, will, donor card, or other signed paper). The health care proxy is available from the center;
  - (18) View a list of the health plans and the hospitals that the center participates with; and
  - (19) Receive an estimate of the amount that you will be billed after services are rendered.
1. **THE RESPONSIBILITY TO:** provide information regarding your health status, medical history, and medicine being taken;
  2. **THE RESPONSIBILITY TO:** notify your private physician and Public Health Staff of any changes in your health condition;
  3. **THE RESPONSIBILITY TO:** follow the advice and instructions given to you by Public Health Staff;
  4. **THE RESPONSIBILITY TO:** ask questions of the Public Health Staff to fully understand care given to you;
  5. **THE RESPONSIBILITY TO:** keep appointments and to notify Public Health of any inability to do so;
  6. **THE RESPONSIBILITY TO:** cooperate with Public Health Staff of all races, color, sex, religion, age, nationalities, marital status, sexual orientation, and ethnic origin.

# **FULTON COUNTY PUBLIC HEALTH (FCPH) HIPAA NOTICE OF PRIVACY PRACTICES**

## **Federal Health Information Portability and Accountability Act of 1996**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

*We will obtain your written authorization before using your health information or sharing it with others outside the county. However, there are some situations when we do not need your written authorization before using your health information or sharing it with others.*

***By signing the Patient Information Sheet, you are also acknowledging that you have received this notice***

### **How we may use and disclose your health information without written authorization**

**For Treatment** - FCPH may use medical information to provide patients with medical treatment or services. Departments may disclose medical information to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of patients. For example, a doctor treating an injury may need to know if there are any diseases that would require a special diet so as not to slow the healing process. Different Departments of the County also may share medical information in order to coordinate the different things needed, such as prescriptions, lab work and x-rays. The County may need to disclose medical information to people outside the County Departments who may be involved in medical care after a patient leaves; such as family members, clergy or others used to provide medical services.

**For Payment** -FCPH may use and disclose medical information so that the treatment and services may be billed to and payment may be collected from the patient, an insurance company or a third party. For example, we may need to give health plan information on treatment, so a health plan will approve treatment for payment or reimbursement.

**For Health Care Operations** -FCPH may use and disclose medical information for operations. These uses and disclosures are necessary to our Department and make sure that our patients receive quality care. For example, we may use medical information to review treatment and services and to evaluate the performance of staff. FCPH may combine medical information to decide what additional services should be offered, what services are not needed, and whether certain treatments are effective. We may disclose information to doctors, nurses, technicians, and medical students, nursing students and other personnel for review and learning purposes.

**Appointment Reminders** - FCPH may use and disclose medical information for reminders that there is an appointment for treatment or medical care.

**Treatment Alternatives** - FCPH may use and disclose medical information to recommend possible treatment options or alternatives.

**Health Related Benefits and Services** - FCPH may use and disclose medical information to recommend health related benefits or services.

**Fundraising Activities** - FCPH may use medical information in an effort to raise money for operations.

**County Department Directories** - Departments within the County do include certain limited information about patients while in their services. This information may include name, location, and religious affiliation, within a specific Department. The directory information, except for religious affiliation, may be released to people who ask for a person by name.

**Individuals Involved in Care or Payment for Care** - If you do not object, FCPH may release medical information to a friend or family member who is involved with medical care. Medical information may be given to someone who helps pay for care. FCPH may also tell family or friends the condition of a patient.

**Exception in Emergencies or Public need** -FCPH may disclose medical information in an emergency or for an important public need. We may disclose your information if you need emergency treatment, or if we are required by law to treat you, but are unable to obtain your consent. We also may disclose your information to an entity assisting in a disaster relief effort so that family can be notified about conditions, status and location.

**Communication Barriers**- FCPH may use or disclose your protected health information if we are unable to obtain your consent because of substantial communication barriers, and we believe you would want us to treat you if we could communicate with you.

**Research** – Under certain circumstances, medical information use and disclosure may be done for research purposes. For example, a Department of Health research project may involve comparing diagnosis of patients. Research projects are subject to a special approval process and permission.

**As Required By Law** – FCPH will disclose medical information when required to do so by Federal, State or Local law.

**To Avert a Serious Threat to Health or Safety** – The County may use and disclose medical information when necessary to prevent a serious threat to health, to the public or another person. Any disclosure would be to someone able to help prevent the threat.

#### *SPECIAL SITUATIONS*

**Organ and Tissue Donation** – FCPH may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation of an organ to donation bank.

**Military and Veterans** – FCPH may release medical information of members as required by military command authorities or to various veterans departments to determine if you are eligible for certain benefits.

**Workers' Compensation** – FCPH may release medical information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks** – FCPH may disclose 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/adult abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products;
- 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 believed that someone has been the victim of abuse, neglect or domestic violence.

**Health Oversight Activities** – FCPH may disclose 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.

**Lawsuits and Disputes** – FCPH may disclose medical information in response to a court or administrative order. Someone else involved in the dispute may release medical information in response to a subpoena, discovery request, or other lawful process.

**Law Enforcement** – FCPH may release medical information if asked to do so by 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, the County is unable to obtain the person's agreement;
- about a death believed may be the result of a criminal conduct;
- about criminal conduct at any Department of the County;
- in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of a person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors** – FCPH may release medical information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. Medical information may be released to funeral directors as necessary to carry out their duties.

**National Security Intelligence Activities** – FCPH may release medical information to authorized federal officials for intelligence, counterintelligence, and other nation security activities authorized by the law.

**Inmates** – FCPH may release medical information to correctional institutions or law enforcement officials. This release would be necessary for the institution to provide its inmates with health care, to protect their health and safety and the health and safety of others and for the safety and security of the correctional institution.

#### **RIGHTS REGARDING MEDICAL INFORMATION**

**Fulton County Public Health will abide by the following rights regarding medical information maintained in its department.**

**Right to Inspect and Copy** – FCPH will allow patients to inspect and copy medical information that may be used to make decisions about 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, a request in writing needs to be submitted to the department that has control of the information requested. If a copy of the information is requested, the department may charge a fee for the cost of copying, mailing or other supplies associated with the request.

**Right to Amend** – A patient may request a department to amend medical information if it is felt incorrect or incomplete. To request an amendment, the request must be made in writing and submitted to the department maintaining those records. In addition, the patient must provide a reason that supports the request. The FCPH may deny the request if the department did not create the information, is not part of the medical information kept, or is accurate and complete.

**Right to an Accounting of Disclosure** – FCPH has the obligation to provide a list of disclosures made of medical information. To request a list or accounting of disclosures, a request, in writing, to the department maintaining those records must be submitted. The request must state a time period, which may not be longer than six years and may not include information dated before April 1, 2003. FCPH may charge for the costs of providing the list.

**Right to Request Restrictions** – FCPH must allow patients to request a restriction or limitation on the medical information used or disclosed about treatment, payment or health care operations. FCPH will abide by requests to limit medical information to someone who is involved in care or payment, like a family member or friend. For example, not disclosing information about surgery. FCPH will comply with reasonable requests. To request restrictions, a request in writing to the department maintaining those records should be made. The request must tell what information is to be limited, and if the limit is use, disclosure or both and to whom.

**Right to Request Confidential Communications** – FCPH will abide by reasonable requests to communicate about medical matters in certain ways or at a certain location. For example, a request that communication only be done by mail will be honored. The County will not ask why and will accommodate all reasonable requests.

**Rights to a Paper Copy of This Notice of Privacy Practices** – FCPH will provide a paper copy of this notice of privacy practices no later than the first encounter after April 14, 2003. This paper notice will be provided either in person or by mail.

**CHANGES TO THIS NOTICE** Fulton County Public Health and the County of Fulton reserve the right to change this notice. The County reserves the right to make the revised or changed notice effective for medical information we presently have, or any information received in the future. We will post a copy of the current notice in the County Building and on our website. The notice will contain the effective date.

#### COMPLAINTS

**The County will accept any complaint if it is felt that privacy rights have been violated. Complaints may also be filed with the Secretary of the Department of Health and Human Services. To file a complaint with the County, residents and patients will contact Jon Stead, the Chief Privacy Officer for Fulton County. All complaints must be submitted in writing. No penalty will be imposed for filing a complaint.**

**OTHER USES OF MEDICAL INFORMATION** Other uses and disclosures of medical information not covered by the notice or the laws that apply to Fulton County Public Health will be made only with permission. Permission may be revoked at any time. Any disclosures already made with permission cannot be taken back. Lastly, records of the care provided by the county are required to be retained within each Department that provides the services.

#### *PATIENT CONFIDENTIALITY Procedures for safeguarding health/confidential information maintained by Fulton County:*

- (a) Records containing individually identifiable protected health information shall be marked and kept in locked files or in rooms that are locked when the records are not in use.
- (b) When in use, records shall be maintained in such a manner as to prevent exposure of protected health information to anyone other than the authorized party directly utilizing the case record.
- (c) No records shall be taken home by agency staff except upon prior authorization by appropriate supervisory staff in order to perform a function, which requires the possession of the records outside of the department and where return of the records to the department at the close of business would result in an undue burden to staff. In those cases where records are taken home by staff, the records are to be maintained in a secure location and are not to be disclosed to anyone other than those expressly authorized by statute or regulation. The records are to be returned to the department by staff on the following business day.
- (d) Records shall be transmitted from one location to another in sealed envelopes stamped “confidential”.
- (e) Interviews with patients shall be conducted at a location and in a manner, which maximized privacy. Employees of Fulton County Public Health or the other authorized agencies, consistent with applicable statute and regulation, shall have access to individual Protected Health Information only where the employee’s specific job responsibilities cannot be accomplished without access to Protected Health information.

**REVISED 8/22**