PUTNAM COUNTY DEPARTMENT OF HEALTH
1 Geneva Road, Brewster, NY 10509 ■ 845-808-1390
www.putnamcountyny.gov/health
A PHAB-ACCREDITED HEALTH DEPARTMENT

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Putnam County Department of Health is providing this Notice of Privacy Practices because the privacy of your health information is important, and so that we will be in compliance with federal regulations.

USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR SPECIAL AUTHORIZATION:

We may use your information:
- to provide treatment for you (for example, to talk to your doctor)
- to obtain payment (for example, your insurance company, or Medicare or Medicaid)
- to make sure our staff is providing the best care possible (for example, training and supervision)

We are sometimes required or permitted to use or disclose your information:
- to meet federal, state or local law requirements
- to protect public health (for example, to report communicable diseases)
- to report abuse, neglect or domestic violence
- to allow a health oversight agency to make sure we are following regulations.
- for law enforcement purposes (for example, to respond to a subpoena)
- we may also call you to remind you of your appointments.

WE MAY NOT USE OR DISCLOSE YOUR HEALTH INFORMATION FOR OTHER THAN THE ABOVE REASONS WITHOUT YOUR WRITTEN AUTHORIZATION. YOU MAY ALSO REVOKE YOUR AUTHORIZATION IN WRITING AT ANY TIME.

YOUR RIGHTS TO YOUR HEALTH INFORMATION:
Your requests must be in writing, or you may call the Privacy Officer, at (845) 808-1390 for assistance.

- You have the right to request limits on how we use or disclose your health information. We do not have to agree to these limitations.
- You have the right to request that we speak only to you in private about your health information.
- You have the right to see a copy of your health information.
- You have the right to ask us to change or amend your health information. We may not agree or be able to make those changes.
- You have the right to request a record of anytime we disclosed your information for any reason other than treatment, billing, or health care operations.

OUR RESPONSIBILITIES:
- We are required by law to keep your health records private.
- We are required to provide you with a copy of this notice.
- We are required to abide by the terms of the notice.
- We have the right to change the notice. If we do, we will provide you with a copy of the new notice. The current notice will also be on our website www.putnamcountyny.com.

COMPLAINTS
If you feel your privacy has been violated, you may call our Privacy Officer at (845) 808-1390.
You may also file a complaint by writing to: The Secretary of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

This notice is effective April 14, 2003.

Reviewed and revised 2/9/23 DL, 4/26/26 JR