



Wake County Government Notice of Privacy Practices

Effective:	04/14/2003	Revised:	02/13/2026
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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.

WE ARE REQUIRED BY LAW TO PROTECT MEDICAL INFORMATION ABOUT YOU

We are required by law to protect the privacy of medical information about you and that identifies you. We are also required to give you this Notice about our Privacy Practices, explaining our legal duties and your rights concerning your health information. We must follow the privacy practices described in this Notice while it is in effect.

We reserve the right to make changes to our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make changes in our privacy practices and the terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. If you have questions about information in this Notice or about our privacy policies, procedures or practices, you can contact our Privacy Officer at (919) 856-5643.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU IN CERTAIN CIRCUMSTANCES

We use and disclose health information about you for treatment, payment, and healthcare operations. *The examples given are for illustrative purposes and are not exhaustive.*

TREATMENT: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you. For example, your health information may be provided to another health care practitioner to whom you have been referred to ensure that the party has the necessary information to diagnose or treat you.

PAYMENT: We may use and disclose your health information to obtain payment for services we provide to you. For example, we may disclose your health information to your health plan in order to obtain approval for a procedure.

HEALTHCARE OPERATIONS: We may use and disclose your health information in connection with our healthcare operations. For example, we may disclose your health information for case management purposes. Healthcare operations may include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.



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HEALTH INFORMATION EXCHANGE: Wake County is a participant in North Carolina’s health information exchange known as NC HealthConnex. NC HealthConnex is a secure, computer-based network for doctors, nurses, pharmacists and other healthcare professionals to share health information that can improve the quality of care that you receive. Participation in NC HealthConnex can lead to better care, quicker service and improved safety and cost of care. If you do not wish for Wake County to share your information with NC HealthConnex, you must take action and opt out by submitting a form to the North Carolina Health Information Exchange Authority. Even if you opt out of participating in NC HealthConnex, Wake County is required by law to submit certain information to NC HealthConnex related to Medicaid and/or other state funds. If you are a minor, the providers and/or staff who you are working with will assist you in submitting the opt-out form. Additional information about NC HealthConnex and how to opt out can be found at <https://hiea.nc.gov>.

YOUR AUTHORIZATION: Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice. In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect.

PSYCHOTHERAPY NOTES: Most uses and disclosures of psychotherapy notes will require your written authorization. You may inquire about specific uses and disclosures of psychotherapy notes permitted without your authorization.

SUBSTANCE USE DISORDER TREATMENT INFORMATION: We may receive or maintain substance use disorder (“SUD”) treatment records that originate from certain programs or activities related to substance abuse education, prevention, training, treatment, rehabilitation, or research that are protected under 42 C.F.R. Part 2 (“Part 2 Program”). If we receive or maintain your records from a Part 2 Program pursuant to a general consent that you provided to the Part 2 Program authorizing use and disclosure of your Part 2 Program records for purposes of treatment, payment, or health care operations, we may use and disclose those records for treatment, payment, and health care operations as otherwise described in this Notice, subject to the same rights, restrictions, and protections. If, however, we receive or maintain your Part 2 Program records pursuant to a specific written consent that you provided to us or to another third party, we will use and disclose those records only to the extent expressly permitted by that consent. Any SUD record protected health information that was disclosed may be subject to redisclosure. We will not use or disclose your Part 2 Program records, or testify or provide evidence describing the information contained in those records, in any civil, criminal, administrative, or legislative proceeding conducted by any federal, state, or local authority against you, unless such use or disclosure is expressly authorized by your written consent or by a court order issued after notice to you.



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FUNDRAISING: You have the right to opt out of receiving fundraising communications.

GENETIC INFORMATION: Your genetic information will not be used or disclosed for underwriting purposes.

SALE OF HEALTH INFORMATION: a use or disclosure that constitutes the sale of health information is not permitted without your authorization.

DISCLOSURES TO YOU, TO YOUR FAMILY, OR TO YOUR FRIENDS: We must disclose your health information to you in accordance with the Patient Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you authorize us to do so.

PERSONS INVOLVED IN YOUR CARE: We may use or disclose health information to notify, or assist others in notifying a family member, your personal representative or other person responsible for your care of your location, your general condition, or death. If you are present, we will provide you with an opportunity to object to such disclosures of your health information prior to use or disclosure of that information. In the event you become incapacitated or have a medical emergency, we will disclose your health information based on our professional judgment that such disclosure is directly relevant to that person's involvement in your healthcare. We will also use our professional judgment and experience to make decisions about your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

MARKETING HEALTH-RELATED SERVICES: Use or disclosure of health information for marketing purposes will require your written authorization.

REQUIRED BY LAW: We may use or disclose your health information when we are required to do so by law.

ABUSE OR NEGLECT: We may disclose your health information to appropriate authorities if we reasonably believe that you may be the victim of abuse, neglect, domestic violence or other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

NATIONAL SECURITY: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institutions or law enforcement officials having lawful custody of protected health information of inmate or patient under certain circumstances.

APPOINTMENT REMINDERS: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters).



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PATIENT RIGHTS

ACCESS: You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make this request in writing to obtain access to your health information. You may obtain a form to request access from your care provider. We may charge you a reasonable cost-based fee for expenses such as copies and staff time. For details about when this request may be denied, please speak with your care provider.

DISCLOSURE ACCOUNTING: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes other than treatment, payment, healthcare operations and certain other activities for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to the additional requests.

RESTRICTION: You have the right to request that we place additional restrictions on our use or disclosure of your health information. Except in the case of paying out of pocket as described below, we are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

PAYING OUT OF POCKET: If you are paying out of pocket in full for a service or item in question, then you have the right to request that we restrict disclosure of your health information related to that service or item for purposes of payment or health care operations. We must abide by this request unless disclosure is otherwise required by law. You must request additional restrictions and pay out of pocket in full to restrict disclosure of follow up care.

ALTERNATIVE COMMUNICATION: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. {You must make your request in writing.} Your request must specify the alternative means or location and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

AMENDMENT: You have the right to request that we amend your health information. ***(Your request must be in writing, and it must explain why the information should be amended.)*** We may deny your request under certain circumstances.

ELECTRONIC NOTICE: If you receive this Notice on our Web site or by electronic mail (email), you are entitled to receive this Notice in written form upon request.

BREACH NOTIFICATION: You have the right to be notified if we determine that a breach of your health information has occurred.



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QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact your health care provider or the Wake County Privacy Officer at (919) 856-5643.

If you are concerned that we may have violated your privacy rights, or if you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.