

Livingston County Notice of Privacy Practice

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.

Effective February 18, 2026 Livingston County must tell you how we use, share and protect your health information.

Livingston County includes Public Health, Mental Health Services, Social Services, and any other component of Livingston County government which may provide health services and/or possess health information about you.

Your Health Information is Private

We are required to keep your information private, share your information only when we need to, and follow the privacy practices in this notice. We must make special efforts to protect the names of people who get HIV/AIDS, mental health or drug and alcohol services. To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.

What Health Information Does Livingston County Have?

When you apply to any of the Livingston County programs/services listed above, you may provide us with information about your health. Also, when we talk to your doctors, clinics, hospitals, managed care plans and other treatment providers, we may receive information about your health, treatment and medications.

What Are Your Rights?

When it comes to your health information, you or your representative have the right to:

- Get a copy of your medical record
 - You can ask to see or get a copy of your medical record and other health information we have about you. Ask us how to do this.
 - We will respond to your request for inspection within 10 days. If we need additional time to respond to your request for copies, we will notify you in writing explaining the reason for the delay and expected completion date.
 - We will provide a copy or a summary of your health information to you in the format you request, if we have the capability to do so. We may charge a fee per page for paper copies or a fee for the cost of electronic media recordings. In addition, we may charge additional fees for mailing the information. All fees must generally be paid before we will release the copies of your health information to you.

- We may deny you access, with or without an opportunity for you to have such decision reviewed, in certain limited circumstances. You will not be denied access to your health information solely because of your inability to pay.
- 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.
- 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.
- 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.
- 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.
- 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.

- File a complaint if you feel your rights are violated
 - You can complain if you feel we have violated your rights by contacting the County Attorney's Office at 6 Court Street, Room 302, Geneseo, New York 14454. Tel: (585) 243-7040.
 - You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
 - We will not retaliate against you for filing a complaint.

What Are 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.

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
- Include your information in a hospital directory

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.

Unless otherwise permitted or required by law, in these cases we will not share your information without your written permission:

- HIV/AIDS related information
- Alcohol and substance treatment information
- Mental health information
- Genetic health information
- Psychotherapy notes

If we have your substance use disorder patient records, subject to 42 CFR part 2, we will give you clear and obvious notice in advance and a choice about whether to receive fundraising communications that use your Part 2 information.

How Livingston County May Use and Share Your Health Information?

We may use and share your health information to:

- Respond to your request - We will use and share your health information in order to respond to you or your representative's request for your health information.
- Treat you - We can use your health information and share it with other

professionals who are treating you. For example, a healthcare provider treating you may ask another healthcare provider about your health condition.

- County Operations - We can use and share your health information for County operations including its programs and services, to improve your care, and contact you when necessary. For example, we use your health information 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. For example, we give information about you to your health insurance plan so it will pay for your services.

How Else May Livingston County Use or Share Your Health Information?

We are also allowed or required to share your information in other ways, though we may need to meet conditions in the law before we can do so. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

In all cases, including those listed below, if we have substance use disorder patient records about you, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena.

The additional ways we may use and share your health information include:

- 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, and
 - preventing or reducing a serious threat to anyone's health or safety.
- Research - We can use or share your information for health research.
- Compliance 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.
- Respond to organ and tissue donation requests - We can share health information about you with organ procurement organizations.
- Work with coroner, medical examiner or funeral director - We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
- 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, and
- for special government functions such as military, national security, and presidential protective services.
- 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.

We must get your written permission to use or share your health information for any purpose not mentioned in this notice, and specifically for most releases and disclosures of psychotherapy notes, any uses or disclosures for marketing purposes, and any sales of your protected health information.

What Are 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.
- We will not use or share your information other than as described here unless you tell us we 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.

For more information, see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Livingston County Contact Person

If you have questions about this Privacy Notice or complaints about our privacy practices, please contact our Privacy Officer, Livingston County Attorney, 6 Court Street, Room 302, Geneseo, New York 14454. Tel: (585) 243-7040.

Changes to the Terms of This Notice

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 and posted on our website.